POPULATION CRISIS

HEARINGS

BEFORE THE

SUBCOMMITTEE ON FOREIGN AID EXPENDITURES

OF THE

COMMITTEE ON GOVERNMENT OPERATIONS UNITED STATES SENATE

EIGHTY-NINTH CONGRESS

SECOND SESSION

ON

S. 1676

A BILL TO REORGANIZE THE DEPARTMENT OF STATE AND THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

JUNE 15, 1966—Continued

PART 5-B

Printed for the use of the Committee on Government Operations

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CONTENTS

(This is part 5–B of the second series of hearings on S. 1676 entitled "Population Crisis," held during the second session of the 89th Congress. The initial hearings, held in 1965, were printed as part 1; parts 2–A and 2–B; parts 3–A and 3–B; part 4, the appendix; and an index.)

JUNE 15, 1966—Continued

U.S. SENATE,
SUBCOMMITTEE ON FOREIGN AID EXPENDITURES,
COMMITTEE ON GOVERNMENT OPERATIONS,
Washington, D.C.

Senator GRUENING. The subcommittee's next witness is Dr. William A. Lynch of Brookline, Mass.

BIOGRAPHIC STATEMENT: WILLIAM A. LYNCH

Dr. Lynch is an obstetrician and gynecologist who in 1957 won the Linacre Award for his study on therapeutic abortion. The Linacre Award is made by the publication entitled "Linacre" which is issued quarterly. It is the official publication of the National Federation of Catholic Physicians Guilds.

The doctor lectures on marriage before Newman Club members in many New England colleges. He is active in pre-Cana work and in the parent-teenage sex education program of the diocese where he is a member.

He is a member of the National Commission on Rhythm.

In 1965, Dr. and Mrs. Lynch and their five children were selected as the "Catholic Family of the Year."

His publications include the study of hysterectomies, therapeutic abortion, the philosophy of medicine and endometriosis. In 1964 his book entitled "A Marriage Manual for Catholics" was published.

Dr. Lynch received his A.B. degree from Boston College and his M.D. from Tufts Medical College in 1942. He served as a captain in the U.S. Army during World War II and received the Bronze Star Medal.

He has been the vice president and past president of the hospital staffs on which he serves. He is senior visiting obstetrician at St. Margaret's Hospital, Dorchester, Mass.; an assistant in gynecology at Tufts Medical College; and lecturer in obstetrics at the Boston College School of Nursing.

He has membership in the American Medical Association, the Obstetrical Society of Boston, and is secretary of the New England Obstetrical & Gynecological Society. Dr. Lynch is a diplomate of the National Board of Medical Examiners and the American Board of Obstetrics and Gynecology. He is a fellow of the American College of Surgeons, the International College of Surgeons, and the American College of Obstetricians and Gynecologists. He is a member of the Society for Scientific Study of Sex, the New York Academy of Sciences, the American Society for the Study of Sterility, and the American Association for the Advancement of Science.

Dr. Lynch, you have a most distinguished record. We are very happy to have you here. Please proceed and give your testimony in whatever way you see fit. I would like to suggest if it is agreeable to you that you highlight your testimony, because we are somewhat pressed for time. The entire testimony will be printed in full in the record of this hearing.

STATEMENT OF DR. WILLIAM A. LYNCH, BROOKLINE, MASS., GYNECOLOGIST-OBSTETRICIAN, LECTURER ON MARRIAGE, AND AUTHOR OF "A MARRIAGE MANUAL FOR CATHOLICS"

Dr. LYNCH. Thank you, Senator Gruening. I am pleased to be permitted the opportunity to talk to you and to your committee.

I appear to you this morning as a physician and a father, a man interested in marriage, sex, love, and the family—having lectured to many groups on the subject, and having had an experience rather extensive with teenagers and with college groups in the past 10 years.

I appear to you as one who happens to be a Roman Catholic. Mr. Senator, I cannot not be a Roman Catholic. But I am speaking to you rather as one who is interested in this problem, as a physician, as indicated.

DR. LYNCH AFFIRMS NEED OF TRADITIONAL VALUES

It is obvious to all observers, I think, that this is an age of action and efficiency, of revolution, evolution, and innovation. Traditional ways of doing things are being abandoned, abrogated, and altered. Some of this, perhaps all of this in some way, is inevitable if not necessary. And yet, with whatever enthusiasm people may embrace these concepts of evolution, revolution, and innovation, as responsible humans we can never afford to abandon the ideals of the past which are permanent and positive and proven as to their validity—wisdom, justice, and order.

"HUMAN CONCEPTION IS . . . SACRED . . ."

Human conception is not merely a biological union which produces humans to be numbered and to grow to population. Human conception is the process by which human love is personified and human life, destined for something more than biological existence and therefore sacred, is brought into the world. In such a way all parents and families—and nations—are born.

Nations and populations grow or diminish from families and family life, and from the self-respect which only family life can engender.

Governments exist for the protection and welfare and health of the families who thereby become an integral part of government responsibility. But the ultimate responsibility for bringing human life and love into the world is the business of parents. Where parents have been lost through catastrophe or inhuman behavior, government always assumes the responsibility best with foster *parents* rather than with official residences.

Governments have been characterized by various people from various points of view, different ideologies and convictions at different times in history. Just or unjust, despotic, tyrannical, democratic,

autocratic, benevolent, fraternalistic—regardless of the term or the time—it would seem that the average man's view of the government is that it would be, hopefully, paternalistic.

If the government is to be paternalistic, if it is interested in all the problems of its people, it must as a true father be concerned with the development of that individual person's or family's self-respect. No father, in all kindness or justice, asserts his will on the lives of his grownup children. Rather, having consciously and carefully and conscientiously developed their sense of self-respect, he also develops their sense of responsibility as adults which is to be able to control any force, however great, within them for a purpose or a principle. In such a way do children grow up to become adults and act from a sense of a conscience; a sense of responsibility toward themselves, their fellowmen, the community, and the nation.

In our own Nation our Government has taken steps to reclaim, so to speak, some of our underdeveloped areas to assist these people who are underprivileged to be able to gain the privileges of all. A government can give the opportunity for these privileges to them and the government can guarantee these privileges but only after the person or the persons involved have developed sufficient self-respect to be able to grasp the privileges that are offered.

IDEAS CANNOT BE FORCED UPON UNDERDEVELOPED COUNTRIES

In like manner in the underdeveloped countries of the world we cannot force upon them ideas which are foreign to their traditions as they know them and foreign to the thoughts and the few precious privileges which they are cognizant of having. For many of the underdeveloped countries such is the poor level of communication, the almost unknown sense of belonging to a unit other than a family, and a lack of education that many of these people know only family life and family living.

They are conscious to a real extent of the local community, but in many instances have no real or conscious sense of belonging to a nation or to a large community. Whoever, therefore, would attempt to direct or control or persuade them that limitation of the family, the most precious thing they know and own, the only real community they know, is assuming a position which is extremely hazardous and which can have reverberations and backlash that can indeed perpetuate a picture of the calloused American and have an unfortunate influence upon our relationship with such peoples.

Being of Irish background myself, I am reminded of lines from a song called "Galway Bay," which says that "the strangers came and tried to show us their ways," but they also go on to say that "you might as well go chasing after moonbeams or light a penny candle from a star." The resentment which the Irish showed to the "strangers" who came to them, I think, is historically one of very great impact. Those of us who know Ireland today know that the influence of the British, however hard they may have tried to implement it, was not very effective, and that the strides that the Irish have made since their own nation has been developed has been, I think, unquestioned.

A calm estimation of the facts involved, I think without question, has demonstrated that contraception as a means of population control has been a rather distinct failure. The standard example is that of

Japan, where for some 20-odd years through some 1,100 clinics set up and supported by the Japanese Government, all forms of contraceptions were offered free to the people of Japan. During that time, as I think any casual observer can know, the population of Japan grew and grew precipitously. It was only under a program of destruction, a program of national abortion, that the population of Japan started to drop.

This in itself is worthy of comment. To try to achieve a good by destructive means is a human vacuum which we must all abhor. Solon, in ancient Greece, under similar threat of overpopulation, rejected it. Certainly human knowledge should be sufficiently pliant, resourceful, and agile to be able to find a constructive means toward a constructive and good goal. Such an attitude of destruction of human life as is found in Japan is predicated upon their concept that human life of itself is not sacred. To those who are familiar with the suicide squadrons of the Japanese Army and Air Force, this comes as no surprise.

On the other hand, the ultimate failure of such a plan is now beginning to become obvious. The economic planning groups within the nation of Japan, after several years of this type of program, have suddenly become aware that within another 20 years, because of this process of destruction there may be, as a matter of fact, a shortage of people to man the factories which are the lifeblood in Japan. Abortion programs in other nations—for example, Europe—have not succeeded, as hoped, in reducing populations or controlling them.

DEVELOPING NATIONS RESENT POPULATION CONTROL DIRECTIVES FROM OTHER NATIONS

The science of demography is a relatively new one. Yet there are lessons to be learned from this new science. I am not a demographer but any fundamental reading in population growth shows two cogent facts:

One. In the development of a nation there may be recognized a demographic cycle one part of which causes intense pressure for a major increase in population which is essentially unavoidable. This is probably and simply because a developing nation struck with an understandable pride wants to be certain there are enough of that nation to develop properly. Any attempt on the part of anyone to urge them or try to help them to reduce the population is naturally going to be met with intense resentment.

Two. In the development of a nation there is a standard demographic principle which states that both the death rates and birth rates fall. This is due to the process of development itself. The most important aspect of this is that a developing nation, having been offered the opportunity to assist itself by reducing its maternal and infant mortality, will thereby develop a sense of self-respect, a sense of real accomplishment for their nation.

A MOTIVATED NATION WILL CURB ITS POPULATION GROWTH

Thus, the nation may be motivated, as parents, to stop trying to have 15 babies with the expectation that 6 or 9 or more of them will die leaving them with enough (or as the case may be more than enough) to perpetuate their tribe, their nation, and their race. Having been

assured, and hopefully by their own efforts in reducing their maternal and infant mortality that the babies that they have will survive, the parents, as has been shown, will stop having excess number of children.

THE PROBLEM: THE LAG BETWEEN DEATH RATE AND BIRTH RATE

That there is a lag between the decline in the death rate and birth rate is unquestioned. And this is the nub of the problem. There sometimes has been a twofold or threefold increase in the population during that lag phase because in the past it lasted as long as three centuries.

THE PROBLEM SHOULD BE SOLVED IN TWO OR THREE GENERATIONS

Hopefully it should last not longer than two or three generations as has been the case in the United States where the lag phase lasted less than 50 years. This is not to underestimate the number of people that may be born during this lag phase which can considerably aggravate the present overpopulation explosion. The question is the method involved; the propriety of whether the Government or any government can interfere. The second question is by what means may this lag phase be reduced with the help of the parents involved—with safety and dignity and efficiency.

HOW FREE IS CHOICE?

One of the unhappy aspects of contraception, particularly as it is seen in Japan and in India and elsewhere, has been the basic philosophy which has grown up around contraception. This is a philosophy known as the fifth freedom or the freedom of choice. While it need not necessarily be a part of the thinking of everyone who is involved in contraception, it has become sufficiently identified in enough parts of the world with the contraception movement that it is worthy of comment. The fifth freedom (of choice) philosophy is one that would maintain that man has now achieved that stage of development in civilization that he has earned the right to do with his reproductive career, with whatever wisdom he chooses, anything he wishes. If I may paraphrase it and I think with accuracy and honesty this philosophy essentially holds that man has a right to contraception. If contraception should fail, then what is needed is abortion. If abortion should fail one or more times, then obviously the next step is sterilization. It further postulates that if the numbers of people are to be controlled, then the next step from sterilization logically, though I submit not humanely, is to euthanasia and recently to child euthanasia. Further than that, if we are to control the numbers then we should necessarily control the quality and the last step, therefore, is to artificial insemination where man is urged to accept the lessons to be learned from animal husbandry to produce the superhuman who may solve all problems on the earth and lead us to the atomic era. This is basically agnostic in its approach as I think obvious. It certainly denies the stewardship of man given to him by a kind God over the forces within him. It certainly denies the sanctity of human life within the definition as previously given.

Such a philosophy, I submit, denies the sanctity of human life and love and marriage, and the family. If this is obvious to us how much more so is it to be obvious among the developing nations who have known only family and very little of tribe or very little of community and certainly even less of nation. Is it no wonder that we have not a few reports coming from the underdeveloped nations where people in communities have in indignation answered those who have offered them contraceptive devices: "We do not have as you do; skyscrapers, automobiles, and airplanes, electric lights and all the things of high living standard. What we do have is one thing which to us is precious and which we love, our family and children. These you will not take from us."

LYNCH SUBMITS ". . . THERE IS NO SUCH THING AS AN UNWANTED CHILD"

One of the arguments presented in favor of contraception and indeed in favor of abortion and that in which abortion has been looked upon as the backup plan for contraception has been the concept of the unwanted child. May I respectfully submit that there is no such thing as an unwanted child. That a woman, or parents, faced with burdens of modern day living as well as the individual burdens that at any particular time may be visited upon a particular family, may be upset at the woman's first suggestion that she might be pregnant again is undeniable.

Personally, I have sufficient faith that the human spirit, if it is not perverted by an organized campaign, if it is not persuaded by insistent forces and voices to the contrary, will always find sufficient respect for human life to welcome another child regardless of the burdens and the problems that it may present.

". . . ALWAYS ROOM AT THE TABLE FOR ONE MORE"

It is not altogether out of place to mention the fact that the courageous people who built this Nation to the state of the great society that we have today were those who characteristically, calmly, and with an abiding faith always insisted that there was always room at the table for one more. I submit that any propaganda that has been in favor of contraception or abortion which is based on the doctrine of the unwanted child is one which is contrary to the best human aspirations and human motivation and can only have unpleasant sequelae and backlash. And yet one finds, in reading on the subject, reports at an international level entitled: "The unwanted child in Asia"—or Africa, or the United States, or Eastern Europe—and in reading them one wonders whether or not this is a report in fact or a report of progress of a campaign.

In all of these thoughts I have presented so far I have more than passing interest. It has been my privilege in the last 11 years to talk on numerous occasions to high school students, teenagers, college students, parents of both groups, and, in a few instances, to seventh and eighth graders and their parents. So far as the college groups are concerned, in most cases my meetings represented discussions, lectures, question and answer periods of college groups numbering as many as 30 a year for a period of over 10 years. The subjects that they wanted most discussed were marriage, love, sex and the family, responsible

parenthood, the problem of abortion—its rightness or wrongness, and contraception in all its phases, and venereal diseases.

So far as the high school students and teenagers are concerned the program was somewhat different but the subject matter was the same. We try to restore communication between parent and child in regard to sex. We try to offer to the parent the sense of necessity of sex education in its broadest sense—the family and its problems. Education with regard to sexual matters is geared to family living because sex has its dignity, purpose, beauty, and its identity only in conjugal love, marriage, and the family.

STRESSES RESPONSIBILITY OF SEX

Sex education involves the notion that pleasure as an end in itself is the perpetual thought of the child. The adult must always notice and assume the accompanying responsibility. In brief, an attempt is made to take sex out of the gutter and give it the sense of beauty and dignity and purpose that it deserves by free discussions by the people who would be considered the most responsible in the community—physicians, parents, teachers, and clergy.

In the pursuit of this goal I have had the privilege of talking to over 30,000 teenagers and their parents. I have, I think, gathered some idea of the problems of the teenager, the questions that are on his mind, a teenager's innate capacity and desire to do what is right, to be responsible, to assume the adult function of control of whatever forces are within him for the sake of a principle.

One of the difficulties that has been present has stemmed from a wide span of propaganda which has been available to the growing mind in this country by means of television, radio, comic books and paperback books, magazines, and movies, the speakers podia, and even from the halls of august bodies. This propaganda has to do with contraception and the safety of contraception and the efficiency of contraception, the efficiency of the pill, and the safety from pregnancy; the IUD's and the general notion that now it is possible to enjoy sex and all its pleasures without appreciable fear of pregnancy.

Since 1957 there has been a veritable wave which has seventh and eighth graders as conversant with various means of contraception as their parents never were even in adult age. Indeed, an attempt was made in the 1950's by the teenagers in this country to make their own contribution—in the nature of a plastic wrap found in their mothers' kitchen.

SEX ". . . LIFE-GIVING FORCE WITHIN MAN"

It is regrettable to report that those of us who try to teach sex education are faced with the efforts of those who indeed recommend that teenagers be taught and offered all forms of contraceptives so that they might explore the appetites and nuances of sex—as though it were a toy instead of the lifegiving force within man.

We have had people of academic rank publicly state their willingness to offer contraceptive devices to their young teenage daughters if they could be persuaded of their efficiency and safety.

Ironically, it is the schoolboy skeptic who to date has put his finger on two issues—one, an issue of great and almost catastrophic importance in this Nation—venereal disease.

The teenager is always asking about the danger of venereal disease and its relationship to promiscuity, premarital, extramarital sex, and contraceptives. "Naturam expellas furca" he is taught in school, "tamen usque recurret." The ancient Roman poet leveled his sights well—"you can drive nature out with a pitchfork—yet somehow she returns" (with a vengeance).

Venereal disease, since 1957, since the large propagandizing of contraception, since the pill if you will, has reached proportions till now unknown in this Nation. Syphilis and gonorrhea are on their way to replacing, if they have not in fact already done so, measles and chickenpox as the No. 1 and No. 2 epidemic communicable diseases [1] in this country and the contribution made by the young is sickening and depressing.

If the Government interests itself in the matter of contraception—to the growing mind its official interest means the approval and the weight of its prestige and information services—to what degree may not sexual chaos be developed?

LYNCH QUESTIONS WISDOM OF CONTRACEPTION AND ENSUING PROPAGANDA

The second thought of the teenager providentially, however, stems from his or her innate sense of values—sensing that extramarital sex is irresponsible and incongruous—he seeks, albeit frequently at the natural level, to know the reasons why it is wrong. The question is: May not his still easily impressionable mind be persuaded by a Gioliath government that nationally and internationally promotes the "efficiency against pregnancy" of contraception—sex without fear—pleasure without responsibility? In our early thoughts we praised the ancient and stable ideals of order, justice, and wisdom. The wisdom of the past decade of contraceptive practice and propaganda is very much in question.

LYNCH CONCERNED ABOUT EFFECTS OF PILL . . .

The contraceptive pill—praised and publicized in almost frenetic fashion, after 10 years of use suffers most from a severe dearth of documental statistics to prove or disprove claims or charges. National Planned Parenthood in May 1965 through its principal officer announced that it no longer supported the pill as a means of population control because it was too expensive, too sophisticated, and the "fall-out" (reactions) were worrisome. May they not also have added that the effect of the pill on livers damaged by disease or malnutrition made it dangerous to people we were supposedly trying to help?

Satisfactory answers on its relation to tumors, benign and malignant, will still have to wait for another 5 to 10 years' hard work in research to answer disquieting reports and suggestions.

The potential of the contraceptive pill for inducing diabetes or diabetic-like states in susceptible individuals raises the threat of a new

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[1] From the Public Health Service Chief of the Communicable Disease Center, Atlanta, Ga., Assistant Surgeon General David J. Sencer, the following statistics were received:

"In calendar year 1965 there were 4,039 cases of infectious syphilis and 66,947 cases of gonorrhea reported in the United States in children ages 15 through 19. Measles is not reported nationally by different age groups, so we do not have corresponding figures. However, in the same year there were 261,904 cases of measles reported.

"Measles and chickenpox are diseases of the 6- and 7-year-olds, not of teenagers, and the ratio in figures must not be confused."

and different public health problem—one that conceivably could be matched by our resources, but in the bush, or jungle, or cardboard tenements of vast population centers.

. . . AS WELL AS THE SAFETY AND VALUE OF IUD

The wisdom of impressing the intrauterine device upon underdeveloped nations or underprivileged areas is also to be questioned although the enthusiasm for revolution and innovation in pregnancy control is freely admitted.

Inasmuch as the incidence of pelvic infection, uterine perforation, and uterine bleeding, et cetera, occur in significant if relatively small percentage of cases, the general recommendation of those whose series I have read, has been that the primary consideration for its use is a healthy pelvis, free of infection. To what extent such conditions may be freely found in people who are poverty stricken, malnourished, and afflicted with chronic disease—is a statistic apparently not immediately available.

The almost frantic effort to approach a task admittedly formidable has not been done in an orderly fashion or with wisdom, and consequently this passion for sexual-conception revolution has led, I believe, to some injustices to some peoples.

SIGN LANGUAGE SUCCESSFULLY USED TO TEACH RHYTHM IN MAURITIAN ISLANDS

Finally, it is noted that the rhythm system has been under attack. The rhythm system or method of periodic continence has survived decades of snide remarks and bitter attacks. The fact remains that it is effective for many people and that one form (excluding the research varieties now under investigation) however restrictive, is applicable to all. It can be taught satisfactorily at any level as the director of the Institut Sociale in Paris proved in the Mauritian Islands where sign language was used to teach rhythm successfully.

RHYTHM REQUIRES SACRIFICE ON PART OF PARENTS

Rhythm requires sacrifice on the part of parents—wherein is a satisfactory definition of true conjugal love that does not contain sacrifice and selflessness? Who has a sense of total commitment to the family if not the parents? But rhythm requires the same sacrifice—of personal pleasure—from each member of the partnership. In too many of the modalities of artificial contraception the woman is insulted if not actually endangered. Rhythm affirms the adult code—responsible action—sacrifice even—for the sake of a principle.

FOUR SYSTEMS OF RHYTHM AVAILABLE

People have to make it work—conjugal love and parenthood is sufficient motivation. There are at least four systems of rhythm now available—calendar, temperature, assisted temperature, and chlomid rhythm (still under investigation). It is not overly optimistic to feel that another 5 to possibly 10 years will see a means of rhythm—which will be efficient for those to whom efficiency means much; safe for those

who must offer safety to their patients; moral to please almost any taste; and practical. Such would also be rewarding for those whose love and family commitment would find joy in such sacrifice.

Conception is vital and meaningful to peoples. Even to the agnostic or the atheist the process of generating life has a special aura—most of us feel a sense of cooperation with God. Governments are meant to protect this—not to interfere or frustrate it.

MORE SCHOOLS OF PUBLIC HEALTH NEEDED

Were the Government to build, for example, more schools of public health, maternal child welfare programs, and train the native peoples to help their own within their own tradition and their own comfortable eccentricities if you will—there could be only a supporting voice.

All peoples must be able to develop, morally and spiritually as well as economically, demographically, or industrially—else we all shall have lived in vain.

Thank you.

Senator GRUENING. Thank you very much, Dr. Lynch, for a very well thought-out and eloquent paper.

I have a number of questions I would like to ask you.

DR. LYNCH DISAGREES WITH DR. JOHN ROCK . . .

I take it from your presentation that you don't agree with the views of that distinguished Catholic gynecologist, Dr. John Rock?

Dr. LYNCH. No, sir; I do not.

. . . AND OPPOSES S. 1676

Senator GRUENING. I take it you would not approve of the enactment of Senate bill 1676?

Dr. LYNCH. That is right, sir.

Senator GRUENING. You say on page 1329: "A calm estimate of the facts involved * * * has demonstrated that contraception as a means of population control has been a rather distinct failure."

Do you allege that contraception has been sufficiently tried to be able to formulate such a conclusion?

Dr. LYNCH. Well, I would say that heroic efforts have been made by population control groups since certainly the 1930's, if not the 1920's, and I am not sure they have been able to demonstrate that their techniques have been acceptable in many instances where they have been needed most, or effective in those places. For this reason Japan used abortion, which I am sure is abhorrent to all of us, and even the abortion there is proving to be a backlash.

Senator GRUENING. Dr. Lynch, isn't it a fact that until very recently many States of the Union had laws forbidding dissemination of birth-control information, and that your State, Massachusetts, has only recently enacted legislation voiding that? I am not even sure whether that bill has been signed by the Governor. It was finally passed by the legislature.

DR. LYNCH SUPPORTED CHANGES IN MASSACHUSETTS BIRTH CONTROL LAW

Dr. LYNCH. Yes; that law has been implemented. It becomes effective in August. And I was one of the supporters of that law, but supporter of the change of that law within a very definite sense. Up to the time of this year's version in the change in the law against contraceptives in Massachusetts, the contraception groups were unwilling to write into the law a message that would protect the young—for example, slot machines don't understand whether the person putting a coin in for condoms is 10 or 20 years old. They were unwilling to forbid that by law. They were also unwilling to forbid social workers and Government officials from giving out contraceptive devices or prescriptions. And we felt that was necessary. They were also previously unwilling to forbid public displays of public advertisement.

Under the present law as it was passed this year, they were willing to accept all of these conditions, and as such we were willing to go along with the change in the law which is now implemented.

CALLS REVISED LAW "A VERY FAIR ONE"

I think the law in Massachusetts today is a very fair one.

Senator GRUENING. Well, the only thing that I would question is your assumption that in view of the great recency of interest in contraception, the fact that these hearings are the first that have ever been held in the Congress on this subject, that only now has a President of the United States spoken out in favor of population control, that many States only within the last year or two have voided their laws forbidding the dissemination of information concerning contraception, that you can make the assumption that contraception as a means of population control has been a rather distinct failure.

". . . THERE IS AN ALARMING INCREASE IN POPULATION"

Dr. LYNCH. Rather, I think, sir, that the emphasis has been placed upon the overpopulation, and I think no one gainsays the fact that there is an alarming increase in population. But I think the emphasis has been that because of the population increase, that all of this interest—and because up to now nothing has been successful to control it.

Senator GRUENING. Well, do you think that the population increase poses a problem to society, in the United States and abroad?

Dr. LYNCH. Yes, I do. But I think it is to be implemented at family levels, and I think the people have to be motivated. As Gandhi pointed out—and I think he was an astute student of his own people and the underdeveloped peoples of the world—he pointed out that he thought the greatest possible hope of success as a solution for India would be premarital continence, late marriages, and voluntary restriction of the family by means that were not artificial. As a matter of fact, if I recall correctly, his nephew is at the present time implementing this same program which Gandhi started in a small area in India during his lifetime.

67-785—67—pt. 5-B——2

Senator GRUENING. Well, you believe there is a problem that should be met by methods other than the accepted methods of contraception, by chemical or mechanical means? Is that your thought?

Dr. LYNCH. I think we would have to qualify "the accepted methods." I would not agree that the contraceptive pill is an accepted method. I would not agree that the intrauterine device is an accepted method.

On April 14 of this year, at the Waldorf Astoria Hotel in New York, at a meeting of the combined societies of obstetrics from Boston, New York, and Philadelphia, Dr. Anna Southam of the Population Group of the Ford Foundation I believe, went through 29 items involving side effects and dangers associated with the pill. But one of the cogent statements that she made, which reiterated the statement of Dr. Tyler, the national president of Planned Parenthood Physicians, was that, unfortunately, at the end of 9 years in which millions of women had taken these pills—for some reason or other, to some degree or other—that the one critical need they still had was authenticated, documented statistics that would prove or disprove anything. We feel, and they felt, it is a crying shame that these pills were given out, as has been mentioned even here today—the pill is given out without difficulty or without any restrictions to people in planned parent centers throughout this country. And yet the fact is that the investigative authorities are unable to answer one way or the other any of the dangers associated with the pill. And Dr. Southam was quite unhappy about this.

WHAT ABOUT SAFETY OF PILLS?

Comments on her remarks were further offered by Dr. Hellman, who is the chairman of the committee appointed by the FDA to succeed the Wright committee. And Dr. Hellman, while making it very plain that he was not giving the report of his committee that he had sent to the FDA, nonetheless stated that the relationship of this pill to tumors, thromboembolic phenomena, and to the diabetic problem, was still very much up in the air and was most worrisome, most troublesome, and that no one could really assure anyone of the safety of this sort of thing.

So I don't feel we can say from a medical point of view this is an acceptable one.

". . . WE ARE IN AN AGE OF REVOLUTION AND INNOVATION"

I feel we are in an age of revolution and innovation. And this is not in itself bad, provided we maintain our sense of wisdom and order.

I think that in the contraceptive pill we had something rather unusual. This is one of the most potent medications developed by man for a person who is fundamentally well—they are protesting she is producing too well. And then this medication was sold to the public to create a demand of the profession. And their selling to the public creating a demand to the profession who in turn were assured by academic people that it was perfectly all right, has been the reason why we do not have the normal statistics we should have after millions of women have used them for 9 years.

Senator GRUENING. Dr. Lynch, there has been testimony before this committee that although the full story of the effects of the pill, of

course, will not be available for many years, that many women prefer to take whatever risks may be involved to having babies when they don't want them.

Now, I believe that Dr. Rock denies there are any adverse consequences of the pill. And I imagine that will be further researched in time to come.

But you indicate that the rhythm method is the method that you consider desirable.

Dr. LYNCH. I think with the present research available—I might add I am a member of the National Commission on Rhythm—it was set up to investigate this and guide research in it and derive information on it. There are at the present time at least four systems of rhythm which can be acceptable to people of all religious persuasions, and which I maintain, when made efficient so that it can be utilized with candor and ease by people of all persuasions, can actually further the family spirit in the sense that the parents are doing something on their own, without extraneous help of any type for the benefit of the family to whom they are committed.

I think rhythm has been given a bad name; people tend to scoff at it. But it is used successfully by millions of people throughout the world—is a very notably successful program in England headed by Dr. Marshall, and by Father de Lestapis in France, as well as by significant groups that have successfully used it here.

It has been some time I think since Dr. Rock was a witness before this committee. I think that he might possibly have a different view as to the reactions to the pill and its side effects today.

"I THINK THERE HAS BEEN A LOT OF PRECIPITOUS ACTIVITY AND PRECIPITOUS THINKING"

Dr. Rock has always maintained that the pill, for example, has never done anything except to stop ovulation. And yet within recent months the manufacturers, in their published advertisements to the medical profession, make very clear their ideas that their pills are efficient because they have three functions, which most of us have maintained for many years despite Dr. Rock, and that is that it can remove the support from a pregnancy, and does, on occasion, so it acts as an abortifacient; that it acts as a mechanical contraceptive. And perhaps sometimes, perhaps most of the time, acts as an anovulant. This is a rather rapidly changing field. I think there has been a lot of precipitous activity and precipitous thinking.

Nothing in medicine is ever developed quickly. It takes years and years. And I think we should be very cautious about taking any steps that might reverberate to the attitude that we are the calloused Americans. I think whatever aid we may give to people should be in an effort to have them develop within their own traditions or their own thoughts the programs that are acceptable to them.

I think the assistance is fine. But we do have to develop within them their own desire for it and their own sense of responsibility.

DIFFERENCES AS TO EFFICACY OF RHYTHM METHOD

Senator GRUENING. Well, you know that there is a good deal of difference of opinion as to the efficacy of the rhythm method.

We had testimony some weeks ago of a professor of chemistry at Boston College who testified that he and his wife were devout Catholics, and wanted to follow the rhythm method, and did follow it implicitly, and I think I had nine children in 11 years. And then Dr. de Bethune testified:

> We know many other families whose experience has paralleled ours. We know some families where, one family specifically of six children, where the husband and wife finally decided to live a life of what I would call divorce within the same home, and this has been going on 4 or 5 years now. They cannot trust the rhythm method and they feel in conscience they cannot do anything else. This is by no means unknown.

And the testimony went on to point out that in a situation of that kind you really had a breakup of family happiness, and other disastrous consequences.

Dr. LYNCH. I know Dr. de Bethune slightly. I am familiar with his statement. I am not sure that the statement is a measured one.

MUCH RHYTHM INFORMATION GIVEN OUT BY INCOMPETENTS

Let me say this: Just as all of us decry abortions as they are done through the back office, and through the cellars and so forth, I think we would almost equally decry rhythm advice as is given out by the kitchen physician, by the local superintendent of apartment houses, by various experts who knew someone who one time had a rhythm cycle. And unfortunately, much of the rhythm advice that is given out is given out by incompetents, even in the medical profession, by people who are incompetent. By people who are not interested, who feel they must give an answer to a patient, and that it is much easier to handle it this way.

I realize that this is to a certain extent an indictment of my fellow physicians. But this is a problem I have lived with, and I am quite familiar with it.

For the patient who is willing to come in with her husband and sit down with a physician, a patient who with her husband is willing to attend a rhythm clinic and listen to the information, get the proper information, take proper motivation to learn how it is to be done, and have their facts checked, these people are able to make rhythm work, and make it work successfully. I feel sorry for Dr. de Bethune. But I feel mostly sorry for him because as a professional man he apparently has not sought professional advice.

Senator GRUENING. Well, his testimony was that they had followed every scientific recommendation—he, a professor of chemistry, a scholar, and a scientific man himself—would not be a very good example of one who had not been able to follow a prescribed scientific method. He said that Mrs. de Bethune and he followed the best advice that was available.

" . . . I HAVE NEVER YET KNOWN ANYONE THAT LEARNED HOW TO MAKE RHYTHM WORK FROM A BOOK"

Dr. LYNCH. Well, this is the precise nub of the whole thing. When we start to go into a discussion of what was the best advice available, it frequently comes down to various books of one kind or another. And I would offer simply this comment. I have never yet known any

one that learned to swim from a book, or learned how to make rhythm work from a book.

Senator GRUENING. You say there is no such thing as an unwanted child. Did you hear the testimony of Mrs. Robinson, who testified early this afternoon?

Dr. LYNCH. I didn't hear her use the term "unwanted child." And I think—I make a very careful distinction in my statement about that, Senator.

Senator GRUENING. You said: "I respectfully suggest there is no such thing as an unwanted child." That is on page 1332 of your testimony.

Dr. LYNCH. I didn't hear her use the words "unwanted child."

Senator GRUENING. She made it very plain she wanted to have no more children, but that she was unable to get the necessary contraceptive information.

Dr. LYNCH. In my statement I specifically made a distinction. I can see a difference between a woman who has six children; two of them vomiting; with diarrhea; on a particular morning one has fallen out of an apple tree and broken his arm and one is lost in the woods; and all of a sudden she gets up and finds she has some nausea, and realizes possibly she is pregnant. At such a state I can sympathize with anyone who might not want a child, there might be an unwanted child concept in her mind.

CONCEPT OF UNWANTED CHILD DISTURBING

The thing that disturbs me, Senator, in dealing with young people particularly, is that this concept of the unwanted child is given to understand the actual fait accompli. Nine months later a squalling, hungry baby, a pathetic, helpless newborn, in its mother's arms—and people try to convince me that is an unwanted child at that moment. I don't buy it, Senator, and I don't think really you do. But one of the things disturbing to me in talking to teenagers—I have talked to them for 11 years now—and they send up all their questions to me written, but afterward, in discussions I get the other questions. And I wonder how you, or anyone else, would answer the question that has been asked of me in the last year only, when the effect of this—what I call almost a campaign about the unwanted child—has suddenly come to me very forcefully.

A boy or girl in freshman year in high school says to me, "Doctor, once you have become convinced that you are an unwanted child, how do you make out?" I don't really think there is such a thing as an unwanted child.

". . . THERE IS NO SUCH THING AS AN UNWANTED CHILD, SENATOR"

In my parent's home, my father was one of 16 children, my mother was one of 13 children. My mother's father was a bricklayer, a hod carrier. And at all times there were at least three other children at their home to take part in meals, to get the love of her mother, because they were orphans or because they were the children whose father or mother had died.

Under these conditions, and I am sure that it is found in your traditions as well, there is no such thing as an unwanted child, Senator. And I think it is unworthy of us to comment on it.

Senator GRUENING. May I ask you a personal question? Maybe it is an improper one.

Since your parents respectively had 16 and 13 children, why do you have only 5?

Dr. LYNCH. It is a personal one. It is not impertinent. You may not feel that this is a proper answer, but my wife and I have a fertility problem. We are very grateful we have five children, and would have had five more.

Senator GRUENING. In the case of Mrs. Robinson, who testified earlier today, there was no such case of a child falling out of an apple tree. She and her husband were relatively poor. She began to have bad health. One of her children was unhealthy. And after the sixth child she hoped she would not have any more. She found herself pregnant with a seventh and hoped there would not be another. She found herself with an eighth, and then with a ninth. And then and only then did she discover the existence of planned parenthood. Would you say those last three children were not unwanted children in that case?

Dr. LYNCH. As I say, Senator, it might have been in the mind they were not desirous of having another child in that sense. But nobody can make me feel—and I don't know the lady at all—but nobody can make we feel that any mother with a child in her arms is going to call this an unwanted child. I deal with mothers all the time. In a sense the obstetrician does not deliver babies. He delivers mothers as well. And I think from the point of view of the obstetrics, from the point of view of a human being who enjoys his work, who feels a privilege in seeing happily married people bring their love into the world, into whatever penurious conditions or burdensome problems, I think that perhaps it would be unfair—but the logical question would be to ask of Mrs. Robinson, which of those last three children would she give away.

Senator GRUENING. I thank you very much.

Senator Simpson?

Senator SIMPSON. Doctor, I have been very much interested in the colloquy between you and the chairman of the committee. This is a moving and timely thing. And I have been waiting for this—because it discloses what everybody knows—that this is a very vexatious problem, and one we have to approach with a great deal of tolerance and understanding and judgment.

I don't know whether this has been asked at all. I think your warning to the young people is good.

I am worried about those who are thinking in terms of immorality, rather than those thinking in terms of the good judgment that has been needed to curb this on-rush of babies and population.

But tell me—is this pill prescriptive?

PILLS AVAILABLE FOR BLACK MARKET PRICES WITHOUT PRESCRIPTION

Dr. LYNCH. In Massachusetts the pill is prescriptive, Senator. I am told that there are places in which the pill can be obtained on the black market quite readily, and I am sure this is also true of Massachusetts. I think one of the things we have to recognize with regard to teenagers is that they have more money in their pocket than you and I as a teenager ever knew existed.

Senator SIMPSON. They wouldn't have to have much.

Dr. LYNCH. Nor with me, either. But the problem is that they do have the money available, and in the Boston area, the contraceptive pill is available for 50 cents a pill in some areas, but more commonly a dollar a pill for a teenager. I think this is a common thing. Dr. Freda Kuhns in Chicago has talked about it.

Senator SIMPSON. Excuse me—are you talking about the prescriptive pill at that cost or the black market?

Dr. LYNCH. Prescriptive pills, sold on the black market. Dr. Kuhns has shown areas in Chicago where the girls have got the pill, told the boys they are going out with—the young teenagers—they are taking the pill and could not get pregnant. They are having intercourse without precautions so-called, and the girls promptly get pregnant, and use this as a wedge to force the boys to marry them. This is a problem Dr. Kuhns has written about in Newsweek magazine among other places.

LYNCH SAYS YOUTH "HAVE HEARD NOTHING BUT CONTRACEPTION"

The thing I am concerned about is this type of propaganda for contraception.

I think nowhere in our history have we seen any one subject so sold to the American people, because among other things we have never had the total impact of so much communication media as we have now. This is the first generation really, the present teenagers, to receive the total impact of a revolution in communications—speaking of revolutions—which involves television, radio, books, paperback books, comic books, all kinds of things from the speaker's podium to magazines for kids from the age of 3 to 5, and because of this total impact, they have heard nothing but contraception, contraception.

Who would have believed even 10 years ago that a national television program of 2 or 3 hours on a Sunday evening, a so-called family television program of 2 to 3 hours, an open-end discussion, would become involved with women's menstrual periods, and the regulation of her cycle, and how long she flows.

This type of thing—the control of it has perhaps been subtle, and has been present, but sometimes not overly wise.

TODAY'S TEENAGERS ARE WORLDLY WISE

The kids are available to this, they understand it all. The first time I ever spoke to a group of high school teenagers, the first question which I received came from a girl who was recognized as a freshman. She got up and said to me, "Doctor, would you kindly comment on the medical, legal, and moral implications of AID versus AIH?" AID is the artificial insemination of a woman by a donor other than her husband, and AIH artificial insemination from her husband. This from a girl who is a freshman in high school. I am sure her parents, if they had been flies on the wall, would have dropped dead without DDT.

Any of the adults who have been present at any of our meetings with the teenagers have been struck with the degree and extent of knowledge, the quotations of people from planned parenthood, of groups who are talking about premarital fidelity as a means of contra-

ceptive techniques, of those who believe that the teenagers should be exposed to all forms of sexual pleasure because the contraceptives have made it possible that pregnancy is 100 percent safe.

PROBLEM OF VENEREAL DISEASE

None of these people of course have mentioned the enormous problem of venereal disease, and I submit that it is significant that though our tolal war against and our success against venereal disease in this Nation caused VD to hit a new low, an almost unheard of low in 1955 and 1956, that with the onset of the pill and this enormous propaganda for "safety against pregnancy," we have had a resurgence of venereal disease which I am sure your public health people will tell you is unprecedented in this Nation, to the extent that most of the authorities I have talked to now believe that gonorrhea and syphilis have replaced measles and chickenpox as No. 1 and 2 epidemic communicable diseases.

I think it is more than significant that these two have increased since 1957.

FURTHER RESEARCH ON PILL NEEDED

Senator SIMPSON. I believe there is much more room for research on this pill itself.

Dr. LYNCH. I certainly do, sir, on the basis of the testimony of the people who are in a position to know. Dr. Hellman has had made available to him and his committee more than 10,000 case histories, which for some strange reason remained untouched, unheralded, unreviewed by anybody that I know of in the FDA, from 1962 to the present date. And of these more than 10,000 cases, the FDA, in its own letter of November 29, 1965, said that 2,040 were "important cases" involving the case histories of strokes, thrombotic phenomena, and various other important problems in young women. Why for so many years none of these were investigated I don't know. But Dr. Hellman has just had the advantage of all this material, and from this he still gives the opinion that we need a great deal more information which is documented and which is carefully done, and not the helter-skelter type of thing that has been given out. It has even been mentioned here this morning—the pill is given routinely to all people who come to a planned parenthood clinic.

Senator SIMPSON. I am thinking of the drug industry's treatments for arthritis—and the necessity for getting good medical background of the patient before it is prescribed. It seems to me your warning here with respect to what goes to the patient who may have some history, medical history, that would cause great discomfiture and probably great harm with even the use of a pill—is that correct?

EFFICIENCY AND SAFETY OF PILL REQUIRE DIFFERENT MEASUREMENTS

Dr. LYNCH. That is correct. As far as medicine is concerned, we are always concerned with what the drug will do to the disease, and secondly, what will it do to the patient. And it always takes much longer to find out what it does to the patient than it does to find out what it does to the disease.

The efficiency of a pill or any medication can be judged in a relatively short space of time. The safety of it takes years, sometimes up to 20 years in the opinion of most people.

As far as the medications are concerned, the statement has been made, and I support it, that so far as the contraceptive pill is concerned, that anyone who has any medical or psychiatric disease which is sufficient to indicate to her that she should not become pregnant again, in wisdom, is too sick to take the contraceptive pill. This has been reiterated by the editors of the Obstetrical and Gynecological Survey every year—1961, 1962, et cetera—saying that any person who feels they need this type of family control, and has no compunction about using the other traditional artificial methods of contraception, would be well advised not to use this pill.

MANY QUESTIONS UNANSWERED

As currently as a couple of months ago, the "Medical Letter," an authoritative publication on pharmacology sent out to every physician in the country who chooses to get it, made the statement in a very similar fashion, that the dangers of this pill have not yet been completely aerated, they have not been answered. And from Dr. Hellman's information, and Dr. Southam's information, the chances are it is going to take many, many years before any statement on safety can be made.

I think, however, that before that time, chlomophene or some other grandchild or stepchild or some other near relative of chlomophene, something that will control the point of ovulation, the time of ovulation without affecting the womb itself, a drug which can be safe, and which will probably implement some sort of conception control from the point of view of self-control, of a periodic continence—which will have a very short span of continence itself within a month——

DR. LYNCH COMMENDED FOR RAISING "POINT OF WARNING"

Senator SIMPSON. Glad to hear you say this, because I think the people of our country and those we support and help on this, we owe it to them certainly to protect their health along with the methods used. And I think you have raised a point of warning that is good, and I think it should be taken to heart very much by the committee, as well as people in general.

Dr. LYNCH. Thank you, sir. I think there is one thing that we as Americans tend to do, and that is to rush into things and do things fast. We have been successful at doing things in a fast manner. But I think there is one threat to our future health, and that is that we should not take a scientific breakthrough as meaning the same thing as human progress—until human control has demonstrated that the scientific breakthrough can be used for human progress.

Senator GRUENING. Dr. Lynch, you have stated that there is a population problem. I think it is fairly clear, as you know, that the balance between the birth rate and the death rate has been upset. This has all come within a lifetime, so to speak—all these diseases which formerly took a tremendous toll are virtually nonexistent. The science of immunology has come in, and the problem exists.

Now, Senate bill 1676 and a similar bill introduced in the House do not in any way prescribe or insist on any method, I would say that

the officials charged with this responsibility, if this bill were to be enacted, would of necessity be obliged to call attention to the rhythm method, call attention to the fact that for religious and other reasons, moral reasons, this would be the only method acceptable.

In view of that, do you still think this legislation as such is objectionable?

DR. LYNCH QUESTIONS NEED OF GOVERNMENTAL INTEREST OR INTERVENTION

Dr. LYNCH. Yes, sir; I do, because I think Government interest carries too much prestige, too much pressure for too many things of unhappy possibilities, and I am not sure that official Government interest, official Government intervention, is needed here.

I would also—while understanding your high motives in the matter—I would also be rather inclined to feel, in just a quick reading of the bill itself, that it almost sounds like the total overall plan for world planned parenthood, world population—that undoubtedly it would be influenced by, possibly managed by, an integrated planned parenthood. I think that there are not a few areas in the world in which the official planned parenthood organization is looked upon as a stranger who has come to teach us their ways.

I think people tend to naturally resent this. I think that if we can do this by any other means and I am sure we are resourceful enough to do it, then by official use of the U.S. Government's name, then I think we would be wise to do so. Any backlash about this would then not come as an official backlash against an official Government body.

"THIS IS A PROBLEM OF EDUCATION HERE"

A friend of mine went through Africa on many, many occasions, and one of his fond practices was to go into the villages and tribes where he found many times the chieftan was a very well educated man. And in bringing into the tribes the thoughts that new methods of agriculture could be brought in, he said the standard answer of the tribal farmer would be, "I don't know how many generations you have been doing these methods, but I have been tilling this spot of land for more generations than you can count, me and my forefathers, and you are not going to tell us how to do it."

This is a problem of education here. You cannot force this kind of thing.

The other aspect of it is that the tribal chieftain in some cases has said:

> "My people do have a point, you know. You come from a nation with skyscrapers and jet planes and radios and televisions, washing machines, electricity, all the advantages of a high standard of living. You have children. We have children, too. We have nothing else. When you come in here to try to teach us a method by which we are not going to have children—now, people react with the statement—we have nothing else you have, are you also trying to take our children?"

This I think is very real, and I think it is very reasonable on their part. They are not well educated people. I think they have to be implemented to a sense of their own self-respect and dignity. As I pointed out, the standard demographic principle has shown, that in the development of a nation the death rates and the birth rates drop

together—they don't drop simultaneously. But once they have found that their mothers can live, and the children they love so well can live, then they become interested in producing not quite so many children. I think if we can train their leaders, any program that would train their leaders, as Gandhi and others have pleaded for, rather than our technical assistance, their leaders can teach them within their own traditions the proper method of doing it.

"IT IS A MATTER OF FREEDOM OF INFORMATION"

Senator GRUENING. Dr. Lynch, under the repeatedly declared purposes of this legislation, this African chief would not have to accept any of this information. He could continue to be a free agent, to have as many children as he wanted to have. But somebody else, perhaps in a more civilized state, might like to have this information and make use of it. And this is all this legislation proposes to do. It is a matter of freedom of information. This is all that it is. This is merely an extension of our various freedoms which are deeply embedded in our Constitution and in our mores: Freedom of speech, freedom of press, freedom of assembly, freedom of worship. And this is just an extension or application of those freedoms; namely, freedom of information. No one is obligated to accept this information, no one is obliged to use it after the information has been made available. And that is the whole purpose and spirit of this legislation. It has repeatedly been emphasized at these hearings on S. 1676.

Those who want to limit their families by the rhythm method certainly will have that opportunity if this legislation is passed, as they perhaps do not have it now.

Let me say this.

SUBCOMMITTEE WILL SECURE FURTHER INFORMATION ON SYPHILIS AND GONORRHEA RATES

I am going to secure information on your assertion that syphilis and gonorrhea have vastly increased as a result of the widening discussion of birth control. That is not in accordance with my information. On the contrary, with improved methods of therapy, those diseases have not vastly increased. When I was in medical school half a century ago, the present therapy for veneral diseases was not known. It has been developed since that time.

Dr. LYNCH. Senator, I think that you probably are going to come to an unhappy piece of information.

DR. LYNCH QUOTES FIGURE OF 1 MILLION IN UNITED STATES UNDER AGE 18 UNDER TREATMENT FOR SYPHILIS

At the meeting of the U.S. Public Health Service in Chicago in December, Dr. Nicholas Fiumara, director of the communicable disease section of the Commonwealth of Massachusetts, addressed the organization on the matter of the epidemiology of syphilis, and pointed out at the present time there are something close to 2 million people under treatment for syphilis in this country, one-half of whom are children; that is, under 18.

SYPHILIS: ONE PATIENT TREATED—NINE UNREPORTED

And that for every case of syphilis now under treatment, the careful estimate is that there are at least nine others undiagnosed and untreated. In a random sampling of 35,000 people who went through railroad depots, airports and department stores in Philadelphia a few years back, and who were asked to give a sample of their blood, and did so, 11 percent were found to have syphilis, and *didn't know it.*

This is a real problem.

Senator GRUENING. Dr. Lynch, we have had testimony that a million abortions take place every year in the United States. We have had testimony that the hospitals in certain Latin American countries are filled with the unfortunate victims of abortions that have caused infections and other serious consequences.

Would you not consider that contraception, a method of prevention, would be a much saner substitute for abortion, which actually destroys nascent life and always carries with it very serious risks?

Dr. LYNCH. Senator, I don't think that contraception has ever been demonstrated to be a substitute for abortion, and I don't think either one of them have ever been shown to be a real salutary measure for the problems you are thinking of. The problems you are thinking of and talking about are really matters of the individual conscience, the individual person.

You speak of abortion. One of the standard statements we have with regard to abortion is that we are being importuned in various States now to have the law for abortion on demand be passed. And yet, having spent a whole day with Dr. Hoffman, the director of the abortion program for Denmark—he pointed out that there is no medical or psychiatric indication for abortion, but that the reasons given to his Government, as it was given recently to the British Government, for implementing abortions, were, one, that it would cut down on the illegal abortions—whereas in Denmark the fact of the matter is that the illegal abortions tripled after the abortion program was legalized. And the reason was that the women felt under legal abortion they had no privacy. The second reason they gave was also a false one, that pregnant women were threatening to commit suicide, when it is a standard fact in obstetrics that the one person least likely to commit suicide is a pregnant woman, unless she is so psychotic she doesn't know whether she is pregnant or not.

Senator GRUENING. There has been very moving evidence before the subcommittee that women seeking abortions are motivated by despair, desperation; they know this is a tragic method, they know it entails great risks, they know it is costly, they know they may be infected, they know they may not survive. And yet they choose this desperate method in the effort not to have a child which you say doesn't exist, an unwanted child.

I think the evidence is overwhelming on that point.

My own view is, and I think the view of many of those who have testified, that contraception would be a so much more humane and civilized method of preventing the tragedies and incidental complications of abortion, which I personally would like to see avoided completely, if it could be. I think abortion is a tragic thing. It is the destruction of nascent life. It is a very risky performance. And it is

evidently motivated by terrible fear and mental distress. And I would think that contraception, whether by the rhythm method, or any other method, would be preferable. I wonder if you would not comment on the relative morality of those two approaches—abortion versus contraception.

Dr. LYNCH. As far as the relative morality of it, I am not a moralist—from my own point of view, the morality of abortion, even so-called legalized abortion, is asking a physician to be an executioner of a human being which is totally guiltless of anything, for social and economic reasons.

As far as the morality of contraception other than that of periodic continence, I do not believe that is moral, either.

However, as to the other comments that you made, Senator—Dr. Hoffman has made a considerable study of this program in Denmark, and he pointed out that those women who went for abortions would not use contraception. And this is not an uncommon finding among those people who treat women, who come into hospitals, having had an abortion. And almost always this question is asked simply as a means of information—that they won't use it. As a matter of fact, the Russians, in their new technique of abortion, say they would rather use abortion than to use the contraceptive pill, which they say is too dangerous to be allowed to be manufactured.

In either case, I think we are using means not amenable to the human spirit. As far as abortion is concerned, it is the destruction of a human life, it is the destruction of innocent human life, and is a deliberate one. And I think as human beings we are bound to stand up for the sanctity of human life, even though it be an unknown atom tucked away in its mother's womb. I think this is the experience of Joseph B. De Lee, who as a young man felt abortions were not done enough, but as an old man, having seen the holocaust in Europe, thought it was about high time that all people be concerted in their drive to protect all phases of human life, intrauterine or not.

Senator GRUENING. It may well be that many of the women who resort to abortion didn't have contraceptive information, didn't know about it, didn't know how to get it.

Dr. LYNCH. Or didn't want it.

Senator GRUENING. You assume they didn't want it.

Dr. LYNCH. Dr. Hoffman doesn't assume it. He feels it is a part of his statistics. And Dr. Hoffman is not a Catholic, I might add.

Senator GRUENING. It may be in some cases they did not want it. It may not be so in others.

In any event, Dr. Lynch, you have given us very moving and eloquent testimony and have made a real contribution. You have presented points of view very persuasively which have not been presented before, and we are very grateful to you, and, as a result the subcommittee will seek additional information from the appropriate health authorities.

Dr. LYNCH. I am pleased to be here, sir, and very grateful to you.

Senator GRUENING. Dr. Lynch quoted Dr. N. J. Fiumara's talk presented at the American Public Health Association meeting in Chicago, Ill., on October 19, 1965. To further corroborate Dr. Lynch's remarks I direct at this point that a copy of Dr. Fiumara's paper be included in the printed record of this hearing.

(The above-mentioned article follows:)

EXHIBIT 185

EPIDEMIOLOGY OF SYPHILIS

(By Nicholas J. Fiumara, M.D., M.P.H., Director, Division of Communicable Diseases, Massachusetts Department of Public Health; Associate Clinical Professor of Dermatology and Preventive Medicine, Boston University School of Medicine; Lecturer in Dermatology and Syphilology, Tufts University School of Medicine; Instructor in Epidemiology, Harvard University School of Public Health; Instructor in Dermatology, Harvard Medical School)

The origin of syphilis is shrouded in the mists of antiquity. Its history is unique in that it does not emerge gradually into the records, but appears on the stage of history with dramatic suddenness. Syphilis appeared in epidemic proportions in Western Europe in 1493 [1] and for a few decades it raged furiously, then followed four centuries of comparative quiescence both in incidence and in diagnostic and therapeutic developments. It was generally believed that Columbus' crew contracted syphilis from the brown natives of Hispaniola because when they returned to Spain from the first voyage, they brought back with them "the Indian measles." [2]

In the few decades after 1493, syphilis became widely disseminated on the European continent.[3] War provided the means for international spread. Charles VIII of France sent an army of 50,000 mercenaries and dissolute adventurers (including some of Columbus' crew) to attack Alphonso II of Naples. Ferdinand and Isabella supported Alphonso with troops among whom syphilis had already been observed. Camp-followers trailed the army of Charles relieving the tedium and monotony of war. The French army did little fighting as it marched across Italy, pillaging and raping. In May 1495, the motley army of Charles VIII entered Naples and went on a 3-month victory spree. Their triumph was short-lived. An enemy coalition formed. Rendered impotent by a raging epidemic, the French army beat a hasty and ignominious retreat across Italy and was disbanded. The mercenaries of Charles scattered throughout Europe, spreading the "red plague" which was also known as the "great pox."

Although the Columbus theory of origin has been accepted without question for generations, it is hardly tenable today.[4] There is increasing evidence that syphilis and related treponematoses were endemic in Europe, Asia, and Africa centuries before, and had reached epidemic proportions during the mass movements of armies and populations at the end of the 15th and the beginning of the 16th centuries. Prior to this epidemic, syphilis was milder than that described after 1493 and more comparable to that seen today. It is my belief that the extraordinary virulence of syphilis during these times can be attributed to the introduction of a new and more virulent strain of spirochete in Europe from the New World.

Today syphilis is not only a national problem, it is worldwide. Here in the United States reported cases of syphilis reached a peak in 1947 and then began a precipitous decline which lasted for almost a decade. The reservoir of infectious syphilis which for a decade had been dropping now began to fill again. The year 1958 saw the first increase in infectious syphilis, and each year since the increase in cases has continued. During the fiscal year 1957, 6,251 cases of primary and secondary syphilis were reported; in fiscal 1965, 23,219 cases were reported, an increase of 271.4 percent. When one stops to consider that private physicians report only about 11 percent of their cases of primary and secondary syphilis, the true incidence of infectious syphilis is of staggering magnitude.[5] It has been estimated by the Public Health Service that the true incidence of infectious syphilis is about 120,000. This is the number of people who can spread the disease in a community. The prevalence of syphilis—that is, the number of new and old syphilis patients who need treatment—is about 2 million persons.

One of the more frightening aspects of the increase in syphilis is that teenagers and young adults are its primary victims. Young people, those under 25

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[1] Major, R. H. A History of Medicine, Springfield, Ill., Charles C. Thomas, 1954, 1:364.
[2] Fiumara, N. J. Sic semper syphilis. B.M.Q. 8:101–109, 1957.
[3] Pusey, W. A. The History and Epidemiology of Syphilis, Springfield, Ill., Charles C. Thomas, 1933.
[4] Holcomb, R. C. Who Gave the World Syphilis, New York, Froben Press, 1937.
[5] Curtis, A. C. National survey of venereal disease treatment. J.A.M.A. 186:46–49, 1963.

years of age, are responsible for more than 56 percent of all reported cases of infectious veneral disease. The teenagers contributed more than 20 percent of these cases. Studies indicate that the majority of teenagers experiment with alcoholic beverages prior to graduation from high school, often beginning at the age of 13 or 14.[6] Along with the increase in early promiscuity, there is a parallel rise in illegitimate pregnancies with no longer the overpowering concern there once was. It is not coincidental that those areas of the country which report sharp uprisings in venereal disease rates among youth also show a jump in their rates of juvenile delinquency. It's all part of the same behavioral pattern.

Meanwhile, sexual morality and personal responsibility are declining, reflecting the tempo of a country caught up in its excesses. Sexual relations have become increasingly casual both in and out of marriage, and at an earlier age. Our preoccupation with sex is clearly evident in our talk, our art, our salacious literature, our entertainment, our dress, our frenetic dancing.

Syphilis may be spread in one of five methods:

1. Sexual exposure: About 95 percent of all syphilis is transmitted sexually. Today, it is known that a patient is most infectious sexually during the first year of his infection, but becomes less so with each succeeding year until by the end of the fourth year, for all practical purposes, the patient cannot spread syphilis by this means.

2. Kissing: Kissing individuals with lesions of primary or secondary syphilis on the lips or oral cavity. The moist kisses are the infectious ones, not the dry "pecks."

3. Prenatally: Here the mother infects the fetus in utero. In the United States there has been a rise in congenital syphilis under 1 year of age to the point that in 1965, the increase amounted to almost three times the number reported in 1960.[7]

4. Transfusion syphilis: This is rarely seen today because of the stringent requirement that all blood donors must have a nonreactive blood test report before the blood can be used. Furthermore, the direct transfusions of a generation ago have been replaced by the blood banks. Under conditions of blood bank storage, the spirochete of syphilis will die in 24 hours—a fact of no little consequence in preventing transfusion syphilis.

5. Accidental direct inoculations: In the United States, syphilis is concentrated south of the 40° parallel latitude. While the national rate for fiscal 1965 is 12.6 per 100,000, the District of Columbia leads the country with a rate of 69.5, followed by Florida (38.7), Alabama (38.6), and South Carolina (33.9).

Syphilis is a disease of metropolitan centers. It is in the core cities where syphilis is concentrated, fanning out to the suburbs. The 10 cities reporting the highest rates of infectious syphilis are Los Angeles, San Francisco, Atlanta, Chicago, Baltimore, Detroit, Newark, New York City, Philadelphia, and Houston. These cities comprise about 10 percent of the total population yet report 32 percent of infectious syphilis.

Syphilis is reported more frequently in the young adults 20 to 24 years (6,455 cases), followed by the older adults 25 to 29 years (4,540 cases) and then the teenagers 15 to 19 years (3,595 cases). This is in contrast to reported cases of gonorrhea where those 20 to 24 years (105.807 cases) rank first, the teenagers 15 to 19 years (61,066 cases) second, and then the older adults 25 to 29 years (58,623 cases). The ratio of gonorrhea to syphilis is about 13; that is, approximately 13 cases of gonorrhea are reported to one of primary or secondary syphilis.

Syphilis is reported more frequently in males than in females, approximately three out of five known cases are in males. Seventy-five percent of the reported cases occur in the nonwhites (17,426). There were 3 white males (4,414) to 1 white female, but 1.7 nonwhite males to 1 nonwhite female (1,379). There were 2.2 cases in nonwhite males (10,019) to 1 white male (4,414) and 5.4 nonwhite females (7,407) to 1 white female (1,379). Some of the disparity between the races is due to better reporting of the nonwhite population since 69 percent of them went to public clinics in contrast to 37 percent of the white group.

During 1965, patients with primary or secondary syphilis named an average of 3.7 different sex partners (contact-patient ratio) a ratio which has not changed significantly during the past 5 years in spite of the increase in homosexually transmitted syphilis; nor has there been a significant change in the number

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[6] School Health Education Study—1964, Washington, D.C. 74 pp. Library of Congress Card #64–22812.

[7] Fiumara, N. J. A Legacy of Syphilis. Archives of Dermatology (in press).

of contacts found to be infected; i.e., the epidemiologic index. It was 1.03 in 1965 and 1.07 in 1960. Thus, one may say that venereal disease control efforts are uncovering only the source patient but not the spread cases, a factor of no little importance in attempting to control syphilis.

A program of venereal disease control needs to concern itself not only with the patient and contacts but also those factors in the community which contributed to the infective exposure. Who then are the sexual partners named by the patient? When and where did the encounter and exposure take place? Is prostitution a problem? These answers must be known if social protective services can be applied in a community. In the absence of national data, our experience in Massachusetts will be outlined.

During the year 1964, most of our patients named their friends (46 percent) as their sex partners, followed by pickups (24 percent) and then their spouses (17 percent). Prostitutes, both male and female, were mentioned in only 2.4 percent of the cases. Pimping, so essential for successful prostitution, was reported in only 1.1 percent. The bars or taverns (19.4 percent) which for years led the list as places of encounter or pickup have been supplanted by meetings in a home (31.5 percent), but the apartment or home has continued as first as place of exposure (45.5 percent) followed as a poor second by the automobile (8.4 percent). The hotel or motel ranks third (3 percent) primarily because of the laws of economics.

DISCUSSION

Syphilis is not only a medical problem; it also has social and moral connotations; thus, search for a remedy cannot be confined to clinic and public health medicine but must be shared by other disciplines. Today, the fashionable word in public health circles is "eradication." It impresses the legislators who hold the purse strings, it provides the press with intriguing speculation, and it reassures the lay public who want to hear good news. Yet the good news complex may be a costly luxury; eradication is the final step in a sequence of increasingly complex action.[8 9] The first step is control which reduces the incidence of a disease to an acceptable level. The second is elimination; that is, the causative agent persists but it either does not cause or very rarely causes human disease. Clinical polio is a good example; it has not occurred in Massachusetts for the past 2 years. The disease, therefore, has been eliminated from our State, but it has not been eradicated; the organism still persists. The final step is eradication; that is, both the causative organism and the disease cease to exist in the geographic area defined.

With the tools clinic and public health medicine have at hand today, syphilis can be controlled, the first step toward eradication. However, the increase in cases of infectious syphilis for the eighth consecutive year in the United States means we are not even controlling it; cases are occurring faster than clinic and public health medicine can find and treat the source case. Failure to control prompts questions which, like spring rain upon a seeded field, force the subject to grow. Syphilis has again caught the attention of clinic and public health medicine and out of this springs our hope of eventual control.

Senator GRUENING. I now direct that the full text of the letter from Dr. David J. Sencer, Assistant Surgeon General of the U.S. Public Health Service, Chief of the Communicable Disease Center, Atlanta, Ga., in answer to subcommittee correspondence, be included at this point in the printed record of this hearing when it is received.

(The above-mentioned letter follows:)

EXHIBIT 186

(Full text of letter from Dr. David J. Sencer, Assistant Surgeon General, Chief, Communicable Disease Center, Atlanta, Ga., in answer to subcommittee correspondence, October 11, 1966)

This is to confirm our telephone conversation of October 6, 1966.

In calendar year 1965 there were 4,039 cases of infectious syphilic and 66,947 cases of gonorrhea reported in the United States in children, ages 15 through

[8] Payne, Anthony, M.-M. Disease Eradication as an Economic Factor. A.J.P.H. 53: No. 3, 369–376, March 1963.
[9] Payne, Anthony, M.-M. Basic Concepts of Eradication. The Amer. Review of Resp. Dis. 88: No. 4, 449–455, October 1963.

19. Measles is not reported nationally by different age groups, so we do not have corresponding figures. However, in the same year there were 261,904 cases of measles reported.

As I mentioned on the phone, our Venereal Disease Branch has prepared a teacher's guide and student workbook to aid in teaching teenagers the facts about venereal diseases (copy enclosed). While we cannot say it is a direct cause-and-effect relationship, following the introduction of these materials in a major metropolitan area school system, there has been a reduction in venereal disease in teenagers. In 1962 the rate of infectious syphilis in teenagers was 40 per 100,000; in 1963, 35 per 100,000; in 1964, 24 per 100,000; and in 1965, only 19 per 100,000.

I hope that this material will be of use to you.

[CHAIRMAN'S NOTE.—Dr. Sencer sent the subcommittee copies of "Student's Manual on Venereal Disease; Facts About Syphilis and Gonorrhea," and "Teacher's Handbook on Venereal Disease Education." These books were written by William F. Schwartz, educational consultant for the Venereal Disease Branch of the Communicable Disease Center of the Public Health Service, and were published by the American Association for Health, Physical Education, and Recreation, a department of the National Education Association.

[The foreword of the "Teacher's Handbook on Venereal Disease Education," written by Dr. Delbert Oberteuffer, professor of health education at the Ohio State University, and editor of the Journal of School Health, states in part:

[Undoubtedly, venereal disease education is a controversial area. However, I believe that this book goes far in removing much of the controversy from it. While teachers of health may vary a good deal in their use of the materials contained herein, the teacher who has based teaching about these diseases principally on the contents of the manual will have in it an instant reference, record, and rebuttal to any person who questions the latitude or propriety of what has occurred in the classroom."

[The preface of the "Teacher's Handbook on Venereal Disease Education," written by Dr. William J. Brown, Chief of the Veneral Disease Branch, Atlanta, Ga., states: "Estimates place the annual national incidence of venereal disease among the teen group alone at somewhere between 200,000 and 300,000."]

(The preface and part V of the handbook entitled "Venereal Disease in Perspective" follow:)

EXHIBIT 187

PREFACE AND PART V OF "TEACHER'S HANDBOOK ON VENEREAL DISEASE EDUCATION"

(By William F. Schwartz, educational consultant, Venereal Disease Branch, Communicable Disease Center, Public Health Service, U.S. Department of Health, Education, and Welfare; published by the American Association for Health, Physical Education, and Recreation, a department of the National Education Association, Washington, D.C., 1965)

PREFACE

That there is a need to educate young people about syphilis and gonorrhea can hardly be denied. Infectious syphilis among children between ages 15 and 19 almost tripled in the 6 years following 1957. In certain congested metropolitan areas an average of 1 youngster or more out of every 10 in this age group is exposed to infectious syphilis or gonorrhea annually. Estimates place the annual national incidence of venereal disease [1] among the teen group alone at somewhere

[1] Diseases transmitted primarily by intimate bodily contact. Syphilis and gonorrhea are the principal venereal diseases prevalent in the United States.

between 200,000 and 300,000—a bare minimum of 600 a day. If one includes youth up to age 24, this figure increases to 1,500 infections a day; and the rate for the entire population is not less than twice that figure.

Noting the alarming increase of syphilis and gonorrhea, especially among teenagers, the late President Kennedy in 1962 recommended the initiation of a major 10-year program aimed at the total eradication in this country of what he termed "this age-old scourge of mankind."

On January 24, 1964, President Johnson became the second President in our history to publicly proclaim the intolerability of syphilis.

In a telegram to the president of the American Venereal Disease Association, President Johnson assured his wholehearted endorsement and continued support of President Kennedy's 10-year plan for the eradication of syphilis, and urged "parents, educators, youth leaders, and all other responsible citizens to continue the fight against this dread disease."

Observe that although gonorrhea afflicts a million persons a year in this country, emphasis has been placed specifically upon the eradication of syphilis, the incidence of which is only one-tenth as great. This is because the tools for the eradication of syphilis have been available for some time, but present weapons are barely equal to the task of controlling gonorrhea.

Luckily, however, gonorrhea, while it can have very serious consequences, is not as widely devastating as syphilis. Syphilis has carved its own trail down through four and a half centuries of history, leaving in its wake an awesome record of crippling, insanity, and death; and frequently influencing the destinies of men and nations.

It comes as a surprise to many that, even today, it is costing American taxpayers about $50 million a year to maintain the victims of syphilitic insanity in tax-supported mental institutions; and another $6 million for care of the syphilitic blind. So, in view of the fact that syphilis is eradicable, it would seem that its eradication is long overdue.

PUBLISHER'S NOTE

The American Association for Health, Physical Education, and Recreation is publishing the "Teacher's Handbook on Venereal Disease Education" written by William F. Schwartz, who is Educational Consultant, Venereal Disease Branch, Communicable Disease Center, Public Health Service, U.S. Department of Health, Education, and Welfare, because of the great need for accurate, objective resource material for teachers and for student units in Venereal Disease Education. The content, method of presentation and organization of material represent an approach developed by the author. The handbook and student units were extensively field-tested with junior and senior high school teachers and students prior to publication.

Use of these materials will vary with local school and community attitudes and needs. Administrators and teachers should be familiar with the contents if planning and placement in the school program is to result in maximum benefit to the students. Presentation to students will be enhanced by a program of sex education prior to the use of the materials.

PART V

VENEREAL DISEASE IN PERSPECTIVE

Venereal disease, spread mainly by prostitutes and camp followers, traveled with armies throughout history. In fact, there were times when venereal diseases caused more military casualties than swords and guns.

Dr. Thomas Parran, in "Shadow On the Land" (Raynal & Hitchcock, New York, 1937) says that the ship's log of the U.S. frigate *Constitution* for 1811 shows more sailors treated for syphilis and gonorrhea than for any other complaint. VD got to be such a problem in the War of 1812 that the Army passed regulations deducting the cost of treatment from the soldier's pay and deducting his entire pay for the time during which he was under treatment. Dr. Parran said that when the Staten Island Marine Hospital was opened in 1831, 26 of the first 100 patients were suffering from syphilis.

More than 77,000 Union soldiers contacted syphilis during the Civil War, and again in the Spanish-American War, the disease took many thousands of fighting men out of battle.

World War I carried on the tradition. About 6 percent of all the men drafted were found unfit for duty because of VD. Also, it has been estimated that about 3 million cases of syphilis were contracted by the soldiers of all the armies fighting in World War I, to say nothing of gonorrhea.

It was just before World War I that Drs. Schaudinn, Hoffmann, and Wassermann developed the first good methods of diagnosing syphilis, and Dr. Ehrlich discovered an effective drug to treat syphilis. This drug (Salvarsan) was desperately needed in our country, but the Allied blockade of Germany kept us from importing it. There was another problem, too.

Most of us have heard of cartels such as I. G. Farben and E. I. du Pont, international business associations set up to control some part of world business. It was a German cartel which owned the patent rights on Salvarsan when the war started, and so, for a while, it seemed that we could neither buy the drug nor make it.

Finally, in desperation the State Health Department of Massachusetts decided to make the drug in spite of the patents. It was then discovered that in applying for the patents, the cartel had lied about their method of making the drug to protect their secret; and so it took some time for the Massachusetts scientists to rediscover how to do it. Finally, however, the problem was solved, and the Massachusetts State Health Department began to make the precious drug and distribute it in this country under the name of arsphenamine.

This was certainly helpful, but a better and faster way to treat syphilis was needed badly. And this need was made even greater by the outbreak of World War II.

When the young men were given their physical examinations before going into military service, it was found that thousands upon thousands of them were infected with syphilis. Between 1940 and 1945 almost 1 million men in the U.S. armed services were found to have syphilis. The war, however, would not wait 18 months until these men could be treated. Doctors and scientists set to work hoping to find a quicker way to treat syphilis.

Patients who had syphilis were given intensive treatment in special hospitals called rapid treatment centers which were set up around the country. Treatment time was reduced from 70 weeks to approximately 10 days, but this still left a lot to be desired. For one thing, working men and mothers with small children often had to be transported hundreds of miles to one of these special hospitals.

Then in October 1943, Dr. John Mahoney and his staff at the U.S. Public Health Service Hospital on Staten Island in New York City, found a new cure which was to completely change the treatment of syphilis and gonorrhea throughout the world. For the whole story, however, we must return for a moment to 1928 and the laboratory of Dr. Alexander Fleming in London.

It was here that Dr. Fleming discovered penicillin through what scientists call "serendipity," a fancy word meaning something you find accidentally while you're looking for something else. Dr. Fleming, trying to grow (or culture) a special bacterium in his laboratory, noticed that something had killed off a great number of the germs he had already grown. Naturally, he was curious to know what had done this; and on investigating, found that the culprit was a mold called "Penicillium notatum." Dr. Fleming called the substance which killed the germs "penicillin." Although he did not know it then, Dr. Fleming had opened the door to a whole new era in medicine, the age of antibiotics—the so-called "wonder drugs." (Antibiotics are germ-killing substances made by living organisms.)

It was not until 1943, however, that Dr. Mahoney and his staff demonstrated the effect of penicillin on the spirochetes of syphilis.

Penicillin was hailed as a "wonder drug." It could cure both syphilis and gonorrhea. It soon replaced bismuth and Salvarsan-type (or arsenic) drugs in the rapid treatment centers throughout the country. The treatment of syphilis and gonorrhea was reduced to 2 weeks; then to a few short days; and finally to a single, but powerful injection.

This was about 1953. Everybody said that, at last, here was the weapon which the world had needed for 450 years—the drug which would eradicate venereal disease.

No longer was the problem to persuade patients to complete their treatment. The problem now was to find the people infected with venereal disease. After that, treatment was easy and quick. The sooner people were cured, the less chance they had to spread the disease.

Mass blood testing campaigns were launched; populations of entire counties and cities were offered free blood tests. Laws were passed in most States which said that couples had to have blood tests before they could marry. Most States also passed laws which required that all pregnant women have blood tests so that if they had syphilis, they could be treated and their babies could be born alive and healthy. Many hospitals and private doctors did blood tests on all of their patients. Many businesses required their workers to have blood tests before they were hired.

Millions of people were found with syphilis and were treated. But syphilis continued to spread faster than its victims could be found and treated. A new weapon was needed, and it was found. It was called "contact tracing."

"Contact tracing" means interviewing infected patients confidentially, finding out to whom they may have been exposed (the contacts), and finding these contacts, talking to them confidentially, persuading them to be examined by their own doctors or in free public health clinics, and continuing to trace cases of the disease this way as long and as fast as possible. Because veneral disease spreads so rapidly, it is most important that all people involved in a venereal disease epidemic are found and treated quickly.

Doctors soon realized that they were not able to take the necessary time from their busy hospital and office schedules to interview their infected patients; and certainly doctors did not have the time to trace an epidemic which often spreads from New York to California about as fast as a plane will carry an infected person between the two cities.

More and more doctors, eager to wipe out venereal disease, and impressed by the excellent results and confidential methods used by the trained public health workers, requested that these specialists work with their patients as they had been doing with patients of free public clinics.

Penicillin, the work of the doctors and public health workers, and the successful methods of casefinding found and cured millions of people who had venereal disease. The reported cases of early syphilis began to drop sharply. In 1947, 106,539 newly acquired cases of syphilis were reported in the United States; in 1948, 80,528. The numbers were dropping. By 1955, only 6,516 cases were reported. Syphilis was thought by almost everybody to be on its way out. Money which had helped support the vast nationwide venereal disease program was drastically reduced.

By 1958, most people had almost forgotten that there was such a thing as venereal disease. That was the year that syphilis began to rise again.

In 1957, 6,250 cases of infectious syphilis were reported. In 1958, 6,600 were reported. In 1959, 8,100; and so on, until in 1962, more than 20,000 cases were reported.

It is known now that, in 1962, regardless of the number reported, more than 100,000 persons were infected. More than a million were infected with gonorrhea.

One way or another, syphilis affects everyone in the community, in every community in the United States. Those who do not suffer the effects of the disease must pay taxes to take care of many of those who do. For example, almost $50 million a year is spent to maintain the syphilitic insane in tax-supported mental institutions.

An additional $6 million is spent by the Government every year to help maintain the syphilitic blind. It is difficult to estimate how much more money is lost yearly due to the fact that most of the syphilitic insane and blind are not able to hold jobs and therefore do not pay taxes. If we add these many, many millions of dollars in expenses and loss to the human suffering and family tragedy which often result from syphilis, we can see how very important it is to wipe out syphilis once and for all in this country.

After centuries of struggle, medical science has given us the tools to eradicate syphilis. It is up to every one of us to see that they are used.

Senator GRUENING. I now direct that two addresses by Pope Paul VI on "Marriage—Family—Children" and "Ecumenism as a Temptation and as a Program" be included in the record of this hearing.

(The above-mentioned addresses follow:)

EXHIBIT 188

MARRIAGE—FAMILY—CHILDREN

(Address of Pope Paul VI to Participants in the XIII National Congress of the Italian Feminine Center, Feb. 12, 1966)

1. It is a pleasure to greet this XIII National Congress of the Italian Feminine Center, and we gladly bestow our praise and our encouragement on all the wonderful people who are taking part in it. From the very beginning we have known the purpose, the activities and the merits of this federation. Its noble and sincere Christian inspiration, together with the broad and loyal openness of its member organizations, have won the well deserved confidence of numerous groups of Italian women. We know the competent and practical activity of this federation. Besides its works of charity, it is forming women in the knowledge of and participation in public life.

Therefore we feel obliged to express our recognition to all those who have supported these endeavors with their aid, their advice, their activity, and above all with their persevering and faithful dedication. And we are especially referring here to the loyal officers. We wish once more to express the hope that all Italian women will sincerely want to adhere to the goals represented and promoted by the Italian Feminine Center. It is urgent for all Italian women to assert the effectiveness in modern life of the moral and spiritual values of Christianity and of the civil traditions of our country. It is likewise urgent to give to the presence of woman in society an intelligent, positive, and strong meaning.

2. The esteem and the hopes that we have expressed are confirmed by the program of your congress. We wish it a happy success, certain as we are that its organizers and speakers, who are so well chosen and so competent, will give all the participants a sense of spirituality, seriousness, and practicality.

EXPECTATIONS OF THE COUNCIL

3. With this certainty, we will not comment on your work. Instead, fixing our attention on one point of the program—the family—let us speak to you for a few moments on this subject, and let us recall what the Ecumenical Council has succinctly stated on this matter. An exhaustive treatment of the subject was not possible in the council, especially concerning the grave and complex problem of the norms relating to birth. It is still not possible to end the reservation announced in our address of June 1964. But until we can give more precise teachings, we believe it is opportune for us to say a few words of pastoral exhortation on the matter.

Our thoughts turn now in a particular way to the Christian couples and parents, who for the first time in the history of the church were admitted to an active participation in an ecumenical council, as interpreters and representatives of all the married couples and parents in the church, and indeed of all the families in the world.

4. Your presence at the council our very dear children, means that the church looks today in a particular way—with concern and love—at the family and its problems. Following the example of her Divine Founder, she has always blessed the family and human love. But today more than ever she is aware that the physical and moral life of mankind, and even the effective spread of the kingdom of God, depend on the wholesomeness of the family and its fullness of spiritual life.

The church also knows the dangers which threaten and the difficulties which attempt to undermine the stability of the family and its moral health. For this reason the fathers of the council have given particular attention to that chapter of the pastoral constitution on the church in the modern world which speaks of marriage and the family and of their problems.

5. As we were saying, the council was not able to treat all the problems which Christian couples and parents face and wish to hear about. Some of these problems are so complex and delicate that they cannot be easily discussed in a large assembly. Others required and still require deeper study. For this reason, as you know, a special pontifical commission has been established. It has been

charged with making a thorough study of these problems in their various aspects—scientific, historical, sociological, and doctrinal. The commission is also taking advantage of extensive consultations with bishops and experts. We ask you to wait for the results of these studies and in the meantime to pray for them. The magisterium of the church cannot propose moral norms until it is certain of interpreting the will of God. And to reach this certainty the church is not dispensed from research and from examining the many questions proposed for her consideration from every part of the world. This is at times a long and not an easy task.

6. Meanwhile the council has already approved a text which we have promulgated in full agreement with the council fathers. It is the first chapter of the second part of the pastoral constitution on the church in the modern world, dedicated precisely to the consideration of that great dignity which the church attributes to marriage and to the family. Here we would like to remind you of some fundamental principles of the doctrine of the church, which are able to illuminate the course to be taken for the good of the family and of all its members. It is like the message of the council to the married couples and the families of the world, and in particular to Christian couples. We entrust you with the task of making this message known to all, and of being—through your word and the example of your life—its first faithful interpreters.

GOD'S WORK

7. I. Marriage and the family are not only the work of man. They are not a human institution, produced and dominated in their intimate being by historical and environmental conditions, and changeable as these are. Marriage and the family come from God. They are God's work and correspond to an essential design which He himself has drawn. God's design stands above the changeable conditions of the times and remains unchanged through all these conditions. It is God who, by means of marriage and the family, wishes to make man a participant in His highest prerogatives: that of His love for men and of His capacity to create life. For this reason marriage and the family have a transcendental relationship with God. They come from Him and they are ordered to Him. Families are founded and live initially on earth, but they are meant to be reunited in heaven.

8. Any conception or doctrine whatsoever, which does not take into sufficient consideration this essential relation of marriage and the family to its divine origin and to a destiny which transcends human experience, will not understand the deepest reality of marriage and will be unable to find the correct way to solve its problems.

9. II. Through marriage and the family God has wisely united two of the greatest human realities: the mission of transmitting life, and the mutual and legitimate love between man and women, by which they are called to complement each other in a reciprocal giving of themselves which is not only physical but above all spiritual. Or, even better, God has wished to make the spouses partakers of His love, of the personal love which He has for each one of them and by which He calls them to help each other and give themselves to each other in order to attain the fullness of their personal lives. He makes them partakers of the love which He has for mankind and for all His children, and by which He wants to multiply the children of men in order to make them participate in His life and in His eternal happiness.

10. Born from God's creative and fatherly love, marriage finds the fundamental law of its moral value in the human love which corresponds to the design and the wishes of God: in the mutual love of the partners, by which each one pledges himself or herself entirely to help the other be what God wishes that partner to be; in the common desire of faithfully interpreting the love of God, Creator and Father, by generating new life.

11. "Married couples should regard as their proper mission the task of transmitting human life and educating those to whom it has been transmitted. Let them realize that they are thereby cooperators in the love of God the Creator and are, so to speak, interpreters of that love" (Pastoral Constitution on the Church in the Modern World, n. 50).

12. In this light, the couples find the laws of unity, indissolubility and mutual fidelity normal and necessary. Where love is lacking they could seem to be only a burden. And in this light they will find unsuspected sources of generosity, wisdom and strength to give life to others.

CONSCIOUSNESS OF THEIR RESPONSIBILITY

13. III. The mission received from God of interpreting His creative and fatherly love demands of married couples today a greater consciousness of their human and Christian responsibility in the transmission of life.

14. The conditions of present-day life, different in many respects from those in the past and differing from one country to another, certainly do not justify egoism or fear—devoid of trust in God—in the fulfillment of this primary mission of the spouses. But these conditions require a mature decision which takes into account all the aspects for seeking the greater good, and particularly their responsibility in regards to education.

15. God, the author of marriage and the family, has indeed willed that this question be regulated by laws made by Him and written in nature itself and in the manifold purpose of this divine institution. Christian couples will find in the duty of charity the light to solve their personal problems. In the observance of the divine law, God has in fact made the task and the joy of transmitting life their responsible decision, and no one can substitute them nor constrain their will. But the spouses should aim at a charity that is truly complete and universal. In the first place, they should aim at charity toward God, whose glory and the extension of whose kingdom they should desire. In the second place, they should aim at charity toward the children, putting into practice the principle that "Charity is not self-seeking" (I Corinthians 13: 5). Then, to mutual charity, by which each one seeks the good of the other and anticipates his or her good desires, rather than imposing one's own will. Illuminated by the law of God, this attitude of charity will facilitate the way to the truth, namely to the correct solution of their problems: that which corresponds to the will of God concerning them, that about which they will have no remorse at the end of their lives, that whose fruits they will enjoy for all eternity.

16. Let the Second Vatican Council which just closed inspire in Christian couples this spirit of generosity to increase the new people of God. Let it also arouse in them the desire of having children to offer to God in the priestly and religious life, for the salvation and service of their brothers and for their greater glory. May they always keep this in mind: The growth of the kingdom of God and the possibility for the Church to permeate mankind for its eternal and temporal salvation is also entrusted to their generosity.

WAY TO SANCTIFICATION

17. IV. The law of charity toward God, toward the partner, and toward the children, with its consequent responsibilities, clearly indicates that Christian marriage and the Christian family demand a moral commitment. They are not an easy way of Christian life, even though the most common, the one which the majority of the children of God are called to travel. Rather, it is a long path toward sanctification which, when it is guided by the law of God and pervaded by love, is sustained by the daily joys and sacrifices, by the life that is outwardly most ordinary.

18. Christian couples know that they are never alone. The Council reminds them that "The Saviour of men and the Spouse of the church come into the lives of married Christians through the sacrament of matrimony. He remains with them so that, just as He has loved the church and has given Himself for Her, the spouses may love each other with a perpetual fidelity. Legitimate married love is caught up into divine love. It is governed and enriched by Christ's redeeming power and by the saving activity of the church, so that the spouses may be effectively drawn to God and be helped and strengthened in their sublime mission of being a father or a mother" (Pastoral Constitution on the Church in the Modern World, n. 48).

19. We entrust to you, Christian couples and parents, and to the many initiatives which today promote the spirituality of married life in the church, the task of studying in an ever deeper way the richness of the sacrament of matrimony, its effects on the life of the spouses, the family, and society. We entrust to you the task of helping all Christian couples to understand the gift they have received.

PARENTS AND CHILDREN

20. V. In the framework of this dutiful moral commitment and of the greatness of the sacramental gift of matrimony, the Council reminds married Chris-

tians of another virtue which they should cultivate. It is the virtue of conjugal chastity, strongly described by His Holiness Pius XI and again called to mind by Pius XII.

21. This law is neither new nor inhuman. It is a doctrine of honesty and wisdom which the church, enlightened by God, has always taught. With indissoluble ties it binds the legitimate expressions of married love to the service of God in the mission, which comes from Him, of transmitting life. It is a doctrine which has ennobled and sanctified Christian married love. It has purified it from the selfishness of the flesh and from the selfishness of the spirit. It has purified it from the superficial search for the ephemeral reality of this world—a search which prevents the giving of oneself to what is eternal. It is the doctrine and the virtue which, throughout the centuries, has redeemed woman from the slavery of a duty endured by force and with humiliation. It has refined the sense of mutual respect and esteem among spouses. Let spouses understand that the virtue of purity in married life faithfully observed according to the law of God stimulates moral strength and brings spiritual riches: serenity, peace, greatness of soul, freshness of spirit. May they understand in a particular way the inestimable value which this virtue possesses to prepare them for their task as educators. The following is true today as yesterday and always. In the life of their parents children find the deepest formation for learning fidelity to God. In their obedience to God, parents find the assurance of the grace they need for their task as Christian educators—a difficult task today.

SUSTAINED BY GRACE

22. Let them not become discouraged by the difficulties they find. Let them not abandon their fidelity to the church. Instead, let them confidently trust in the power of divine grace which they should insistently ask for in prayer. Rather than reducing the divine law to the standards of their own will, let them rise to the heights of the divine ideal. And through the daily renewal of their good will, let them start again on that way whose end is an eternity of life with God and whose reward on earth is a love which is deeper and which is a pledge of greater blessings. "Blessed are the clean of heart for they shall see God."—Matthew 5: 8.

23. During these last few years the whole people of God have insistently asked in prayer for a new Pentecost of the Church. We hope that God's mercy will grant His church this request. This Pentecost cannot be a time of moral smugness. It has to be, instead, a time for greater commitment for all, including Christian couples. "Enter by the narrow gate * * * narrow is the gate and close the way that leads to life."—Matthew 7: 13–14.

24. VI. These words of ours are directed in the first place to Christian couples. But we want to extend them to all couples. And we hope that all the children of the church will listen to the voice of their mother. We hope that with their generosity they will merit for all the people of God, for all men, the light necessary to fully understand the laws of God in regard to marriage. Then they will also obtain for the church the light necessary to solve in accord with God's will the difficulties and the problems which are still under study.

25. Therefore, we ask Christian couples for a spirit of faith; for trust in God; for true charity toward God, toward one another, and toward their children. Then, they will become for the world a "sign" of the sanctity of the church, the faithful and glorious Spouse of Christ the Lord—a spouse "not having spot or wrinkle * * * but holy and without blemish."—Ephesians 5: 27.

26. We say these things before this wonderful assembly of the Italian Feminine Center, one of whose activities, one of whose merits, is that of honoring, assisting, instructing, and defending the family and especially the woman of the family. For in the family, together with new cares and concerns, she finds her most natural and loving mission, her most recognized dignity, her surest guarantee of salvation and of reward. As St. Paul says: "Yet women will be saved by childbearing, if they continue in faith and love and holiness with modesty."—I Timothy 2: 15.

27. It is for you, then, our dear daughters of the Italian Feminine Center, and for your assistants and teachers, to ponder these things and to spread them, with our apostolic blessing.

EXHIBIT 189

ECUMENISM AS A TEMPTATION AND AS A PROGRAM

(Address Given by Pope Paul at His Weekly Audience on Jan. 20, 1965)

DEAR SONS AND DAUGHTERS: Your visit happens to occur during this week which is set aside for prayer and study directed to the great purpose of the reassembling in the one church of Christ of all who believe in Him, but who are still divided amongst themselves and separated from us.

You can well imagine how our mind, always so responsive and active in this matter, is even more preoccupied these days with the problems, hopes, discussions, and duties connected with this question. Meeting you in the simple and friendly atmosphere of this weekly audience what else can we speak about if not of that unity in which, in harmony with the preeminent will of Christ, we wish to see all Christians gathered. As you know, in the final public sitting of the third session of the Council a decree on ecumenism was approved and promulgated, dealing precisely with this very complex and delicate matter. Its purpose was to recall that mystery of unity which the church must never neglect, and to facilitate in every possible way the achieving of a full, living, and sincere sharing in the riches of that mystery by all followers of the Gospel. We hope that a document which is so important, so open and trusting, will one day bear fruit, and so today, once again, we repeat our plea that all Catholics would be zealous in working for this goal, by prayer especially, by the goodness of their Christian life, and by the example which shines out from it.

For one who is only superficially acquainted with this problem of the reunion of all Christians the solution seems both very simple and quick. But for one who is aware of the historical, psychological, and doctrinal problems involved there are clearly many great difficulties, of every kind from all sides, so that some people even despair of their ever being resolved. Others still have hope, but they see that it will demand perhaps a long time, and certainly a special, almost miraculous intervention of the grace of God.

We do not wish to speak to you now about these difficulties. We want, rather, to draw your attention to a certain temptation which easily suggests itself to people of good will and can incline them to adopt a manner of acting which is neither proper nor sound in the overcoming of the greatest of these difficulties—that of doctrine. This is the temptation to set aside all points in dispute; to conceal, water down, modify, banish, or deny, if necessary, those teachings of the Catholic church which are not, today, accepted by the separated brothers. We call it an easy temptation, because it may seem a small thing to minimize, or pluck out from certain truths, particular dogmas which are objects of controversy, in order to attain more speedily that union which is so greatly desired. Nevertheless, Christianity is divine truth which has not been given to us to be changed, but to be known and accepted for our salvation.

It is not only those who are uneducated in theological questions who have been misled by such reasoning. It even insinuates itself among those who are experts and who seek, often in good faith, certain rational expedients to smooth the way to reconciliation with the separated brothers. The intention is good, the method is not.

That Catholics should be ready to recognize how much good there is in the patrimony of those Christian churches and confessions which are detached from our own church is a good thing. That they should wish to present the authentic and essential aspects of Catholic doctrine, leaving aside those matters which are open to discussion and nonessential, is a good thing. That they should seek to present disputed points in terms which make them clearer and more comprehensible to those who do not accept them, this is also a good thing. This is brotherly patience and sound apologetics; this is charity at the service of truth.

But to pretend to remove doctrinal difficulties by attempting either to deny the authority of certain affirmations which the church has made in a binding and definitive manner or to obscure or conceal such affirmations, this is not helpful. It is not good for the cause of union because it creates among the separated brothers the suspicion or fear that they are being hoaxed, or generates hopes of false possibilities; and because in the church it gives rise to the fear that unity is being sought at the price of truths which are not open to discussion and raises suspicions that this dialog is carried on at the expense of sincerity, fidelity, and truth.

QUALITIES DEMANDED

Rather do we wish to render Catholics increasingly apt for this dialog of brotherhood by means of the most frank and humble sincerity; by means of the eagerness and joy which they should cultivate for the light of truth deriving from an integral and lived faith; by means of the didactic gradation of our teaching; and by means of that respect, esteem, and charity toward questioners which makes our conversation pleasing to them, and the certitude which the Lord has given us something both desirable and easy to possess. All this in order that they may see that ours is not an aprioristic dogmatism, a spiritual imperialism, nor a formal legalism; but that it is total submission to the total truth which comes from Christ; that the fullness of the faith is not a jealously guarded treasure, but a possession to be shared, which makes us the happier the more we can give it to others and say: it is not ours, it is Christ's, it is everybody's.

This is just one thought from amongst the many which fill our heart, dear children. A thought which, while we entrust it to our loyalty, is also spoken out of immense love for all those, both near and far, who, overcoming every schism and every division, can say with St. Paul: "Ego autem Christi—I belong to Christ" (I Corinthians 1:13).

Senator GRUENING. Dr. Lynch raised a number of points important to the population dialog, and at this time I am going to direct that supplemental material, relevant to our discussion today, subsequently be made a part of the hearing record. For example, what is the feeling in the Soviet Union concerning the use of oral contraceptives? The subcommittee's special consultant on population problems went to Moscow last December to learn more about this. She found information scarce. The subcommittee has asked Miss Laura Olson to look further into this.

(The article "Birth Control in Russia" by Edmund Stevens, special to the Evening Star, Washington, D.C., Mar. 27, 1966, was then placed in the hearing record. According to Dr. Lidia Skorniakova, head of the Department of Mother and Child Care at the Soviet Health Ministry, endocrine tablets were being tested under laboratory conditions in Moscow and Leningrad, but after the experience with thalidomide "the Soviet medical profession is extremely skeptical and suspicious of any drugs and extracts which they fear might produce long-range harmful side effects. They claim abortion is safer," reported Mr. Stevens.)

(The article referred to above follows:)

EXHIBIT 190

BIRTH CONTROL IN RUSSIA

(By Edmund Stevens, special to the Evening Star, Washington D.C., Mar. 27, 1966)

Moscow.—The Soviet attitude toward birth control is essentially negative, not unlike the Roman Catholic Church: the bigger the families, the better.

Marxism has long rejected the doctrines of Malthus and claimed that, come the Communist millennium of plenty, there need be no limit on population growth. In the Soviet Union there were more immediate, practical reasons for wanting a bigger population. Ever since it started industrializing, the U.S.S.R. had been faced with a labor shortage. Moreover, millions of inhabitants were needed to settle and develop the vast open spaces of Siberia and the north.

These were the considerations which in 1936 moved Stalin to outlaw abortions, although the officials propaganda reason given was protection of the health of women from the risk involved. It was also claimed that living standards had improved to the point where people could afford more children, especially as the state presumably cared for them through nurseries and kindergarten. By way of added incentive, the state established rewards for mothers of large

families, including medals and financial bonuses, culminating in the title of "Mother Heroine" for mothers who bore and raised 10 children. In addition couples with numerous children enjoyed priority in the assigning of housing space. By contrast, severe penalties were enforced against doctors who performed illegal abortions.

Although the Soviets banned abortions, hoping to increase the birth rate, they never went as far as the Catholic Church in condemning all forms of contraception. Most of the familiar types of mechanical devices were produced and sold—without publicity. There was no attempt to promote birth control information, but it was available on request.

According to Dr. Lidia Skorniakova, who currently heads the Department of Mother and Child Care at the Health Ministry, the ban on abortions failed to produce any substantial rise in the birth rate. At the same time it actually increased the health hazard since thousands of women resorted to illegal abortions. Accordingly in 1955, 2 years after Stalin's death, abortions were quietly legalized.

Today every major city has special abortion clinics. The woman wishing such an operation applies to a physician who invariably tries to dissuade her. If she persists, he sends her to one of the special clinics. There is no charge, but during convalescence the patient is not entitled to sickness compensation. Upon release she merely receives a slip certifying that she had been absent from work because of an abortion. Rather than undergo the humiliation of presenting an excuse, some women prefer to pay an exorbitant fee to a private practitioner.

About 6 years ago a new technique was devised which Russian doctors claim is far quicker and safer; the so-called suction method. This method can only be used in the early stage of pregnancy up to 9 or 10 weeks. According to its advocates, it does not cause irritation and after 24 hours, the patient is free to go home.

Although Dr. Skorniakova and other leading Soviet health officials strongly favor the new technique, so far even in Moscow, owing to shortage of equipment and the conservatism of many doctors, it is only being practiced in a few clinics. The majority of women who undergo abortions must still submit to the old procedure.

One reason why the abortion rate is still comparatively high in the Soviet Union is the total absence of the more sophisticated contraceptives, both mechanical and chemical, now prevalent in the West. The Soviet Union has not yet introduced birth control pills. According to Dr. Skorniakova, endocrine tablets are now being tested under laboratory conditions in Moscow and Leningrad, but after the bitter experience with thalidomide, the Soviet medical profession is extremely skeptical and suspicious of any drugs and extracts which they fear might produce long-range harmful side effects. They claim abortion is safer.

Senator GRUENING. The hearings on S. 1676 have made it clear that the population explosion is literally a matter of life and death. It is a fact that the second half of the 20th century is witnessing a grim race between the people of the world and the resources available to support them.

Earlier this year on February 18, 1966, the Western Electric Co., Inc. issued a public affairs memorandum entitled "Population Control: A National Policy?" The purpose of the paper was to provide the company's employees with information to help them to better understand this vital and worldwide problem which has such a profound effect on their daily lives.

I commend Western Electric for its efforts and at this point I will include the memorandum in the hearing record.

EXHIBIT 191

PUBLIC AFFAIRS MEMORANDUM

(By Public Relations Division, Western Electric Co., Inc., No. 2, Feb. 18, 1966)

POPULATION CONTROL: A NATIONAL POLICY?

Before a U.S. Senate subcommittee one day last month a Nobel Prize winner in medicine predicted that unless major steps are taken both to curb population

growth in the world and to increase food supplies the day will come when "men will have to kill and eat one another."

Predictably, the incredible prospect of a world doomed to cannibalism drew sensational headlines. It was, however, only one of many statements, often supported by mind-boggling statistics, which in recent months have dramatized the growing crisis of a planet unable to sustain its inhabitants. Summed up, these statements create a frightening picture of swarming masses of people, impoverished, illiterate, and suffering unspeakable miseries in what one scientist called "a new Dark Age."

THE GRUENING BILL

Much of the testimony has been given to a Senate Government Operations Subcommittee, headed by Senator Ernest Gruening, Democrat of Alaska. Last year the subcommittee heard 56 witnesses in the course of 15 hearings on the Senator's bill to coordinate and disseminate birth control information, both in this Nation and outside it. The bill also would authorize the President to call a White House Conference on Population next year. To date 12 other Senators have cosponsored the bill. They represent both major political parties and a number of religious denominations, including the Catholic Church.

To coordinate and disseminate birth control data, the Gruening bill seeks establishment of an Office of Population Problems in both the Department of Health, Education, and Welfare, and in the Department of State. The Secretaries of both departments would report annually to the President. The hearings are being held to determine whether the bill should be reported out of committee for debate on the floor.

The statements being heard by the subcommittee serve to focus the attention of the world, and especially this Nation, on a problem that many international authorities insist is second in importance only to the threat of nuclear war. Not until recent years, however, has the problem commanded the anxious concern of nations and their people. Yet, recognition of the problem is not a discovery of this decade, nor even of this century.

THE MALTHUS THEOREM

As with other great insights, the ancient Greeks foresaw the problem. Still, Thomas Robert Malthus, an English political economist, is today acknowledged as the prophet of this movement. He published in 1798 a small book with the large title, "An Essay on the Principle of Population as It Affects the Future Improvement of Society." Controversy immediately surrounded his "dismal theorem" which postulates that population tends to multiply faster than its means of subsistence, and that unless "moral restraint" or disaster—either man-made or natural—checks population growth, poverty is inevitable.

Debated since it was first published, this theorem seems justified today with much of the world's population outstripping its food supplies. That is why famine, poverty and misery are rampant in India, Pakistan, sections of Latin America, Africa, and much of the Near East and Far East—precisely those regions where food production lags behind their birth rates, which are the highest in the world.

The exceptions are Western Europe and the United States because while in the past century their populations have increased rapidly (in this country from 50 million in 1880 to 196 million), so has their food supply. In fact, despite the population growth, the conditions of life for the vast majority in these areas is materially far more pleasant now than ever before. The Agriculture Department reported last month that the United States and Canada and Western Europe had excellent crops last year and food production rose at a faster rate than the population growth. By contrast, food production fell in Eastern Europe and the Soviet Union, while in farmland Asia, including China, farm output rose but the output per person declined.

The conclusion: although the world food supplies reached record proportions in 1965, people were being born faster than crops could be produced to feed them. Reports like this prompt such comments as this one from Dr. Raymond Ewell, former adviser to India:

"The world is on the threshold of the biggest famine in history. If present trends continue, it seems likely that famine will reach serious proportions in India, Pakistan, and China in the early 1970's. Latin America will fall in this

category by 1980. Such a famine will be of massive proportions, affecting hundreds of millions, possibly billions of persons."

EFFECT ON THE UNITED STATES

But what has this to do with the United States? The answer is that while prosperous nations may not be on the verge of starvation, they still are threatened with critical problems stemming from the growth of their own populations. Our large cities, daily becoming more congested, are even now crippled by power failures, shortages of drinking water, and mass transit breakdowns. Writing in the New York Times, former Atomic Energy Commission Chairman, David E. Lillienthal said the United States would have a population of 300 million by the year 2000—only a generation away—a 100 million increase that "will undermine our traditions, erode our public services, and impose a rate of taxation that will make our current taxes seem tame."

To illustrate, he cited last summer's water problem in the Northeastern United States as "an indication of shortages even greater to come. And though engineers and scientists can, and will, tap new sources of water and devise ways to purify polluted rivers like the Hudson, the cost will be fantastic—hundreds of billions of dollars."

Despite these dramatic warnings, there is throughout the world and in this country extreme hesitation about initiating programs to curb population growth. Aside from periodic wars and other disasters, what courses of action are open to nations to cope with this problem?

THE BIRTH CONTROL CONTROVERSY

Writing for the American Library Association, zoologist Dr. Marston Bates tersely listed the only three means available to man to curb population growth: increase the death rate, decrease the birth rate or both. Since only the second means is feasible, all efforts to combat the problem inevitably lead to the inflammatory issue of birth control. Whether nations and their peoples are for or against birth control depends on such broad factors as national politics, economics, ethics, and religion.

For example, Nazi Germany and Fascist Italy encouraged large families as economic policy. On the other hand, when after World War II, Japan found itself with a collapsed empire it passed its "law of eugenic protection," which authorized establishment of contraception and abortion clinics throughout the country; the result was an astonishing decline in the birth rate—from 33.7 per 1,000 in 1948, when the law was passed, to 17.5 per 1,000 in 1957. Communist nations have an ambiguous policy; while professing to see no evil in population growth as such, they recognize economic reality. Accordingly, they officially permit contraception practices to preserve the freedom of women so they can work as equals along with men.

Government policies, however, do not always influence practices. Some countries which sanction birth control measures find their undereducated populations do not use them.

Religious views, at least in the West, apparently are undergoing a transformation. The major Protestant denominations, once opposed to birth control, now support it. The National Council of Churches in 1961 formally approved "artificial" birth control measures. Roman Catholic doctrine still opposes it; only last year Pope Paul VI ruled against medical or mechanical methods of contraception, leaving only the rhythm method as a control. However, in deference to the anxiety known to exist among some highly responsible elements, the Pope appointed a special commission, which includes clerical experts in its membership, to study the subject of birth control.

GROWTH OF AN IDEA

Efforts to cope with the problem of the population explosion are of recent origin. Only 20 years ago the United Nations established its Food and Agriculture Organization to aid food production. While its gains have been notable, it has nevertheless remained a losing struggle because the earth's population continues to outrace food supplies. Little else was done since that time to create a better balance of people and food. But the 1960's have seen a change, both throughout the world and in this country.

On the international scene, the governments of 40 countries now offer several kinds of birth control aid. These range from promotion of public health measures by privately sponsored clinics to direct governmental operation of national contraceptive programs, as in Japan and India. Elsewhere, programs are underway in Pakistan, Turkey, and Tunisia and population declines are expected in the next 5 years in such small but significant areas as Taiwan, Korea, Singapore, and Hong Kong where new programs are starting this year. Several nations in Latin America, a region where the population growth rate is the highest in the world, are among those recently initiating birth control programs.

In the United States, Presidents Eisenhower, Kennedy, and Johnson have discussed the problem. The Supreme Court has struck down Connecticut's anti-birth control statute, while several State and local governments have adopted programs to disseminate data and make devices available to welfare recipients and sometimes the general public. Universities, foundations, and voluntary organizations are sponsoring research and engaging in other related work, with major attention focused on birth control pills.

THE OUTLOOK

Since December 1962, this Government's international policy has been to "help other countries, upon their request, find potential sources of information and assistance on ways and means of dealing with population problems." Pursuing this policy, President Johnson recently asked for $1 billion to aid those nations trying to control their populations. The Gruening bill would thus develop a domestic policy which would be consistent with the Nation's international policy. Whether Congress is ready to approve this step will be determined when the hearings are completed on Senator Gruening's bill—and the question reaches the floor of the Senate and House, this year or next.

Senator GRUENING. Individuals concerned about the population explosion continue to voice their concern. The subcommittee at this time is pleased to call to the attention of readers of these hearings two statements; one prepared by Dr. André J. de Bethune of Wellesley, Mass., prepared for the Massachusetts Joint Senate-House Committee on Public Health in April; the second prepared by Father Dexter Hanley for the Edward Douglass White lectures again held in Washington, D.C., this year. These men are opening wider the population dialog in the United States. Both have testified during the course of these hearings.

As Father Hanley states: "The real challenge to democratic ideals is whether we can harmonize conflicting interests, not whether we can make all men agree."

Last year Father Hanley appeared before this subcommittee to express his opinion that public policy and private morality can coexist. He expands on his statement in his Edward Douglass White lecture presented at Carroll Auditorium on March 23, 1966.

The two preceding lectures were "The Status of Marriage and Divorce," on March 2 by the Honorable George Fiedler, judge, circuit court, Cook County, Ill., and "A Doctor Looks at Abortion and the Law," on March 16 by Dr. André E. Hellegers, associate professor of gynecology-obstetrics at the Johns Hopkins University in Baltimore, Md.

Last year on August 17 Dr. Hellegers testified before this subcommittee. I now direct that Dr. Hellegers' Edward Douglass White lecture, the third of this Georgetown University Law Center series, be placed in this hearing record, following the lecture of Father Hanley.

I would like to add that the fourth and last speaker for this fine series was the Honorable Eugene McCarthy, Senator from Minnesota, whose topic on March 30 was "Government and the Family."

(The above-mentioned items follow:)

EXHIBIT 192

STATEMENT PREPARED FOR PRESENTATION BEFORE THE JOINT SENATE-HOUSE COMMITTEE ON PUBLIC HEALTH OF THE GREAT AND GENERAL COURT OF THE COMMONWEALTH OF MASSACHUSETTS

(Senator William X. Wall, committee chairman; by André J. de Bethune, Ph. D., Apr. 12, 1966)

Senator Wall, members of the committee, my name is André J. de Bethune. I live at 223 Weston Road, Wellesley, Mass. I am professor of chemistry and acting chairman of the chemistry department at Boston College, but today I wish to speak only as a private citizen and as the father of a family of nine children.

A year ago, President Lyndon Johnson, in his state of the Union message to Congress and to the people, said: "I will seek new ways to use our knowledge to help deal with the explosion in world population."

Pope John XXIII addressed the same problem in his encyclical letter, Mater et Magistra, when he showed his concern over the "aucta cumulatius hominum multitudo"—the ever-increasing multitude of men piling up.

I would like to base my reflections before you today on certain authentic, but little known, and poorly understood, statements of the Popes. Pope Paul VI has repeatedly let it be known that he is waiting for his Papal Population Commission to reach a workable consensus before he can "feel obliged in conscience to change" previous papal norms. It is my belief that the existing papal norms can be used morally to justify much more extensive research and development in family planning than has usually been thought to be the case. Let me show you how.

In his address of October 29, 1951, to the Italian Union of Obstetrical Nurses, Pope Pius XII said:

"To spouses, who make use of the specific act of the marriage state, nature and the Creator enjoin the function of providing for the preservation of mankind. This is the 'gift of children' which gives to their state its proper value.

"From the positive obligation of procreation, married couples may be exempted, for a long time, or even for the whole marriage, by serious motives such as those often found in the medical, eugenic, economic, and social 'indication.'"

On November 26, 1951, Pope Pius XII spoke to the Italian Family Front. Here, he said:

"The primary office of marriage is to be at the service of life. But the church can consider with sympathy and comprehension the real difficulties of married life in our own day. We have affirmed the legitimacy and the truly broad limits of a regulation of births, which, unlike so-called 'birth control,' is compatible with the law of God. One may even hope that medical science will succeed in giving to this licit method a sufficiently secure foundation, and the most recent information seems to confirm such a hope."

In this address to the Family Front, Pope Pius coined the expression "the regulation of births" to emphasize the moral legitimacy of intentional family limitation by natural methods, and he expressed the hope that medical science would place the rhythm method and other natural methods on a "sufficiently secure foundation."

This expressed wish of Pope Pius XII cannot be legally implemented in Massachusetts under our present laws. Any attempt to give counseling or instruction in the rhythm method, or to do research on the rhythm method and on other natural methods of "regulation of birth," to use Pope Pius XII's own expression, must be adjudged illegal under a law which prohibits even the dissemination of information usable in the prevention of pregnancy.

Rhythm clinics, such as those successfully started by the Roman Catholic Church in Buffalo, Chicago, Washington, New York, New Haven, Providence, are still forbidden by law in Massachusetts. Rhythm counseling programs, on a couple-to-couple basis, such as those launched by Roman Catholic groups like SERENA in Montreal and CLER in Paris and throughout France, and successfully transplanted by them among the primitive people of the island of Mauritius, at the invitation of the local Roman Catholic bishop, still cannot be undertaken in Massachusetts without infringing our laws.

Our present law places an intolerable burden on a large family, like my own, to achieve a proper measure of responsible parenthood in the years to come. It fails to safeguard the health of the mother, and the psychological and emotional welfare of father, mother, and all the children.

Our present law makes the prosecution of research programs illegal, if the research is intended to produce information that can be used to prevent pregnancy, even by natural methods. Thus research on all natural methods of birth regulation, whether based on natural factors in female reproductive physiology, such as rhythm, or on natural factors in male reproductive physiology, such as the oligospermia recently pioneered by Dr. Watanabe in Japan and Drs. John Rock and Aloys Naville at Harvard, is illegal under the law, even though such research was urged by Pope Pius XII as far back as 1951.

I should like to close with three brief quotations.

From the address of Cardinal Leon Joseph Suenens, Archbishop of Brussels and Malines, to the World Catholic Health Congress, held in Brussels in 1958. Cardinal Suenens was then bishop, and professor of moral theology at the Catholic University of Louvain. He said:

"We cannot ask men to respect a law, without doing all in our power to make obedience possible, without teaming up all our energies to open up new ways."

Cardinal Suenens, even as President Johnson, is calling for "new ways" of dealing with the population explosion.

From the Second Vatican Council's Constitution on the Church in the Modern World, promulgated by Pope Paul VI in December 1965:

"Those skilled in biological, medical, social and psychological sciences can contribute greatly to the good of marriage and of the family and to the peace of consciences, if by pooling their studies, they strive to elucidate the conditions favorable to an honest ordering of human procreation."

From Pope Paul VI's address of March 27, 1965, to the Special Papal Commission on Population Problems and the Regulation of Births:

"The church at all times has been concerned to give adequate answers to the great problems facing men. For this purpose, and according to the advice of the Lord, the church welcomes 'things new and old' (Matthew 13:52). While very difficult problems are raised, is there not also the heralding of solutions for problems which seem today so difficult to solve? We want to believe and hope so."

These purposes, as expressed by Cardinal Suenens, by the Second Vatican Council, by Pope Paul VI, as well as by President Johnson, cannot be achieved in Massachusetts if our law continues to forbid doctors to teach married couples how to regulate the size of their families. Therefore, as an individual citizen of the United States and of the Commonwealth of Massachusetts, I wish to be recorded in favor of amending the present law and therefore, I wish to express my support for H.R. 2965. I might add that my wife, Margaret A. de Bethune, the mother of our nine children, has read this statement and fully approves of it.

EXHIBIT 193

POPULATION AND PUBLIC POLICY

(By Dexter L. Hanley, S.J., director of the Institute of Law, Human Rights, and Social Values, Georgetown Law Center; an address for the Edward Douglass White Lectures, Carroll Auditorium, Georgetown Law Center, March 23, 1966)

You, who are familiar with present-day debates and discussions of population and public policy, realize how explosive is the question, how delicate the nuances presented, how imperative the demand for a solution. It is then with some trepidation that I address myself to this topic.

Let me outline the premises upon which my discussion—indeed the problem itself—is based.

First, there is a concern of international and national dimensions arising out of the effort to match resources with manpower and to distribute the advantages of a temporal prosperity. Our information comes from demographic sources and it points out a trifold problem: the need of food, the lack of resources, the difficulty of distribution even in an affluent society. In the world today there are vast areas of malnutrition and pockets of starvation. In many places with a fast-growing population minimal or subminimal caloric intake is predicted for

years to come. Most of the nations of the world and most of the people find that every effort to build a higher standard of living is swallowed up in an increased population. Even the richest of countries finds that millions of its citizens are deprived of adequate education, opportunity, and a decent living—and the enormity and the complexity of the problems are dwarfing the attempts to improve the situation.

I shall not spell out the dire prophecies nor even quote from available statistics. This is the province of the sociologist and the demographer; their studies are available. Suffice it to say that the mass of independent information drives home both foreseeable limits upon resources and a challenge to the quality of daily living. There are threats of famine, of war, of declining standards, of social disabilities brought about by a universal high birth rate.

There is a novelty, however, about this picture. True, the world has long known poverty, hunger, disease and a low standard of living. Yet in the past this has been due in most part to the inability of society to provide more than bare subsistence for its masses. Today this is not so. There is at hand the technical knowledge and the available skills to provide an abundance for all now living on the face of the earth. Yet, efforts are stymied by widespread and prevalent ignorance and inefficient and underdeveloped economies. Unless some way is found to harmonize our skills and resources with the education and development of all stratas of society, the underprivileged of today will be condemned to be the parents of the underprivileged of tomorrow. Clearly, we have not yet found a solution. Money alone, food alone, technical advice alone are not enough either at home or abroad.

A second reason that these problems are new is that the population increase of modern times has been phenomenal. With lowered death rates because of better medical care and sanitation, the crude birth rate is for the first time becoming a fair measure of increased population. Within a given period there is just so much that can be done to improve economic, social, and educational conditions. If a population increase outstrips this potential for improvement, then the problems will never be solved. In fact they can become worse, for what should be devoted to improvement must be redirected so as to assure at least the continued existence of those newly born.

Of course, in specific instances, the positions of demographers are open to challenge by others of equal knowledge. But the best available studies seem to indicate a present and future problem of astounding dimensions. The very least that can be said is that the existence of a population problem is a reasonable assumption upon which this evening's discussion may proceed.

It should be noted, however, that these studies do not tell us what to do about the problem. Nor are they anything more than projections based upon present birth rates. They point out the mathematical fact that if present birth rates continue, resources and living space will be depleted. Perhaps they point out more importantly that today's growth is one factor which has made it difficult, if not impossible, to achieve economic and social development in many areas of the world.

My second premise is a religious principle: According to the theological, moral, and authoritative pronouncements of the Catholic Church, the only morally acceptable form of voluntary family regulation is through continence, either total or periodic. Now I realize as well as you that a Papal Commission has been established to study church doctrine in regard to birth control; I know that the Vatican Council, in speaking of the nobility of marriage and the family, has said that parents themselves must ultimately make a judgment in the sight of God as how best to fulfill their mission of transmitting human life and educating their children. In so doing, parents are to take into account both their own welfare and that of their children, both those already born and those whom the future may bring. They are to look to the material and spiritual conditions of their times and of their state of life. And, finally, they should consult the interests of the family group, of temporal society, and of the church. All this from the council.

Yet, the clear statements of Pope Paul and the exquisite care with which the council avoided decisions on fundamental questions and its insistence on objective standards make it clear that in matters of private morality the church's position has not been changed.

Perhaps it would interest you were I to enter into the speculations and debates on questions of private morality in the church today; but I shall not. Indeed, if we are to study how to coordinate public policy and private morality, it is imperative that we assume that a conflict exists between the two. For, if

the Catholic position at some later date were to be otherwise than I have outlined it, the problems of accommodating it to public policy would evanesce. And, if there is no legitimate public concern over family regulation, then the Government should stay out. The real challenge to democratic ideals is whether we can harmonize conflicting interests, not whether we can make all men agree. The basic issue then to which I am addressing myself is this: Can a Catholic, believing that certain practices of birth regulation are immoral, still either permit or support governmental programs which are designed to meet the problems of population growth and which involve these forbidden practices? I believe the answer to this question is "Yes." I also believe that the reasons for holding this position and the qualifications which are necessary are perhaps more important than the answer.

Let me then try this evening to show you why I maintain that an affirmative answer is consonant with the true notion of religious freedom, with the teachings of my church, and with the principles of democratic government. This should be of equal interest to Catholic and non-Catholic alike, though for different reasons. For the Catholic it is a matter of his conscientious regard for his own religious and civic obligations; for the non-Catholic it is the no less important question of assuring to his Catholic brethern full freedom of conscience.

The Catholic Church has made no definitive statements on matters of public policy in family planning. This is a matter for open public discussion. On June 23, 1964, Pope Paul VI reaffirmed the norms of private morality in saying: "No one should * * * for the time being take upon himself to pronounce himself in terms differing from the norm in force." His Holiness was, however, not addressing himself to political issues nor to public morality. On his recent visit to the United Nations, the Pope indicated that man's concern should be for making the world's goods available to all men, rather than for limiting births. This expression of charity and of love is not determinative of the Catholic position on governmental family-plannnig programs. The Vatican Council has said: "Public authority should regard it as a sacred duty to recognize, protect and promote the authentic nature [of the family], to shield public morality, and to favor the prosperity of home life. The rights of parents to beget and educate their children in the bosom of the family must be safeguarded." But, as we shall see, this must be read in the context of religious liberty and of an understanding of the function of government.

The place of Government in family planning has been dealt with on three occasions by the hierarchy of the United States. In 1959, the bishops stated their opposition to any proposal whose aim, either at home or abroad, is to promote artificial birth prevention, abortion, or sterilization whether through direct aid or by means of international organizations. In August of 1965, the Pennsylvania bishops and the administrative board of the National Catholic Welfare Conference issued a statement which presented legal arguments against proposed Government action in this area. And on August 29, 1965, the Archbishop of Washington expressed strong disagreement with the governmental programs on the basis of moral law and constitutional law. Although none of these statements is a definitive church statement, they are all entitled to the highest respect and careful consideration by American Catholics especially where they bear on the moral law.

In these statements the authority of the moral law is invoked primarily on questions of private morality, in teaching and emphasizing the traditional norms of which I have spoken. Yet, if one disentangles the issue of public morality, it becomes clear that these statements either leave room for honest differences of opinion, or are based on private understandings of legal principles, or are directed to questions somewhat different from what I have proposed.

The most difficult statement to square with my position is the 1959 statement of the American Hierarchy in opposition to any program to promote artificial birth prevention. Now I have always understood the words "to promote" as implying that the Government itself supports artificial birth prevention as being moral, that is, as taking sides on a moral question. A brief reference to the history of the birth-control movement may make this clear. The early proponents of birth control were primarily engaged in selling a moral point of view. Of course, they were also engaged in an issue of civil rights inasmuch as they sought the overturn of those penal laws which forbade them to disseminate information. This latter battle finally culminated in the overthrow by the Supreme Court of the Connecticut Comstock law. This decision has met with general acceptance and approval by Catholic commentators. But, if the Government

were now to step in and promote the moral philosophy of sexual freedom and of feminine emancipation from child bearing as originally conceived by the Birth Control League, it would, I suggest, clearly be taking sides in a religious and moral controversy. To this extent it would clearly be exceeding constitutional limits.

But I am suggesting that a meeting ground can be found wherein the Government does no such thing. Rather than promote a moral position, the Government can be concerned with a social problem; rather than take sides, it can remain neutral. It is our modern understanding of the population problem which makes this possible. Let me try to make this clear by an example or two.

Let us suppose that a South American country, predominantly Catholic, among other means of meeting population pressures, decides to support the distribution of information on periodic continence or rhythm. Its purpose will be to meet the obligation which it has in common with all governments, to see to the temporal prosperity of its people. The means it chooses, namely the support of rhythm, is not improper. It is helping its citizens better to make a choice which, although personal, touches upon social needs. If it is attempting to promote anything, it is promoting that sense of responsible parenthood which takes into account social as well as family needs and of which the Vatican Council has spoken. Indeed, this governmental effort seems to me quite in accord with the constitution on the Church in the modern world promulgated on December 8, 1965, in what it says of family, the development of culture, economic and social life, of the place of the political community.

I am suggesting that a South American government can properly enter upon such a program in the legitimate pursuit of social goals of health, welfare, and economic stability. Of course certain safeguards would be required, but if this thesis is correct it follows that it cannot be said that Government has no business in this area at all.

Now, if a South American country can establish tax-supported rhythm clinics without violating principles of public morality, what is to be said of the United States where there is no consensus on the private morality of birth control procedures. I suggest that it now becomes imperative to understand the basic notions of religious liberty, both in our American tradition and in official Catholic teaching. It has been over 400 years since the wars of religion tried to impose religious beliefs on fellow citizens. It was once thought that heresy or the refusal to accept the religion of the king was a social harm subjecting the dissident to fine, imprisonment, banishment. Now, we have come to learn that members of differing faiths can live in civil harmony, that the right to profess religious truths is an important civic right, that the norm and measure of governmental conduct is the common good of society.

Hence if the Government of the United States may have both a domestic and international concern over population problems, it must also be prepared to allow full freedom of choice as to medically accepted means of family limitation. The choice as to which means is to be used is a uniquely personal one; the Government cannot indicate a preference. In this way, however, it can remain truly neutral. Neutrality may be as much present in permitting freedom of choice as it is in doing nothing. Neutrality cannot be based on a neglect of proper governmental interests. While Government may not support one view at the expense of another, it also may not abdicate its responsibilities. The only legitimate objections to Government programs must be based either on an interference with one's own religious beliefs, or on a denial of the rights of others, or on a showing that such programs do not serve the common good.

Reflection on a few more points may show how even the direct support of a Government program can be harmonized with Catholic teaching. Perhaps most important is the growing understanding that the Catholic position on private morality and birth control is fundamentally a religious position. The existence of debates, the creation of the special commissions, the discussions of the council, the papal declarations about the difficulty of arriving at definitive answers—all these indicate that any definitive teachings will be ultimately rooted in the infallible teaching authority of the church. Reason alone has not proved a clear guide. Present discussion in the church will be resolved finally in a clarification of past teachings, or in a statement founded on the power to teach, or in a declaration of discipline.

Out of all this, one thing is clear and pertinent to our discussion. Lacking or rejecting the guidance of the Catholic Church, men, even those of utmost good will, can differ about these questions of private morality. Thus the deci-

sions reached by non-Catholics and by Catholics are religious decisions. Thus, as a matter of practical and political fact, neither position may be said to be right in the political order. And, just as we recognize religious freedom for theological convictions, we must grant civic freedom to moral convictions. Here, too, the common good is the regulating norm. This seems to be in accord with, though not required by, the Vatican Council's Declaration on Religious Freedom: "[N]o one is to be forced to act in a manner contrary to his own beliefs nor is anyone to be restrained from acting in accordance with his own beliefs, whether privately or publicly, whether alone or in association with others, within due limits."

Another point briefly: Present experimentation holds out promise that chemical means of effective regulation may be made morally acceptable Suppose for a moment that such a means, morally acceptable to all, is found. Would it not be clear that government could aid families through this means to achieve responsible and uncoerced family planning so as to promote the legitimate social goals of good government?

Now for a problem that's a bit more complex. I suppose the Catholic's greatest difficulty in accepting the general proposition of this evening's discussion grows out of his understanding of his obligations toward his neighbor. One cannot give scandal, in the sense that he cannot offer another the occasion for sin. Nor may he cooperate, that is, concur in the evil intention of another nor, as a general rule, aid him in the commission of a sinful act. Now, to the Catholic, many of the procedures which the Government will offer to the free choice of its citizens are sinful. How is he then to reconcile his own conscience should he permit or support such programs? If he cannot, it will follow that Catholic support of Government programs cannot be expected.

Now, first of all, the purpose of the Government program must be made eminently clear. Should programs as a matter of fact be utilized to promote personal attitudes on private morality, Catholic opposition is justified. And I do not suggest this will be an easy thing to avoid. It is no less difficult for the non-Catholic proponent of birth control to disentangle his religious and moral attitudes from today's legitimate social goals than it is for the Catholic. The modern problems which give a justification for Government participation in family planning programs and which have given rise to a sense of urgency cannot be used as gambits for the adoption of illegitimate programs. Thus great restraint and careful reevaluation will be demanded from all, and many private programs existing today will have to be changed before they can properly seek Government aid.

But if one now assumes a purified and legitimate public purpose, the question of scandal and cooperation may be answered in the light of a statement already made: that decisions on private morality in the area of birth control are arrived at in good faith and are religious conclusions. For when textbooks of Catholic moral theology speak of scandal and cooperation, they are generally concerned about formal sin the intention deliberately to do wrong on the part of one individual and about the direct act of another in private life. Very little guidance is found in the complex area of public responsibility and civic obligation and still less when one's support of a civic program does not involve formal sin on the part of anyone, but only a violation of an objective order recognized by faith. Thus the Catholic can support Government programs because of their legitimate social aims and because of the civic value of religious freedom and choice. In so doing he neither approves of what he thinks to be wrong nor does he support or in most instances give occasion to formal sin. In the language of the theologian, in case some theologians may read this, by his vote he gives remote cooperation to a program which itself is a material cooperation in private acts which for some will be objectively morally justified and for most others subjectively justified. That there may be some formal sin we may agree, but the Catholic's action, being remote and concerned with achieving legitimate social goals, does not offend against the love he must show his neighbor.

I have spent a great deal of time this evening reconciling various elements of Catholic thought with a political position. I think this is important for all of us. Catholic participation is needed; programs developed without it can hardly help but be deficient. More important to many others who advocate these programs is their own conviction that the body politic will be best served if political programs preserve religious convictions. It would be a sad thing were massive programs be imposed simply by majority fiat. The art of politics is to find ground for cooperation among dissidents, so far as possible.

In the desire to encourage this discussion and participation by Catholics, and in the hope of allaying some unarticulated fears, I will address myself for a moment to my Catholic audience.

Religious and moral values are not irrelevant to the notion of good government and a good society. But they bear on our political decision only insofar as they effect the common good. This common good embraces economic and social values and religious freedom and public morality. But distinctions must be made between the functions of private morality and public morality. The distinctions are not always easy. Thus, I do not want a law which punishes every sinful uncharitable remark, yet we approve of the law which forbids libel and slander. Government does not compel charity to one neighbor; it does protect all citizens from some social discriminations based on creed or color.

Then simple examples suffice to show us that moral obligations go far beyond the law. We must be careful therefore not to view the law as the primary protector of these religious and moral values. Everytime a group has tried to make the law such a protector, the question is rightly asked: whose religious and moral values? The real function of government is to create the conditions under which man can seek out and profess his own values. As the Vatican Council has said: "The complex circumstances of our day make it necessary for public authority to intervene more often in social, economic, and cultural matters in order to bring about favorable conditions which will give more effective help to citizens and groups in their free pursuit of man's total well-being."

We must constantly then be alert to preserve this free pursuit, limited only by the common good. We must never equate ignorance with virtue or the incapacity to sin with sanctifying grace. We must not neglect our clear social obligations because of a fear that increased standards of living will destroy habitual patterns of Catholic conduct. We must not put limits on the ingenuity of others to solve social problems unless the common good itself is concerned.

Rather, while enmeshed in the complex problems and programs of social reform, we must turn confidently to the power of the Gospel and of church teaching to form and reform the hearts of men. We cannot neglect this obligation and hope that legal norms will hold fast for us. In matters of divorce, family life, obscenity, honesty in business, social responsibility, we must recognize that the power of God is mightier than the sanction of the law. When moral convictions are not accepted as part of our social milieu, our first concern should always be: What are we going to do about it? Not what is government going to do to protect me.

It is with this sense of confidence in the power of private action and with an appreciation of the function of secular government, that a group of Catholics about a year ago drafted a statement of principles. Professor O'Toole helped draft this statement, released in August of 1965, and it had the signed support of laymen, priests, and a nun, of lawyers, doctors, politicians, philosophers, sociologists, demographers, and others. In reflecting on it in preparing this talk, I have seen no need to revise it. The statement is as follows:

"1. In a legitimate concern over public health, education, and poverty, the government may properly establish programs which permit citizens to exercise a free choice in matters of responsible parenthood in accordance with their moral standards.

"2. In such programs, the government may properly give information and assistance concerning medically accepted forms of family planning, so long as human life and personal rights are safeguarded and no coercion or pressure is exerted against individual moral choice.

"3. In such programs, the government should not imply a preference for any particular method of family planning.

"4. While norms of private morality may have social dimensions so affecting the common good as to justify opposition to public programs, private moral judgments regarding methods of family planning do not provide a basis for opposition to government programs.

"5. Although the use of public funds for purposes of family planning is not objectionable in principle, the manner in which such a program is implemented may pose issues requiring separate consideration.

"These opinions are submitted as being morally justified and in accordance with the traditional Catholic position on birth control. These opinions are expressed out of a concern for civil liberty and freedom, and are based upon respect for the sincere consciences of our fellow citizens in this pluralistic society."

In spite of much time already spent, I have not really progressed very far. Indeed I have really only made two statements and one proposal. The state-

ments: (1) on the question of tax-supported family planning clinics, private moral judgments about methods are not a basis for opposition; (2) there exist legitimate social goals by reason of which government may properly engage in family planning programs. The proposal: Catholics must join in open discussion regarding the formulation of such programs.

Two other areas of consideration now lie before us. Are there practical or legal grounds which will bar the adoption of any program? If not, what are the specifications of an acceptable program? What are the objections which may be made?

One objection, seldom articulated, is that any concession which permits the establishment of these programs becomes in the hands of others either a wedge to try to change the Catholic private morality or a weapon to achieve total political victory for another point of view. Please do not underestimate either the psychological force of this objection or its validity in fact. Newspaper coverage is seldom impartial; seasoned partisans do make use of every tactical advantage. Whether these facts will continue to engender opposition, I do not know. As for me, I am first of all a theoretician rather than a politician, and, secondly, I do not wish my position as a responsible citizen to be dictated by the injustices of others.

Nevertheless, special care must be taken to avoid fostering a selfish contraceptive mentality, one which is devoted to the idea of limiting families even where the parents may desire more children and are capable of caring for them. From comments I have heard from parents, I realize that this is not an idle thought. There is today sometimes an attitude of disdain toward the large family. This is to overlook the values which can be found in the large family, values different from but not inferior to those in the small family. Not only children, but parents, too, can grow in the appreciation of human values precisely by a devotion to the family and to one another. In addition, an undue emphasis is sometimes given to economics in the family. Opportunity is equated with the idea of wealth and security, and we tend to forget that the poor can also communicate human values and ideals. Wealth and security are not the genuine touchstone to human dignity, though it must be admitted that grinding poverty can be a tremendous handicap. But, in the long run, I am not so sure that a society dedicated to a selfish pursuit of individual pleasure and economic security will improve the breed of mankind.

In somewhat similar fashion, special care must be taken to avoid a weakening of the bonds of family life and to strengthen the public attitudes which are a support to the family. Law is a matrix into which society has poured many of its highest aspirations—moral, religious, and social. These all coalesce into what we speak of as a "public morality." It is quite easy to understand that a casual attitude toward sex may disregard the multiplication of premarital and extramarital relationships. Yet, not only religious spokesmen but leaders of Planned Parenthood have realized that the availability of contraceptives is having a profound effect on the sexual attitudes and behavior of our time. A co-ordinated effort is necessary if the fundamental values of the public morality are not to be overturned. Since citizens have a right to try to structure society so as to reflect the best values and so as to facilitate the rearing of their families, it is a matter of common concern to see to the creation of new agencies and procedures for the protection of family life. Lacking this cooperative concern, it seems to me that there may be a legitimate fear that the entrance of government into the area of family life and privacy may prove destructive of social values.

And a special comment should be made about abortion. Nothing that I have said should indicate a support for the legalization of abortion. Nor should my opposition to such legalization be taken as inconsistent with the principles of this address. While I do have strong moral feelings about both artificial birth prevention and abortion, the public order and the common good are quite differently effected. I admit I am appalled at the gross neglect to investigate the social values of legal protection to the unborn. But I am finally forced to an unalterable opposition to present-day efforts to change the laws because they would in my judgment seriously undermine basic premises of society and Government.

It has also been objected that such programs will necessarily be coercive, especially upon the poor and the Negro. That protections will be needed to prevent coercive tactics is clear; but that one can, without discussing the specifics of the program, conclude that coercion is necessarily inherent in any program is to exaggerate the danger and to underestimate the capability of men of good will to work out protections.

However, it should be emphasized that coercion does not mean only the use of sanctions through penal law or through the distribution of benefits. It does not mean only an official compulsion upon doctors, workers, or patients to accept a single point of view. These procedures are clearly objectionable to all citizens. But, as we have seen, the choice of family planning involves religious, social, medical, economic, and personal values. If a choice is to be truly uncoerced and free, it must be informed choice. Mere medical advice can never be sufficient. Great ingenuity and persistent efforts will be required to eliminate indirect coercion; delicate questions of referral to religious and family counseling will occur. If these objections be not fairly met and if acceptable procedures be not worked out, then the particular program will be coercive.

A second question of coercion will arise in any international program. Can the United States lend financial support and technical aid to a foreign government in that government's effort to indoctrinate its people to accept a particular birth control technique? In an effort to slow down a population growth can any nation remain indifferent to every other aspect of its problem except success? What protections can be given to traditional social and religious values and the mores of the people?

A third basic objection to all programs is that they are ineffective in meeting the problems which alone can justify them. The real need, of course, is for better housing, education, jobs, better medical care, and transportation. This need is indisputable. And unless positive and massive efforts are undertaken to achieve these goals, government programs of family planning are but disguised efforts to eliminate an "undesirable faction" of the population. The real object of any program must be one of improvement, not extermination. Nevertheless, there is evidence to show that every positive effort is foredoomed to failure whenever population increases are too rapid. At least, it is difficult to argue that this is not so. So long then as family planning programs are not smokescreens for eugenic and social engineering, a reasonable argument can be made for their place in an overall plan. Just as I could personally support the idea of government rhythm clinics, so others may support other procedures.

And, in this regard, it may be well to point out that conclusive proof of ultimate success is not a prerequisite to accepting an otherwise legitimate government program. Politics and government are arts; they often involve an educated guess as to the effects of specific programs. Hence one cannot reasonably demand on this question a tight cause-effect link between the proposal and the benefits which it is hoped will result.

Thus, there are three practical grounds for a general objection: (1) that even a legitimate concession can be misused; (2) that coercion is inherent in the program, (3) that the programs are unnecessary and negative. None of these is persuasive.

We look now at legal arguments which have been or can be made against the idea of any program. Cases have been cited before a congressional committee to indicate that there are constitutional objections to Government-supported programs. The argument suffers, I believe, from two fatal defects. First, principles drawn from cases which deal with criminal law and governmental inquisition were applied indiscriminately to social welfare cases. The fact that the Government cannot compel the acceptance of benefits or deprive citizens of their guarantees against oppression has little to do, if anything to do, with whether citizens may freely accept these benefits or make confidential disclosures. Nor does the Supreme Court decision in the Connecticut birth control case, which held the Government could not punish the practice of birth control or the dissemination of information, have any real bearing on what facilities it may make available to those who want them.

The second defect arose out of a misreading of the school cases on Bible reading and prayer. The Supreme Court did not find that coercion was inherent in the child-state relationship. As a matter of fact, the Court was careful to rest its holding not on the free exercise clause, but upon the establishment clause.

While I do not believe that the establishment clause is a bar to governmental support of programs, nevertheless I do see something of a family difficulty. The widespread discussion during the last few years on church-state questions involved in Federal aid to education has cast much light on basic issues. The essential question under the establishment clause was whether governmental support may be given to parochial education on the ground that it serves the public welfare (i.e., education and welfare of children). I believe it can, though I will not detail those arguments here. Yet, I feel that any such position would be rather inconsistent with an argument to the effect that the Government cannot

support family planning according to the dictates of the individual consciences and the citizen.

We can now turn to the specifics of individual programs and see if they are justified on social and practical grounds. For to say that the Government may establish programs is not to give a carte blanche to every proposal. It takes no great acumen to prophesy that in the near future specific new programs will be established. The present tenor of Congress and the indication gleaned from private polls demonstrate broad support from both legislators and citizens, from Catholics and non-Catholics. At this point, then, discussion should begin on what kind of programs we want. How foolish it would be to exhaust our energies in sterile battles over the passage of a bill, and then find that the bill is ineffective or harmful. Thus, I would suggest that the time has come to make a careful legislative study with the idea of presenting model bills and that, so far as possible, procedural safeguards be spelled out. The sensitive nature of the subject matter of this legislation, the dangerous potentialities which could threaten fundamental values suggest that it would be politically explosive to authorize a program and then to leave its specification to administrative determinations. Guidelines in the area should receive more than casual congressional inspection; indeed, I further suggest that a special subcommittee should be established to supervise and oversee initial governmental programs, to evaluate reports, and to seek continuing evidence as to the practical effects of the programs, both in achieving social goals and in affecting civil rights. In this way some centralized authority could exercise responsible control. The alternative is to permit such a proliferation of responsibility that legitimate objections could never catch up with the facts. And perhaps this would nowhere be more true than in foreign programs supported by the United States.

The drafting and passage of a bill specifically directed to these areas will also serve to direct evidence and argument to substantive issues. At the present, objections are made both in Congress and out that certain programs now in existence in OEO and AID are not authorized under legislation. Without judging these issues, it is clear that any attempt to introduce programs not authorized should be severely criticized.

Such an overall bill would also assure that the legislative purpose of the act corresponds to the reasons which alone can legitimate Government action. In private programs and in local programs, I have in the last few years been disturbed by what I have considered as specious pleas. In particular, there is often a confusion between questions of public health and public welfare. For instance, pressures have been exerted to require public hospitals to give birth control information where it is requested because of social or economic considerations. Though some medical questions are involved in giving such information, there may be no medical reason, either of danger to the mother's life or to the quality of her health. This confusion of functions in established agencies has hindered any clear analysis of legitimate Government aims. It has even carried over into the Presidential message of 1966 on health and education, where a proposal for family planning is listed as a "special health problem." (Congressional Record, Mar. 1, 1966, p. 4147.) Of course, there are issues of health involved in some cases, but the family planning which is proposed is one which will give "access to information and services that will allow freedom to choose the number and spacing of their children." It is designed really "to foster the integrity of the family and the opportunity for each child." This purpose, rightly understood, may be a legitimate concern of Government, but it has little to do with health as such.

In similar fashion, much has been made of the right of the poor to information and aid in family planning. A program cannot be justified solely on the ground that the poor should have every chance to do what the rich can do. To take a simple example, we do not distribute free liquor to the poor because the rich can buy it. No, the justification for family programs can be found only in the social dimensions of responsible parenthood. Other social values are involved (health, housing, transportation, education—in fact the quality of life and a share in the temporal prosperity of this country), not only an equality of choice.

While on this question of programs directed to "the poor," I have a few remarks. The programs must, in my view, be directed to all the population, for the social consequences of an increased population bear upon rich and poor alike. Any thought of population control over one class of citizens must be

excised from the purpose of the programs. We cannot continue to neglect the education, housing, and public welfare of the poor and then solve the problem by encouraging them not to have families. Indeed, full freedom of choice seems to me to involve the right to choose more children, as well as less—a choice which should be facilitated by providing aids for the education and support of children and the integrity of the family. At the same time, one must realize that on a statistical basis there may be less capacity among the poor to provide for large families; the necessity of work, for example, may drive both mother and father out of the home and leave the children in substandard conditions. But they should not really be singled out as a class lest a program proposed so as to enable all to share in the blessings of society subtly change into a scheme of eugenic control over certain groups in our society. I refuse to believe that the cost of welfare aids is the determinative criterion for programs of family planning.

Another specific issue which has been a perennial source of argument in actual programs has been the policy of distributing contraceptive devices or drugs only to married women living with their husbands. I am not prepared to offer tonight a definitive answer to this. Yet, explosive though it may be, it is a major question to which I must try to address myself.

First of all, it is in this area primarily that objections are made that the programs encourage promiscuity and a breakdown of public morality. The fear of pregnancy is a strong factor in inhibiting illicit relations. (See Norman St. John Stevas, "Birth Control and Public Policy," p. 47, n. 134, A Report to the Center for the Study of Democratic Institutions, 1960.) On the other hand, nowhere is there a more pressing social family problem than in the case of illegitimate children. Perhaps there is a basis for resolving the issue if one distinguishes between a moral obligation not to engage in extramarital or premarital intercourse and the obligation not to procreate a child in circumstances where the child cannot be born into a family. A child has a moral and a legal claim to be legitimate. The legal claim today is being recognized in suits brought against a parent based on bastardy.

Catholic thought on the moral question is often colored by the position which rejects contraception as a moral evil. However, a recent consideration of this precise question distinguished between the evil of contraception in marriage (where the spouses have a right to marital intimacy) and outside of marriage. Outside of marriage there is no right to sexual relations. Whether contraceptive practices are used or not, a clear moral evil is present. The essential moral question, then, is whether a greater or a less evil will follow upon the use of contraceptives. Has one an obligation to procreate when he has no right to the act of procreation? Cannot one conclude that a secondary obligation exists, to avoid stigmatizing a child as a bastard? Without deciding this question, I do suggest that the essential moral evil of these situations is the illicit relationship itself, not the contraceptive practice. It is primarily this relationship which is to be discouraged.

Now a concern over illicit relationships is not the exclusive province of any one group. Though there are radical movements which encourage free love, the basic social mores speak out against it. I think that, if the contraceptive advice is ever distributed to the unmarried, two things will be necessary and can be agreed upon. Adequate counseling and increased attention to family values will have to be encouraged, both in and out of the planning program. Secondly, doctors should be given some freedom of choice as to what they will do. There can be a great difference between what a doctor would say to or prescribe for a young girl who is just thinking of entering upon a liaison and one who has consistently borne illegitimate children. But where a decision has already been made to enter upon an illicit relationship, I do not see where the social harms are increased by permitting contraceptive counseling. If perhaps those who are interested in birth limitations would also lend their aid to the efforts of others to find supportive procedures which will protect the public morality, a solution would more promptly be found.

I had anticipated that in this speech I could offer you a detailed analysis of Federal- and State-financed programs. Time will not permit. However, I shall present a few reflections on the programs as a whole.

Some 18 States adopted programs in 1965, either by specific statutes or through welfare/health department policies. At least 22 States have family-planning policies, although I have seen cited the figure 35. On March 12, 1965, the Office

of Economic Opportunity issued a policy statement regarding family planning activities and has implemented this policy by making grants to community action programs.

Generally speaking, the programs specifically state that services are to be rendered in accordance with the personal belief of the recipient. It is not clear, however, that in practice the line is always observed between offering services and counsel and proselytizing. It has, for instance, been reported that in Mecklenburg County, N.C., employees called "homemakers" go from door to door trying to interest families not poor enough for public assistance in using contraceptive aids (Chicago Sun Times, Sept. 16, 1965, p. 24). I would expect to find a greater chance for abuse in this person-to-person contact than through mass media. Yet, OEO specifically forbids the use of program funds to announce through mass media the availability of the funded program.

In most programs, there is an emphasis only on family limitation. Minnesota, however, provides services also for those who desire a child.

Major programs are in existence in New York City, Chicago, and the District of Columbia. In these cities, the welfare departments, outside of an informational and referral service, have nothing to do with the actual program. The usual contact point in the District of Columbia and New York with the birth control services is at the lying-in hospital. Since all these programs are relatively new there are not many significant statistics at this time.

The OEO guidelines further lay down that that participation is voluntary and may not be a condition for the receipt of any other benefit; that a variety of procedures must be available; that there may be no promotion of a particular philosophy or technique; that the funds cannot be used for surgical sterilization and abortions.

The difficulty of finding and correlating information on present programs illustrates a point previously made. Without some central control and responsibility, it is hard to exercise that supervision which is required by the very nature of the program. This is why I would prefer to see a well-organized State and Federal program than to see private agencies carry out their activities with Federal moneys.

If I may, I will offer an illustration. We have created, improved, and supported a vast system of public schools. At the same time, we zealously guard the constitutional right of parents to select private schools. Of the two systems, the public schools more clearly serve a public need and are more directly subject to public scrutiny and supervision. While not ruling out public support for private family-planning agencies insofar as they serve a public purpose, I believe that the major Federal and State effort should be through a special program associated with public hospitals.

I also propose that each program should incorporate a referral service which includes counseling according to the desires of the recipient on religious, social, and family problems. This counseling should be made available, if wanted, before medical consultation and services are selected.

Of course, concentration on family planning programs has occupied most of my time this evening. But it may be well to say that this is not the most important part of a discussion on population and public policy. Essential though the solution of these problems may be, ultimately we must come to grips with the need to improve the quality of living. Research and pilot programs in many other areas of human resources must accompany family planning programs. Research into reproduction must also continue both in the hope of finding procedures morally acceptable to all—so as to reduce the impact of the multiple problems—and better suited to the attainment of the goals of a free and democratic society.

While we can deal with only one thing at a time, we must not fractionalize the problem itself. To do so, to enter upon a program committed solely to family limitation would be improper, unjust, and unsound. The full sweep of the problems must be kept before us at all times lest we substitute control for freedom, dollars for values, selfishness for generosity.

The complexity and sensitivity of family planning must always be kept in mind. If the real concern of all is with the dignity of men, if there is mutual regard for religious and ethical convictions, and if there is a free and open discussion of the matter—then we may hope that the goals of society and religion may be within the reach of each citizen.

EXHIBIT 194

A DOCTOR LOOKS AT ABORTION

(By André E. Hellegers, M.D., Associate Professor of Gynecology and Obstetrics, The John Hopkins University, School of Medicine, Baltimore, Md., Edward Douglass White Lecture, Georgetown University Law Center, Mar. 16, 1966)

Professor Hanley, Members of the Faculty and Students of the Law Center, and guests of the Law School,

I appreciate the opportunity of addressing an audience such as this on a subject of major interest to the professions, both of Law and of Medicine. The problem of abortion has been argued throughout the ages. It will be my purpose this evening to shed some light on only a few aspects of this problem, but if I shall have done nothing but to point to the superficiality of the present debates on the subject, I will be well satisfied.

At the present time, the discussion of abortion centers around a series of proposals to alter the laws, designed to govern who shall be allowed to perform abortions and for what reasons. The fact that there is a law at all should be of interest. It says that abortion is not a neutral matter. Nowhere in the modern world is the performance of an abortion equated with the drinking of a cup of coffee or, in other words, a matter so innocuous as to be open to a person's individual judgment. This is presumably so since it is a matter which affects the interests of other parties, be it a particular interest of the States, rights of the fetus, or since it affects some other entity such as the common good.

I shall discuss sequentially some moral, legal, medical and sociological aspects of the problem. I shall then deal more specifically with the suggested changes in the law, the reasons adduced for such changes, the quality of those reasons, some of the effects which changes in the law might have and lastly, I shall draw some conclusions about the wisdom of the changes proposed.

Although this lecture is given under the auspices of a Roman Catholic University, I hope I may be excused if I pass over the moral aspects of the question only briefly. This brevity is warranted by the extreme clarity with which the subject can be treated in a Catholic moral context.

Professor Howard Taylor, Chairman of the Department of Obstetrics and Gynecology at Columbia University, in reply to a question by Dr. Alfred Kinsey, once said:[1] "I sometimes wish I were an obstetrician in a Catholic hospital, so that I would not have to make any of these decisions. The only position to take, in which I would have no misgivings, is to do no interruption at all. All so-called indications have a relative validity only."

The moral precepts with respect to abortion are founded on the commandment: "Thou shalt not kill." They are further based on the assumption that life begins at conception rather than at birth. Thus any direct attack upon the unborn is considered a form of murder by the Canon Laws. Note that I have used the words "kill" and "murder." My use of two different words is, in itself, a sign that the concept "Thou shalt not kill" has undergone certain modifications. War, self-defense, capital punishment—these have, through the ages, become more or less accepted in Canon Law as exceptions to the original commandment. Yet it is but one of the many ironies of the subject of abortion that the justifications for killing under two of these headings, namely war and capital punishment, are being increasingly questioned in public debates, at the same time that "liberalization" of abortion laws is being discussed. Let us define murder then as the killing of innocent life. It is partly because we assume the innocence of civilians in war that we debate the morality of war. But if killing is an action of man in which he knows that death will, in fact, result, then killing by abortion is sometimes permitted even under Catholic precepts. I refer to such obstetrical circumstances as demand, for instance, the removal of a uterus for a disease *of that organ*, where removal of that organ would be the only available treatment. Pregnancy is just an incidental intruder upon the scene. So it may be visualized that for a cancer of the uterus, that

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[1] Taylor, H. C., Jr.: in "Abortion in the United States," ed. Calderone, M. S., Hoeber-Harper, New York, N.Y., 1958, p. 123.

organ should be removed regardless of whether the woman is pregnant or not. In such cases, it is accepted practice in Catholic hospitals to proceed with the operation and the abortion is then called "indirect."[2] The death of the fetus is neither the *intention* of the physician, nor is it *an essential* in the cure of the disease—it is, in fact, an incidental result, regretted, not intended, but unavoidable. I cite this as a hypothetical example, rather than to suggest that removal of the uterus is the only treatment for cancer.

But, this evening I shall speak predominantly of "direct" abortion, that is, the killing of fetal life, where it is the direct destruction of the fetus which is the aim of the procedure, or which is sought as the *means* to the preservation of maternal life or of other parental interests.

Now, it is clear that the civil law does *not* differentiate between "direct" and "indirect" abortion in the way I have described it. With the exception of those fetal losses which are called "miscarriages" or spontaneous abortions, the civil law considers all remaining abortions under the heading of "induced abortion" and divides those into two categories of therapeutic or legal, and criminal or illegal abortions. Permission by the civil law for the performance of the therapeutic abortions rests on the concept that maternal interests take precedence over those of the unborn. It is in the process of weighing in the scales the interests of the mother against the absolute certainty of death to the fetus that there arises the relativity of indications to which Professor Taylor alluded in the above-mentioned quote. How sure can I be scientifically that it was really the abortion which saved the maternal life? Will the mother die in spite of the abortion? How long will I prolong her life by the abortion? By a normal lifespan? By a year? By a month? By a day? These are the clinical questions that are asked by the obstetrician.

Now, it must be realized that it is medically impossible, under most circumstances, to give an exact prognosis in these terms. This is one of the reasons why the law, in its application to specific cases, has recognized that instant maternal death is not the sole criterion for judging the propriety of a therapeutic abortion. And so we have had appearing on the medical and legal scene such indications as "the preservation of maternal life," "the safeguarding of maternal life," and even "the safeguarding of maternal health." Now note that when such terminology is used, it never was the original intent of the law that abortions could be performed for the relief of the common cold—that is, if colds could be relieved this way. It was the inability to define the time interval between non-performance of an abortion and later maternal death, which facilitated acceptability of so-called "maternal health" indications for the performance of abortions.

Partly because of the absolute precepts of the Catholic Church, it may be said that medicine has come to a point where it is almost a truism to say that no mother requires an abortion for the instant saving of her life. The comparative data on maternal mortality rates in huge series treated in hospitals permitting no abortion at all, and hospitals which much less stringent rules led to a close re-examination of the alleged benefits of the operation. Heffernan and Lynch[3] contributed greatly to this type of analysis in the United States, although I dare say that those who had travelled abroad to countries where no abortions could be performed at all would probably have reached the same conclusions. It is, of course, obvious that the improved armamentarium of the physician for combating disease has contributed immensely to the truism.

It has been the history of this particular subject that as it became impossible to foretell the time at which death of the mother might occur without performance of an abortion, the procedure has been performed for indications increasingly further removed from the preservation of maternal life. The case of R. v. Bourne[4] is the commonest mentioned milestone in this process. It will be remembered that Mr. Bourne performed an abortion on a 14 year old girl who had been raped by several soldiers and that he notified the authorities of this operation. Tried before Justice MacNaghten, the Judge, in essence, said that the likelihood of instant death in the absence of an abortion was not the *sine qua non* for the legitimacy of the procedure, and so instructed the jury that it became clear that leaving the patient a mental wreck in the absence of an abortion could

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[2] O'Donnell, T. J.: in *"Morals in Medicine,"* pp. 157–158, Newman Press, Westminster, Md., 1960.

[3] Heffernan, R. J. and Lynch, W. A.: Am. J. Obst. Gyn. *66*, 335, 1953.

[4] R. v. Bourne, [1938] 3 All. E. R. 615 (K. B.), [Central Criminal Court (MacNaghten, J.), July 18, 19, 1938].

be considered a legitimate reason for performing it. The jury acquitted Mr. Bourne.

Now it is clear that this abortion, as so many others which have been performed since, would be considered neither by the legal profession, nor by the medical, to be related to the saving of life. This poses a problem which is at the root of the present debate.

The question which is being asked in the light of all of this is the following: When so many therapeutic abortions are performed in the absence of a direct threat to maternal life, should the law not be revised to follow the practice of the medical profession? I suppose an alternative question could be: Should not the law remain as it stands but be interpreted with greater liberality by the legal profession? It is one of the major reasons for agitation for changes in the law by the obstetrical specialist, that he is made to feel uncomfortable in the performance of an operation which is not in strict accordance with the letter of the law. This is so even though it is clear from the actions of the law that such obstetrical behavior is in accordance with the spirit of the law, as it is visualized today.

Now let me say at once that I am among those who feel that it is much wiser to leave the letter of the law unchanged. The reason for my saying so will become clearer as we progress in the examination of the problem. If in the process of performing an abortion, the physician feels uncomfortable, then I would only say that lack of comfort on the part of the obstetrician should in fact be a state of mind while performing the operation and it usually is. I view the function of the law in its written form as giving general guidelines for the permissible, rather than as being a follower of year to year changes in obstetrical practice. I submit that it is much better for the community as a whole to keep the responsibility for the guidelines governing abortion in the legal profession, which is somewhat removed from the pressures inherent in the patient-doctor relationship, than it is to yield it to the physician on the firing-line. If I may draw an analogy, it would be to say that this is akin to keeping the ultimate responsibility for the dropping of the bomb in the hands of civilian authorities, rather than in the hands of military ones. My comments are partially predicated, of course, on the concept that the fetus is a subject in development and not just an object, although we shall see that quite apart from this philosophical and theological consideration, there are over-riding considerations of the common good which would lead one to the same conclusion.

Within this general framework, let us examine next some of the proposals for changes in the law, the most commonly cited one being the proposed model penal code of the American Law Institute. The recommendations concerning abortions are contained in section 230.3 and to the obstetrician the parts of major interest are contained in parts two and three:

(2) *Justifiable Abortion:* "A licensed physician is justified in terminating a pregnancy if he *believes* that there is *substantial* risk that continuance of the pregnancy would *gravely* impair the physical or mental health of the mother, or that the child would be born with *grave* physical or mental defects, or that the pregnancy resulted from rape, incest, or other felonious intercourse.

(3) "No abortion shall be performed unless two physicians, one of whom may be the person performing the abortion, shall have certified, in writing, the circumstances which they '*believe*' to justify the abortion."

While there are other considerations of more interest to the lawyer than to the physician, the essence to a physician is that it is legal to perform an abortion if he and one other physician believe that the pregnancy poses a substantial risk to physical or mental health of the mother or

(2) that the child would be born with grave physical or mental defect or

(3) that the pregnancy resulted from rape or statutory rape or incest.

It should be noted that the physician's belief that justifying circumstances exist need not be correct. Indeed, his belief need not even have been a reasonable one. The justification hinges upon whether he actually believed that the stated conditions existed. With respect to this word "belief" I will only quote the comment written by the editor of the prestigious Obstetrical and Gynecological Survey in December 1965[5] and I quote: "Now, much as it goes against the grain to say so, there are quite a few extremely 'gullible' fellows in the medical profession—especially when a few dollars are involved or, should we better say, a few hundred dollars. This is why the words believe and belief

[5] Editorial Comment, Obstetrical and Gynecological Survey, *20*, 941–946, 1965.

have been put in quotation marks in the foregoing discussion. Could it be that the learned jurists were not so learned about the wiles of some women and the ways of certain practitioners?"

This comment is reinforced by the knowledge that 27.9 percent of all convictions for criminal abortions in New York were obtained against licensed physicians.[6] Moreover, 88 to 95 percent of conceptions aborted pre-maritally, and, reported in a study from the Indiana Sex Research Institute, were performed by what were thought to be physicians.[7] Nor is it encouraging to note that in the city of Baltimore, two simultaneously operating licensed physicians performed 5,000 and 40,000 illegal abortions respectively as described by one of them.[8] The combined "believing power" of these two gentlemen could wreck havoc with the law as proposed.

Let us examine next what some of the effects of the law may be if we assume it to be directed only at bona fide medical problems. If it is intended by the change of the law that the physician is now no longer bound within the confines of the spirit of the present law, but can operate literally in accordance with the letter of the proposed law, then I would predict that we will see considerable changes in obstetrical practice. Terms such as "substantial," "gravely," "impair," and "mental health," are so relative that I would interpret them to be applicable to anything that I might choose to apply them to. It would seem to me that such a proposal would have the effect of switching all responsibility in matters of abortion from the community, through its legal officers, to the medical profession alone.

It may be well, at this juncture, to review what has happened to the entity of abortion in the medical profession within the framework of the old laws.

Now it is alleged that as the maternal life and health indications for abortion have decreased, the obstetrical specialist has resorted to the subterfuge of performing abortions on psychiatric grounds which presumably are less easily defined. This widely held opinion, that psychiatric indications are on the increase, is erroneous. It is the result of faulty analysis. It has been said quite correctly by Tietze[9] that between 1943 and 1953 the percentage of therapeutic abortions performed for psychiatric indications in New York has increased from 8 percent of all abortions to 40 percent. Similarly, at the Johns Hopkins Hospital, psychiatric indications have increased from 7.5 percent to 16.3 percent of all abortions. As the Table I will show, however, this does not go to the heart of the matter. The question should not be what fraction of all abortions are being performed on phychiatric indications. The question should be: "Of 1000 pregnant patients, who walk into a hospital, how many will be aborted on psychiatric grounds?"

TABLE I.—*Psychiatric indications for abortion, Johns Hopkins Hospital, 1937–61*

	1937–50	1950–61
Percentage of all abortions	7.5	16.3
Private	10.0	20.0
Ward	6.7	12.5
Ratio in all patients	1:1021	1:2231
Private	1:734	1:1231
Ward	1:1139	1:3830

As you can see from the table, prior to 1950 one patient in 1,021 was aborted on a psychiatric indication, whereas since 1950 this has been one patient in 2,231. This is simply a reflection of the fact that the psychiatric indications for abortion have decreased to almost one-half their previous incidence. However, the other indications have decreased even faster and, consequently, the psychiatric ones form a larger portion of the remaining smaller number. Similar data have recently been published from New York.[10]

And lest it be thought, as has been suggested, that psychiatric indications are the particular modern subterfuge of the wealthy private patient, I will point

[6] In Bates, J. E. and Zawadski, E. F.: Criminal Abortion, p. 35. Springfield, Ill., 1964.
[7] Kinsey, A. C.: in Abortion in the United States, op. cit., p. 54.
[8] Timanus, G. L.: id., pp. 59–63.
[9] Tietze, C.: id., p. 83.
[10] Gold, E. M., Erhardt, C. L., Jacobziner, H. and Nelson, F. G.: Am. J. Publ. Hlth. *55*, 964–972, 1965.

out that before 1950 one private patient in 734 was aborted on a psychiatric indication and since then one in 1,139, while for the ward patients, the comparable figures are one in 1,231 vs. one in 3,830. In other words, abortions on psychiatric grounds have decreased in number in both groups of patients, although at a lesser rate among private patients.

We have said, then, that the maternal life, the maternal health and the mental health indications are all decreasing. What is left?

Well, it is clear that there are appearing on the scene some entities rather inaccurately called "fetal indications." They fall under two main headings. They relate to the fact that under certain genetic and other circumstances, infants can be born with congenital defects. If this is a result of the genetic make up of the parents, it is clearly useless to perform abortions at every pregnancy. Sterilization is the procedure of choice. With respect to injury occurring to the fetus, by environmental circumstances arising in the course of pregnancy, two major conditions have been referred to. The first is the problem of the Rh blood factor, in which the red blood cells of the fetus are destroyed because of an incompatibility between its Rh factor, called positive and its mother's, called negative. Of this we can say that in former days, when in later pregnancies the result was predictably or almost predictably that of fetal death, again sterilization was the logical procedure rather than repeated abortion. But then, in the past two years techniques have been developed for transfusing the fetus prior to birth,[11] so that he can now survive normally to term. The indications for an abortion in this condition are therefore vanishing. We are left then with a series of viral infections, occurring in pregnancy, of which the major example cited is German measles, caused by the rubella virus.

Now it is not my purpose this evening to decide whether 75 percent, 50 percent or 25 percent of such infants will be born with congenital anomalies. Suffice it to say that if an abortion is performed for such conditions, a certain number of normal fetuses will have to be destroyed to insure the destruction of the potentially abnormal ones. I do, however, think it useful to use the rubella example as the vehicle for what I consider to be, in the proposed changes of the law, a major deviation from the philosophy of the former law. I have said before that permission to perform an abortion under the civil law was based in part on ascribing a greater value to material than to fetal life. Now it is obviously clear that no abortion can be justified on a "fetal indication", since no fetus survives the abortion. It is equally obvious that the abortion in such circumstances is performed for the sake of the parents and not for that of the child. Surely it is the parents who do not want the abnormal child. There is no evidence that the child does not want life, and he cannot be consulted in the matter, anyway. I mention this because I know of absolutely no evidence that those born with congenital anomalies would rather not be born. To test the matter in its grossest form, Professor L. A. M. Stolte, of Nymegen University, and I examined the available records of 222 successive suicides which occurred in the city of Baltimore in the years 1964 and 1965.[12] I can only report that we found not a single case of suicide among anyone who had any congenital anomalies or where there was evidence of a history of deafness or blindness. I suspect that suicide is an action of the mentally deranged in which a change of fortune may well be the precipitating factor, I also suspect that those who from childhood have compensated for handicaps would see less need to resort to such extreme measures. While I realize that the incidence of congenital anomalies is not so great that the examination of 222 records would show a significantly smaller incidence of suicide among the anomalous, there is certainly no evidence of an increased incidence. From the age and sex distribution of suicides, this could have been predicted.[13] So, while it is easier for man to feel that abortion is being performed for the sake of the fetus, honesty would require that we recognize that we perform it for the adult.

Now while we are on the subject of suicide, I suppose that the public tends to think of maternal psychiatric indications as being concerned mainly with the mother's threat of impending suicide. I shall only say of this that suicide among the pregnant is extremely rare. It is significantly less frequent than suicide among the non-pregnant of similar age and station. In fact, it is almost as if

[11] Liley, A. W.: Brit. Med. J. 2, 1107, 1963.
[12] Stolte, L. A. M. and Hellegers, A. E.: Unpublished data.
[13] Norton, S. M. and Bright, M.: Balto. Hlth. News, 42, 117–123, 1965.

during pregnancy there is an in-built protection against suicide.[14,15] Although it is not my intention to advocate total disregard for the threat, it should be remembered that the performance of an abortion under such circumstances will not necessarily avert the suicide. The problem is that a woman who might commit suicide under the stress of becoming pregnant, might just as well do so under the stress of having been aborted. In other words, it is the mental disease which is the problem, and not the pregnancy, which acts as it were as a non-specific stress in an abnormal mind, while the performance of an abortion can be an equal non-specific stress.[16]

But to return to the fetus, we must also ask another question in the light of the wording of the law. What is a substantial risk that the fetus would be born with defects? The risk of mongolism occurring in a mother over the age of 35 is eight times greater than it is in a mother of less than 25.[17] Compared to her younger sister then, the risk is grave, but in absolute terms it is minimal. At which absolute percentage level does gravity come in? 1 percent, 5 percent, 10 percent, 20 percent?

Let us turn next to the rape and incest clause. Here, as in the anomaly clause is the specific spelling out of a circumstance warranting abortion, not based on the precedence of maternal over fetal life. The child would be normal, and the child will be dead. Therefore, the reason for performing abortion under these circumstances must rest on the grounds that the mother cannot stand the mental strain, rather than that the fetus must be destroyed. This is the essence of the case of Rex vs. Bourne. Again this does not require a change in the wording of the law. It would seem to me logical that some indication of maternal strain be required as for the now-existing law. I suggest that the minimum evidence of maternal strain that might be asked, would be a willingness to consult a physician within five days of the occurrence of the rape. This would permit the performance of a uterine curettage before implantation has occurred. It would have several advantages:

(a) It is less dangerous to curette a non-pregnant uterus than a pregnant one.

(b) It would be psychologically better not to know for certain that one had been impregnated by a rapist.

(c) It would be easier to prosecute the rapist if desired, if early charges were pressed against him.

(d) It would eliminate the well-known syndrome of the woman who "rapes awful easy," and would then like to be aborted.

But above all there is the advantage that it is already legal to perform a curettage before implantation. In other words there is absolutely no need to change the law in this circumstance.

Now, having framed *my* opinions in the matter, let me deal next with some of the commonly adduced reasons for changes in the law, as voiced by those who want a change.

(1) The law must be changed because doctors feel like hypocrites when they perform abortions for some of the reasons which are not in accordance with the exact letter of the law.

Let me give it that doctors, by and large, have conformed very well to the spirit of the law. And lest it be thought that the law has gone out of its way to make things difficult for the physician, let me only quote the comment of Dr. Helpern,[18] that to his knowledge there had been no prosecution of a physician for an abortion performed in a bona fide hospital under proper jurisdiction in New York in the last 25 years. His opinion was staved by Dr. Guttmacher[19] who had never encountered it in Maryland or New York in 30 years. Whether the doctors should feel comfortable is, I think, entirely irrelevant if we think of the law being written for the protection of some common good. In fact, in my opinion, the destruction of a fetus should never be a comfortable matter.

(2) The wealthy can get an abortion more easily than the poor and this is discrimination. The wealthy fly to some foreign country, it is said.

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[14] Lindberg, B.: Svenska läk, tidn, *45*, 1381, 1948.
[15] Dahlgren, K.: "On Suicide and Attempted Suicide," Lund, Sweden, 1945.
[16] Arén, Per.: Acta Obst. Gyn. Scand. *37*, 59, 1958.
[17] McKeown, T.: in "Congenital Malformations," ed. Fishbein, M., J. B. Lippincott Co., p. 46, Table 2. Phila. and Montreal.
[18] Helpern, M.: in Abortion in the United States, op. cit., p. 40.
[19] Guttmacher, Alan F.: id., p. 40.

I find this argument extraordinary since it so clearly implies that the wealthy are getting too many abortions. It is somewhat like saying that if a man is wealthy enough to move to a Moslem country and marry four wives, we must change the bigamy laws here because the poor are being discriminated against.

TABLE II.—*Time of registration for prenatal care—Clinic patients versus private patients*

[Percent]

	All hospitals [1]	Johns Hopkins Hospital	University of Buffalo
Before 12 weeks	11.9	7.1	51.7
After 12 weeks	87.1	92.9	48.3
After 27 weeks	25.9	13.7	5.9

[1] Total cases, 36,992.

Source: Collaborative study, National Institute of Neurological Disease and Blindness, National Institutes of Health, U.S. Public Health Service, Department of Health, Education, and Welfare.

Let me add, although I question the entire pertinence of this reason for ever changing any laws, that not all the difference in incidence of abortion between private and clinic patients is due to discrimination. We know that private patients come for pre-natal care much earlier than ward patients. In a study of the National Institutes of Health, it was shown that 87.1 percent of predominantly ward patients registered for pre-natal care after the 12th week of pregnancy whereas in another university clinic where only private patients appeared, more than half of the patients came for pre-natal care before the 12th week.[20] Since a decision to perform an abortion after the 12th week requires a much more dangerous abdominal operation, whereas before the 12th week, the procedure can be done by a simple curettage, one must expect a greater reluctance on the part of the obstetrician to abort after the 12th week, even if the indications should be of the same nature as that in the patient registering before 12 weeks. Moreover, it is well known that the mental stress of pregnancy is more severe in the early parts of pregnancy, and marked improvement frequently occurs in later pregnancy. It would therefore follow that the private patient is seen by the psychiatrist in a much worse frame of mind than the later-registering ward patient. To compound the difficulty, the psychiatrist will be asked by the obstetrician to make his assessment quickly since by so doing, the abortion can still be performed before the 12th week by the easier vaginal operation. As a result, a less detailed assessment of the problem is possible. For the patient who registered after the 12th week, a much more careful analysis can be made since it matters little whether the abdominal operation is performed one week or ten weeks after the patient's registration, since after the 12th week an abdominal operation has to be performed anyway.

I am not suggesting then, that there is not such a phenomenon as the private patient exerting undue influence on her physician, but I am suggesting that the conditions are all in favor of the private patient appearing at that time and at that place as leads to an abortion being performed, and that this set of circumstances occurs less frequently among ward patients.

(3) The ethical considerations of part of the country should not be imposed on the country as a whole.

Let me only say that if the law disregarded ethics and followed public practice only, the Civil Rights Laws would never have been written.

(4) Because of the way laws are written, some hospitals restrict the number of abortions they will permit so as not to look as if the law is being circumvented. I suspect that with the new proposed law, these hospital restrictions might still pertain. After all, if one hospital were to perform 1,000 abortions, it would be rather difficult to assume that they were all for rape, incest or for the expectation of congenital anomalies.

And finally we come to what I suspect is the real reason why advocates of a change in the law are agitating for this, and that is:

(5) There are 1,200,000 illegal abortions performed in the United States per year, and 10,000 women die as a result of it.

[20] Collaborative Perinatal Study, National Institute of Neurological Diseases and Blindness, N.I.H., U.S.P.H.S., D.H.E.W., unpublished data.

This argument is extraordinary. One wonders if the proposed changes in the law, notably in New York State, are going to be designed to legalize 1,200,000 abortions? If so, I can see no reason for phrasing the laws in the way they are proposed. As once said by Professor Taylor of Columbia University:[21] "If you can find a medical indication for 750,000 abortions, you can find an indication for aborting anybody." If indeed the proposed changes are designed to accord with present *medical* practice, I will have to say that the alleged 1,200,000 abortions will *still* remain illegal, and if it is proposed to bring the 1,200,000 under the changed law as worded, perhaps we might reconsider the advisability of phrasing or passing the law as proposed.

I will therefore spend the next few minutes on this aspect, because I suspect, as we all suspect, that the proposed changes in the law have little to do with what is medically necessary, but are designed to deal with a rather major social and public health problem of illegal abortion. If this is so, and I would be among the first to grant the existence of the problem, then it strikes me that the last thing to do about it is to write poorly thought out, quasi-medical laws and then hope that they will have some bearing on the social problem. If there are today about 10,000 therapeutic abortions performed under the present laws, and if the changes in the law are, indeed, proposed to conform to present *medical* practice, then I daresay an extra thousand or so abortions may well be performed under the new law. But let not one in his right mind think that this has anything to do with the 1,200,000 other abortions. And yet one gets the uneasy feeling that this is exactly what the advocates of changes in the law are talking about. I otherwise can see absolutely no reason why those who testify before legislatures, in favor of changes in the law, should bring up the million abortions in discussing whether, on strict medical indications, there will in future be ten or twelve thousand therapeutic abortions per year.[22] But I suspect that it is, in fact, intended to include the "social" indications, therefore let me devote some time to this aspect of the problem.

Let us start with the figure 1,200,000. Sometimes it is called one million. To get at the genesis of the 1,200,000, we will have to go back to two studies. The figures are based, firstly, on a study published in a book called "Birth Control in Practice," in the year 1934.[23] In this study, there was one abortion for every 2.44 live births and of these abortions, two-thirds were illegal. Therefore, one illegal abortion occurred for every 3.55 live births. Now, since there are approximately four million live births in the United States per year, there must be 1,200,000 illegal abortions yearly. The next table will show you on what sort of population sample these figures are based. The data came from histories given by 10,000 women who attended the Margaret Sanger Birth Control Clinic in New York City between 1925 and 1929. I leave it to your imagination how representative that group must have been of the United States population in 1925. To give you some highlights, 45.1% were foreign-born, 41.7% were Jewish and 26.1% were Catholic (attending a birth control clinic in 1925–1929).

TABLE III.—*Composition of patient group studied by Kopp, M. E., from 10,000 cases attending Margaret Sanger Clinic, New York, 1925–29*

Foreign born (percent)	45.1
Jewish (percent)	41.7
Catholic (percent)	26.1
Protestant (percent)	30.4
Total abortions	11.182
Conceptions	39.314
Live births	27.260
Illegal abortions	7.677
Total abortions as percent of conceptions	28.1
Ratio of total abortions to conceptions	1:3.5
Ratio of total abortions to live births	1:2.44
Ratio of illegal abortions to live births	[1] 1:3.55

[1] At this ratio, 4,000,000 live births would be accompanied by 1,130,000 illegal abortions.

Source: Kopp, M. E.: "Birth Control in Practice," McBride & Co., New York, N.Y., 1934.

[21] Taylor, H. C., Jr.: in Abortion in the United States, op. cit., p. 164.
[22] The New York Times: p. C28, Tuesday, Mar. 8, 1966.
[23] Kopp, M. E.: "Birth Control in Practice," McBride & Co., New York, N.Y., 1934.

I doubt that any first-year student in an epidemiology course could get past the first semester if he attempted to draw conclusions about the United States from a sample such as this.

Another study was performed by Dr. Alfred C. Kinsey and his colleagues in the Institute for Sex Research at the University of Indiana.[24,25] Their figure showed that by the age of 45, 22% of the women interviewed had had at least one abortion performed upon them. By extrapolating from these figures, one can argue as follows: since there are 36 million women[26] in the United States in the fertile ages of 15 to 45, and since 22% have had an abortion by the time they are 45—7,920,000 women must have had such an abortion. Since they underwent this experience at any time over a 30 year period, this must yield 260,000 abortions per year. Since, however, this 22% of women had on the average of around two induced abortions, and making some corrections for minor discrepancies, we would arrive at approximately 600,000 illegal abortions per year. The next slide, however, shows some characteristics of this sample of women. Firstly, there are not enough Negro or Catholic women in the group to even warrant analysis. Since it is known that the abortion rate among Negroes and Catholics[27a,27b] is less than among other sections of the population, the sample is already non-representative of the country as a whole. Next, 51.4% of the women in the study were between the ages of 15 and 24, and only 3.3% over 55, while for the urban, white female population (and we aren't even speaking of the country as a whole) comparative figures are 20.7% and 22.3%. Next, 82.4% of the women who provided the histories had some college education, whereas for the urban, white female population this is 13.2%. Here again we are not even speaking of the country as a whole.

Let us say next that the respondents in this study had had an average of 1.09 children compared to 1.33 for an equivalent group of urban, white females, and again we will disregard rural areas, Negroes and Catholics.

TABLE IV.—*Composition of Kinsey et al. group of patients (5,293 women; not enough Negro or Catholic respondents to warrant analysis)*

	Kinsey et al.	Urban white female
Age 15 to 24 ..... percent	51.4	20.7
55 and over ..... do	3.3	22.3
College education ..... do	82.4	13.2
Births per woman at given age:		
15 to 19	.11	.40
20 to 24	.19	.56
25 to 29	.71	1.02
Total, all ages	1.09	1.33

NOTE.—More single; more ever widowed, divorced, separated; fewer married ones living with husband. 22 percent of women had at least 1 abortion by age 45. 88 to 95 percent of premarital conceptions were resolved by induced abortions.

Then let us note lastly that this group had more single women and more even widowed, divorced or separated women, and fewer women who were married only once and living with their husbands, than the urban, white female population. Once again, then, and this time at the level of about 600,000 instead of 1,200,000, still do not have a representative population. Now it is possible to quote some of the other studies such as a Study of Indianapolis Women[28a] in which 2.6% had had an induced abortion, which is about one-eighth of the incidence reported in the last study and brings us down to about 100,000 abortions. However, this study was no more representative of the true incidence of abortion than the others mentioned since it did not set out to study this primarily. Now we can go on like this with unrepresentative studies and say that Wiehl and Berry[28b] in a Study of a Population Sample from the Five Boroughs of New

[24] Kinsey, A. C.: In "Abortion in the United States," op. cit., p. 54.
[25] Gebhard, P. H., Pomeroy, W. B., Martin, C. E. and Christenson, C. V.: In "Pregnancy, Birth and Abortion," Harper and Bros. and Hoeber, P. B., Inc., New York, N.Y., 1958.
[26] U.S. Census 1960, Women by Number of Children Ever Born, PC(2)3A.
[27a] Kinsey, A. C.: In "Abortion in the United States," op. cit., p. 55.
[27b] Gebhard, P. H. et al.: In "Pregnancy, Birth and Abortion," op. cit., p. 115.
[28a] Whelpton, P. K. and Kiser, C. V.: Social and Psychological Factors Affecting Fertility, 4 vols., Milbank Quart., 1943, 50, 52, 54.
[28b] Wiehl, D. G. and Berry, K.: Milbank Mem. Fund. Quart. 15, 229, 1937.

York City arrived at an induced abortion rate of 4% which would give about 200,000 per year for the country as a whole. I mention these figures but, of course, it is clear that all who would seek to dramatize the problem would use the figure 1,200,000 while those who would seek to play down the problem would put it at about 200,000. The real problem is succinctly stated in a small footnote in a recent book on abortion in the United States,[29] and I quote "The figures on abortion frequently used throughout the Conference by various individuals were based on personal estimates by the individuals themselves. No way has yet been found of obtaining reliable statistics which would give an exact figure for the total population."

But let us look at the next figure of 10,000 deaths. Of this figure one can say, unequivocally and without fear of contradiction, that it is absurd. It is based on death rates from illegal abortion, given in a book published in 1936 by Dr. Frederick Taussig.[30]

He started with the figures which we have already seen of Dr. Kopp from the Margaret Sanger Clinic. Giving one abortion per 2.5 live births in the urban population, he mixed this figure with one obtained from 81 physicians with country practices who gave their *estimates* as to the proportion of abortions to confinements in their rural practices. Mixing the urban abortion rate with the rural rate in the proportion of 42 to 58, he arrived at a total of 681,000 abortions in the United States as against 2,400,000 annual live births. You will recognize this as yielding the familiar 1,200,000 abortions for today's four million annual births. Mixing these abortions with a guessed at mortality rate of 1.2 per 100 abortions, which figures were based on an equally questionable German study,[31] arrived at by a set of mathematical maneuvers which would have given the last election to Mr. Goldwater by a landslide, he arrived at 8,000 abortion deaths per year. And having then arrived at 8,000 abortion deaths, he caps this with the sentence "A maximum of 10,000 abortion deaths in this country is nearer the truth." By another route, he "confirms" these figures by stating that there were 4,000 abortion deaths registered annually which would be about doubled by the addition of 4,000 "concealed" deaths, making a total of 8,000—quid est demonstrandum.

If this study was a wonder in itself, it is even more remarkable that the figures are still being bandied about.

First of all, if one in 80 patients, walking into an abortionist's office, were to die, the modern abortionist would be out of business in no time. Secondly, there are now about 400 registered abortion deaths per year,[32] with much better reporting than before, and if we add the same proportion of concealed deaths as by Taussig's rule, we would arrive at approximately 800 deaths per year today. That this figure is probably closer to the truth today may, perhaps, be adduced from the next slide which shows the number of abortion deaths in New York City, as given by the medical examiner, Dr. Helpern.[33] Let us note next that in Taussig's study, the overwhelming proportion of deaths were due to septicemia. But since Dr. Taussig's day we have seen the discovery of antibiotics. I will not prolong the tale much longer except to say that it would be reasonable to assume that the annual death rate due to illegal abortions today is of the general order of 900 or so, which is bad enough without having recourse to the specter of pre-antibiotic days.

TABLE V.—*Abortion deaths, New York City*

1921	144	1941	48
1931	140	1944	25
1936	92	1945	21
1940	70	1951	15

Source: Helpern, M. in "Abortion in the United States," ed. Calderone, M. S., Hoeber-Harper, 1958.

If, however, figures of several hundred thousand abortions and several hundred deaths are seen as an indication to legalize all abortions, one must next ask oneself what experience has shown the results of such laws to be. For this, fortunately, one does not need to guess because the experience is at hand. As is well known, Japan and countries of Eastern Europe and the Scandinavian

[29] Calderone, M. S.: Editor's footnote in "Abortion in the United States," op. cit., p. 180.
[30] Taussig, F. J.: "Abortion, Spontaneous and Induced." (Medical and Social Aspects, C. V. Mosby, St. Louis, 1936.
[31] Freudenberg, K.: München. Med. Wchnschr., 79, 758, 1932.
[32] Gebhard, P. H. et al.: op. cit. p. 204, footnote 38 (corrected for recent increases. See Sub. 10).
[33] Helpern, M.: in "Abortion in the United States," op. cit., p. 68.

countries have had such abortion laws for years. The Scandinavians have, in recent years, tightened the execution of their laws considerably, presumably by disenchantment, so that we now read of Swedish women flying to Poland to have abortions performed when they are refused in Sweden. I suppose then that discrimination against the poor is again at work but this time in Sweden!

Let us see what has happened when abortions have been free. This next slide shows, under each country, the year in which abortions became legalized. In Yugoslavia, there was an initial liberalization in 1952, with a second extended one in 1960. You will see what increases in legal abortions have occurred per country. In some countries, they have increased 100 fold. On the next slide, you will see the rate of abortions per 1000 population in each of these countries, and the number of abortions which this would represent in the United States if similar laws were passed here. It would give us someplace between one million and three million abortions per year. Now it might be thought that with abortion on such a scale being legal, the problem of illegal or criminal abortion would be solved, but this is not so. The next slide shows you what has happened to so-called "other abortions" in these countries. Other abortions are the patients who have not undergone a legal abortion but who yet have been admitted to the hospital as a result either of spontaneous abortion or as a complication of an illegal abortion. While at first glance it looks as if at least in Hungary, Czechoslovakia, Bulgaria there has been a decrease in this category of other abortions, this is by no means certain. When one institutes a law allowing abortions freely, a number of patients who previously would have aborted spontaneously anyway, will now be aborted legally before this event occurs. The category of "other abortions" therefore contains a smaller number of spontaneous aborters than previously. Now if you know what fraction of all conceptions are being legally aborted, you can calculate what fraction of the abortions, which would have occurred spontaneously, are now also being induced. The appropriate correction can then be made to the category of "other abortions" and you will see that in fact this mixed group of spontaneous abortions and after-effects of criminal abortions, have in fact increased for all countries except Hungary. Now it is true that over that period of time, new hospitals have been constructed and a switch to hospital practice has occurred, and so perhaps the increase is not as I have given it on this slide. Of one thing, however, one can be absolutely certain, and that is that whether one should add or subtract one or two percentage points, the massive increase in the performance of legal abortion has not rid the countries of their illegal abortion problem. This has been commented upon by innumerable physicians in these countries.[34-54]

TABLE VI.—*Absolute number of legal abortions performed in countries with "free" abortion laws*

Year	Hungary (1956)	Czechoslovakia (1958)	Bulgaria (1956)	Poland (1956)	Yugoslavia (1952-60)	Japan (1948)
1949	1,600	1,500				246,100
1953			1,100			
1955				1,400		
1959					54,500	
1960					84,900	
1961	170,000	94,300	68,800	143,800		1,035,000

[34] Jensen, M.: Ugeskrift for Laeger, January 1955, Denmark.
[35] Ingleman-Sundberg, A.: Sv. Läkartidn. 50, 2383, 1953, Sweden.
[36] Quensel, C. E. and Genell, S.: Sv. Läkartin. 50, 2784, 1953, Sweden.
[37] Simon, L.: Sv Läkartidn. 51, 2981, 1954, Sweden.
[38] Wahlen, T.: Sv. Läkartidn. 51, 248, 1954, Sweden.
[39] Sjörall, A.: Arch. Gynak. 180, 324, 1951, Sweden.
[40] Mauleon, Y.: Sv. Läkartidn. 49, 145, 1952, Sweden.
[41a] Kaern, T.: Mskr. prakt. laegegern. 30, 152, 1952, Denmark.
[41b] Kaern, T.: Ugesk. laeger. 109, 169, 1947.
[42] Fenger, M. and Lindhardt, M.: Ugesk. laeger 114, 617, 1952, Denmark.
[43] Furuhjelm, M.: Sv. Läkartidn. 52, 524, 1955, Sweden.
[44] Clemmesen, C.: Ugesk. laeger 114, 895, 1952, Denmark.
[45] Arén, Per.: op. cit. sub. 16, p. 13, Sweden.
[46] Andolsek, L.: Excerpta Medica, No. 71, p. 220, 1963, Yugoslavia.
[47] Herak-Szabo, J.: idem, p. 222, Yugoslavia.
[48] Jurcikova, V.: idem, p. 224, Czechoslovakia.
[49] Laudanska, E.: idem, p. 226, Poland.
[50] Mehlan, K.-H.: idem, p. 209, E. Germany.
[51] Novak, F.: Excerpta Medica, No. 72, p. 223, 1964, Yugoslavia.
[52] Westman, A.: 5th International conf. I.P.P.F., 235–238, 1955, Sweden.
[53] Ekblad, M.: Acta Psych. Neur. Scand. supp. 99, 1955, Sweden.
[54] Oram, V.: Ugeskr. f. laeger 115, 1367, 1953, Denmark.

TABLE VII.—*Legal abortion rates per 1,000 population, and equivalent U.S. numbers at same rate*[1]

Year	Hungary (1956)		Bulgaria (1958)		Czechoslovakia (1958)		Poland (1956)		Yugoslavia (1952, 1960)		Japan (1948)	
	Abortion rates	U.S. equivalent numbers	Abortion rates	U.S. equivalent numbers	Abortion rates	U.S. equivalent numbers	Abortion rates	U.S. equivalent numbers	Abortion rates	U.S. equivalent numbers	Abortion rates	U.S. equivalent numbers
1949	0.2	29,800									3.0	447,000
1953			0.1	16,100	0.1	16,000						
1955	3.5		0.4		0.2		0.1	16,500			13.1	
1959	15.2		6.0		6.0		2.7		3.0	531,000	11.9	
1960	16.3		7.2		6.5		5.1		4.6	828,000		
1961	17.0	3,111,000	8.8	1,610,400	6.9	1,262,700	4.9	896,300			11.0	2,013,000

[1] Based on U.S. populations as follows (in millions): 1949 (149); 1953 (161); 1955 (165); 1959 (177); 1960 (180); 1961 (183).

TABLE VIII.—*"Other abortions" as a percentage of total known conceptions*

Year	Hungary (1956)	Czechoslovakia (1958)	Bulgaria (1956)	Poland (1956)	Yugoslavia (1952, 1960)
1953	15.7	9.5	9.4	8.0	
1959					10.6
1960					10.7
1961	9.7	7.6	8.4	8.6	
Corrected 1961	13.1	9.5	10.5	10.5	11.4 (1960)

NOTE.—Corrected for fraction of spontaneous abortions before 12th week which will be legally aborted (at rate of 6.8 percent spontaneous abortions before 12th week—Stevenson, A. C. and Warnock, H. A. Ann. Hum. Gen. 23, 382, 1958-59).

Now remember further that these countries have national health services so that patients can obtain these abortions at hardly any cost to themselves. I leave you to imagine what would happen in the United States when the cost of an abortion to the private patient would be in the order of $125, which the poor could not afford anyway. One might then visualize the necessity—again to avoid discrimination—of a national program which I suppose we would call "Aborticare." And I don't know what the American Medical Association would say of that!

What does all of this say about this problem of illegal abortion? It says that we understand little of its nature. We may conclude from the figures abroad that a woman's problem is not always one of wanting a pregnancy terminated. You can visualize that under many circumstances she would not even want to report that she was pregnant, and consequently a criminal abortionist still finds a ready customer. It tells us further that as abortion becomes easier to obtain, people will avail themselves of the facility more frequently. They become "abortion minded" and it is so much easier to have a pregnancy terminated by abortion than to maintain that constant effort in contraceptive practice to prevent getting pregnant. Note also that we have hardly gone into the complications following abortion. But if you would accept a 2% sterility rate, and an approximate 10% rate of moderate or severe psychiatric sequelae, then you can perform your own mathematics and arrive at the tpye of medical problem which would appear on the American scene.[55 56]

And so it seems highly pertinent to me to ask ourselves tonight whether what we are talking about is in fact a change in the phraseology of the law to permit another thousand or so abortions, or whether we have in mind, as would seem to follow from the testimony of those who have appeared before state legislatures, the legalization of a million or two abortions, and that without solving the illegal abortion problem. You will forgive me if I have not spent much time this evening talking about the possible rights of the unborn fetus. I am not a legal expert. We know that obstetricians can be sued for injudicious damage caused to the unborn.[56] We also know, that the property rights of unborn children have been protected under laws governing the inheritance of estates,[57] or trusts,[58] or gifts,[59] and courts have sometimes even appointed guardians to represent the unborn in court litigation.[60] In workmen's compensation cases, the posthumous child of an injured employee has a legal standing to seek compensation benefits. And yet it seems that the current proposals on abortion laws intend that the unborn shall have no such protection against having his life intentionally ended.

And then again, we have established a national institute of child health and development which specifically directs its attention to child development from the time of conception, and tens of millions of dollars are being spent to improve the lot of the unborn by it and by such foundations as the National Foundation, the Joseph P. Kennedy, Jr. Memorial Foundation and others. And obstetricians write about pre-natal *life*, and articles appear on "who shall speak for the fetus?" and books entitled: "Life Before Birth," incidenally with a preface by Dr. Allan F. Guttmacher, one of the most prominent advocates of relaxation of abortion laws.

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[55] Mehlan, K.-H.: Excerpta Medica, No. 71, p. 218-219, 1963.
[56] Ekblad, M.: op. cit. sub. 53.
[57] American Law Reports, 2nd 1956, note 27.
[58] Powell on Real Property 5, 143, 149 (N.Y., 1962).
[59] Id., p. 149.
[60] Simes on Future Interests, p. 153 (St. Paul 1951).

I have said before, this subject is filled with ironies. It is debated with massive superficiality and over-simplification, and people are confused. Alleged statistics are quoted, and demands for changes are made without reflecting on their consequences. Logic is thrown to the wind and damn the consequences.

I suppose since my criticisms have been so destructive that it is only fair if I were asked how I thought it all would end. Dangerous though it be to act the prophet, I will nevertheless attempt to do so.

It is well known that the entire direction of contraceptive technology is being changed. Instead of leaving a population fertile so that we must do something to inhibit fertility, modern contraceptive technique has moved into an era where people will essentially be infertile and they will have to do something to remove this infertility. When these techniques improve, it is apparent that the decision to reproduce will become a positive one, rather than requiring the negative decision: not to reproduce. I suspect that when this occurs, and it is close upon us, much of the problem of abortion will disappear, though not all. It will, of course, be replaced by some others, not the least of which I would venture to say will be the danger of banalization of sexual activity. I may be a born pessimist but I detect certain signs of such confusion already. We are erroneously equating our sexuality with sex, and I think perhaps this confusion exists particularly among the young. It will require a massive re-education effort, and one might hope that churches will still find the energy within them to contribute to this process. If this is done, we might yet come to the realization that tampering with man's sexuality is a dangerous sport. And once we shall have discovered *that*, perhaps the burdens of living with one's sexuality will become less, and fewer legal medical problems will arise in the human reproductive field. Until that time is upon us, I hope I have suggested tonight in a variety of ways that we would do well to tread very carefully.

Senator GRUENING. The last witness today is Dr. Frank J. Ayd, Jr., of Baltimore, Md.

BIOGRAPHIC STATEMENT: FRANK J. AYD, JR.

Frank J. Ayd, Jr., received his medical degree from the University of Maryland School of Medicine in 1945. The American Board of Psychiatry and Neurology, Inc., certified him as a diplomate in psychiatry in 1951. Dr. Ayd is an internationally known lecturer, writer, and psychiatrist. He has lectured in Europe, Asia, Africa, Australia, New Zealand, and North America. He is a member of numerous national and international medical societies.

He is a fellow of the American Psychiatric Association, a fellow of the American Academy of Psychosomatic Medicine, and a fellow of the American Geriatrics Society. He is a founder of the American College of Neuropsychopharmacology. In 1955, Dr. Ayd was the recipient of the Distinguished Service Award and designated "Most Outstanding Young Man of the Year" by the U.S. Junior Chamber of Commerce for Baltimore and the State of Maryland.

In 1960, Dr. Ayd was the recipient of the Holy Name Society Award for outstanding service to church and community. Since 1962, Dr. Ayd has been broadcasting over the Vatican radio on a program called "Religion and Science." In 1963, Dr. Ayd was honored by being the first American layman to be appointed to the faculty of the Pontifical Gregorian University in Rome.

Dr. Ayd has published over 100 scientific articles. He is a contributor to over 25 books. He is editor and publisher of the Medical-Moral Newsletter (formerly Medical Newsletter for Religious). He is editor and publisher of the International Drug Therapy Newsletter. He is on the editorial staff of several medical journals.

Dr. Ayd's latest monograph, "The Oral Contraceptives," was published in 1964. Dr. Ayd is listed in "Leaders in American Science," "American Men of Medicine," and the "American Catholic Who's Who." Xavier University (Cincinnati) conferred on Dr. Ayd an honorary doctor of laws degree in 1964. For his contributions to psychiatry, Dr. Ayd received the Saint Vincent Pallotti Award in 1964. Also in 1964, Dr. Ayd was appointed to the scientific advisory board of the American Schizophrenia Foundation.

He is former chief of psychiatry, Franklin Square Hospital, Baltimore, Md. Dr. Ayd is an associate member of the National Association of Science Writers, Inc. (1966). Dr. Ayd is married and the father of 12 children.

Dr. Ayd, we are very happy to have you here. We regret your testimony has been delayed by the abundance of other competent witnesses. But we are very happy to have you here. Please proceed in your own way. We will give you all the time you need.

Dr. Ayd.

STATEMENT OF DR. FRANK J. AYD, JR., PSYCHIATRIST, LECTURER, AND AUTHOR, BALTIMORE, MD.

Dr. AYD. Thank you very much. Of course, like the others I express my sincere appreciation to you, Senator Gruening, and to the members of the Senate Government Operations Subcommittee for the invitation to testify today.

In the interest of time, and also with the hope I might accent certain points, with your permission I will deviate somewhat from the prepared statement and touch on certain highlights.

Senator GRUENING. Your prepared statement will be printed in full in the record, and your oral statement will also go in.

Dr. AYD. Thank you very much, Senator.

DEFINITION OF TERMS ESSENTIAL

To begin, what I think needs urgent consideration is how the goals of your proposed legislation would be obtained. For example, what is to be included under the term "birth control"? Does it mean rhythm, mechanical and chemical contraceptives, the oral contraceptives, and which of these synthetic hormonal means of fertility control, those which are available and those which are likely to become available, without any concern about how these agents work? Does it include the intrauterine devices? Will it include contraceptive vaccines? Last, but not least, will abortion and sterilization also be considered birth control measures?

Who will be the recipient of this information—married women, separated women, divorced women, single women, teenagers?

As you know, in various parts of the world, for example in England, at family planning clinics, birth control information and assistance, which often includes the prescription of the pill, for example, is made available to anyone who requests it, regardless of age or martial status.

In the United States, in some planned parenthood clinics, it is also true that in addition to advice the client receives help, a contraceptive

help sometimes—as you have heard from the testimony by the lady from Virginia today that they give out the pill.

What I would emphasize is that in some planned parenthood clinics in the United States, teenagers as young as 13 years of age are receiving assistance.

Now, I also would like to point out that it is not a coincidence that the subject matter under consideration followed the advent of the oral contraceptives. It is inconceivable these potent drugs would not be included in any Government-supported program of birth control information and education.

LONG-TERM USE OF CONTRACEPTIVES OF GREAT CONCERN

This being so, it is imperative that we consider not only the efficacy of these drugs, and the intrauterine devices and other methods of birth control, but also the safety of the method especially—and this is what I would emphasize—the safety of the long-term use.

I believe that the relative safety of the short-term use of the available oral contraceptives is established, although it is true that some cause-and-effect side effect questions remain to be settled by further research.

To know the safety of any pharmaceutical preparation, Senator, as a medical man you know two things are needed—time, and many thousands, if not millions of patients taking it.

Until a drug is given to a vast number of people and at times for many years, 5, 10, or more, it is very difficult to know what the safety of any preparation is going to be.

With respect to the potent drugs like the oral contraceptives, most experts would say that it will take, as you have heard testified here today and before, 10 to 20 years to prove their safety.

Just a few weeks ago the World Health Organization's expert committee estimated that more than 7 million women (5 in the United States and 2 in other nations) now use accepted oral contraceptives. In view of the millions of women of child-bearing age that is not such a great number. Most of these people have just started taking the pill and they are not all taking the same oral contraceptive, but any one of maybe 2 dozen available oral contraceptives. It must be underscored that the number of long-term oral contraceptive users is very low.

Despite the large number of oral contraceptive consumers, long-term, continuous-use data is not easy to obtain because so few women have taken an anovulant for a long time. Dr. Edward T. Tyler, president of the American Association of Planned Parenthood Physicians in the United States, spoke on 8 years' continuous experience with oral contraception at the annual meeting of the society for the Study of Fertility, in England, in July 1964.

He disclosed that in his clinic less than 300 women have used an oral contraceptive for over 5 years continuously. Dr. Tyler's studies, with those of Dr. Gregory Pincus, are the longest investigations of oral contraception in the world. For this reason, Dr. Tyler concluded in his speech that "the total number of continuous users of oral contraceptives for over 5 years anywhere is likely to be very limited." I would estimate on the basis of surveys I have made that it is most

probable that less than 5,000 women throughout the whole world have taken the same oral contraceptive for 5 years.

It is often asserted that experience in Puerto Rico and Haiti, where the original oral contraceptive was first tested, has shown that long-term use of the pill is safe. However, what has not been publicized is the low number of such long-term users of the same oral contraceptive in those countries.

A significant number of women who started out in the first trials of Enovid have switched to other oral contraceptives, or resorted to intrauterine devices, some have been sterilized, and others have discontinued using birth control at all.

Now, when an individual transfers from one type preparation to another, this does not indicate safety data at all until these people have used the second preparation for a significant period of time.

WHAT IS THE NUMBER OF LONG-TERM USERS OF ORAL CONTRACEPTIVES?

What I think this committee needs to do, and I call on this committee to do so in the interests of ascertaining the facts, is to make a sincere effort to determine as accurately as possible the number of long-term users of the same oral contraceptive, not only in Puerto Rico and Haiti, but everywhere. Such information is vital, particularly if you are going to enact your proposed legislation. And it should be gathered, rather than accepting without question assertions about experiences in places like Puerto Rico and Haiti.

I have stressed the paucity of long-term oral contraceptive users because this is vitally important. It is the reason why expert committees repeatedly have been cautious in their statements about the ultimate effects of these potent drugs.

At the annual meeting of the American Association for the Advancement of Science last December in California, the experts pointed out that "final conclusions as to the pill's ultimate effects are premature."

Most recently, the World Health Organization's expert committee reported: "The possibility of ultimate long-term effects cannot yet be excluded, since experience with oral contraceptives does not extend beyond 10 years."

In fact, one of the main conclusions of this committee was that "little is known with certainty about contraindications for the use of oral contraceptives."

"AFTER 10 YEARS WE STILL DO NOT KNOW ALL ABOUT THE PILL . . ."

What I would like to really point out, sir, is this: The oral contraceptives are synthetic preparations which affect the total body. They have reverberations not only on the endocrine system and the ovary and so forth, but throughout the entire body. And they produce an unnatural drug-induced state.

As Dr. Lynch has pointed out, the majority of the women who take these are physically healthy people, and while they are taking the pill they are for example, as Dr. Klopper pointed out recently in the British Medical Journal, endocrinologically speaking "in a state of medical castration rather than pseudopregnancy."

In addition, I would emphasize that the World Health Organization Committee has stressed "many aspects of the use of the oral contra-

ceptives are inadequately studied or completely without anything beyond clinical impressions."

In other words, after 10 years we still do not know all about the pill and how it works and what its consequences will be.

". . . A DRUG WITHOUT SIDE EFFECTS SELDOM IS A GOOD DRUG"

Traditionally doctors have prescribed potent drugs for the treatment of disease, fully aware that one must accept that when potent drugs are used in the treatment of disease, there is always the possibility of harm.

In fact, every drug expert will tell you that a good drug has side effects. And a drug without side effects seldom is a good drug.

Doctors assess the safety of a drug in relation to the seriousness of the clinical condition of the patient, the efficacy of the drug in curing illness or in relieving symptoms, and its liability to cause toxic effects.

In recent years much has been written about the harm that may be caused by drug therapy, especially after years of use.

We have various journals devoted to drug therapy, and one even has a section now called "Diseases of Medical Progress," which deals with diseases caused by drugs.

I would point out to you, sir, that if statisticians had evaluated thalidomide, the drug which caused the deformed babies—if they had evaluated this drug 1 month before the teratogenic effects of this drug were first suggested by Dr. Linz in Germany, thalidomide would have been rated, as it was by physicians all over the world, as a very safe drug.

U.S. GOVERNMENT ACTION PREVENTED USE OF THALIDOMIDE IN THE UNITED STATES OF AMERICA

Senator GRUENING. May I interrupt you to point out that it was the action of the Government—of a Federal agency—that prevented the further dissemination of thalidomide. And it might be pointed out that legislation of this kind, the legislation sought by S. 1676, that would seek to find the answers that you raise to the problem of drugs not fully understood, and whose consequences are not known. It is because there has been no one agency in charge of this program of contraception that we have these problems, where the validity of the dangers of certain drugs is not fully ascertained. The thalidomide episode you cite is a case precisely in point. If it hadn't been for the action of a devoted scientist in the Food and Drug Administration, thalidomide would have continued in use and would have deformed many more babies.

Please continue.

Dr. AYD. Thank you, Senator.

At any rate, what is important, sir, is this. Speaking of thalidomide—it was available for many years throughout Europe and elsewhere in the world. And it took time—it would have taken the same time in the United States, I might add, if we had had it brought here earlier by the company which proposed to sell it. But that is not what happened.

TIME REQUIRED TO DOCUMENT HAZARDS

It took time before the hazards of this and many other modern potent pharmaceuticals were documented.

In 1962 I addressed, as a psychiatrist and an expert on psychopharmaceuticals, the International Collegium of Neuropsycho-pharmacology in Munich. I spoke on 10 years' experience with a tranquilizer of great value in the treatment of mental illnesses. In that speech, which was later published in the Journal of the American Medical Association, I estimated that that particular drug had been prescribed for 50 million patients, that it had been the subject of or mentioned in more than 10,000 scientific publications, and that most physicians in the world had had occasion to use it. Few medicinals have such a record. I concluded that it could be forthrightly stated that this drug had passed the test of time, that it is a safe and effective drug, and that with each passing year it has become more apparent that it is a valuable medicine which merits the confidence of physicians. Since then, as more experience with the long-term use of this drug was accumulated and the total number of patients went way beyond 50 million patients treated, I have had to report in my "International Drug Therapy Newsletter" that this drug, and possibly other major tranquilizers, has caused some potentially serious complications in the eyes, skin, and nervous system which may be irreversible.

What is important to note here is that these complications did not become evident until several hundred thousands of people took the responsible drug for many years, in some instances not until after almost continuous taking of the drug for 8, 9, and 10 years.

At the same time, it should be stressed that these undesirable consequences of long-term treatment must be considered in proper perspective. Millions of psychiatric patients have been helped by these drugs and these side effects must be accepted as an unfortunate but, at present, unavoidable price for the benefits of treatment with these drugs, since there is no adequate substitute for them in the treatment of such serious and disabling mental illnesses as schizophrenia.

DO SOCIAL AND ECONOMIC PURPOSES JUSTIFY FUTURE POSSIBLE HEALTH HAZARDS?

The risk of toxic effects of drugs used in the treatment of serious medical and psychiatric illnesses may be justifiable because the goal is to restore a sick person to a healthy, physiological, nonpathological state. The majority of women taking an oral contraceptive are healthy. They are using these potent drugs most often for social and economic reasons. Hence, millions of healthy women are subjecting themselves to a drug-induced, unphysiological state not to correct a disease or illness but, in most instances, for social and economic reasons.

This poses many serious medical, ethical, and legal questions for the medical profession. For instance, is a physician justified in advising a possibly hazardous drug to achieve a social or economic end, when the same objective can or may be accomplished by other, less hazardous means?

If the Government should support a program which could cause a woman to use oral contraception, does this not pose many serious ethical, moral, and legal questions for the Government which cannot be ignored?

What would happen if 5 years from now it was to be determined that the oral contraceptives are indeed responsible for some serious pathological state induced by the drug, and in the interim we had, by a program of the type proposed, encouraged the use of this drug, or these types of drug, not only in this country, but throughout the world?

My colleague, Dr. Lynch, has already mentioned what the Medical Letter has said, but I think it bears emphasis.

The Medical Letter is a highly respected publication devoted to appraisals of drugs and therapeutics. It discussed recent reports of adverse effects, such as ocular disorders and thromboembolic disorders, including strokes, in women using oral contraceptives which raised new questions about the safety of these products.

MEDICAL LETTER PREFERS TOPICAL CONTRACEPTIVE MEASURES

It was pointed out that "for many women—because of health, economic, marital, or other reasons—pregnancy itself may be a serious hazard and many women have been unable to achieve the security they seek by other contraceptive techniques. Oral contraceptives, the most reliable means of contraception, unquestionably meet important family, psychological, and physical needs of many women. At worst, the serious reactions possibly associated with their use are almost certainly fewer than the serious physical and emotional complications of unwanted pregnancies. Nevertheless"—and this I stress warrants emphasis—the Medical Letter stated, "in the light of recent reports, it is necessary to repeat the advice previously given in the Medical Letter, that women who can satisfactorily and successfully use topical contraceptive measures should not use oral contraceptives * * *. When oral contraceptives are prescribed, the woman should be informed of the present status of knowledge about the possible risks involved."

ADVANTAGES AS WELL AS RISKS MUST BE KNOWN BY CONTRACEPTIVE USERS

I concur completely with the advice of the Medical Letter. I urge this committee to realize that if there is to be Government supported dissemination of birth control information it should be mandatory that it include full disclosure to the woman not only of the possible advantages of any method of birth control but also of the risks to which a woman exposes herself by the choice she makes.

Senator GRUENING. I would assume that would be one of the prescribed functions of Government action. The responsible officials would weigh all the pros and cons, indicate the risks, indicate the uncertainties, and after full disclosure of those, leave the decision to the applicant.

Dr. AYD. I would say, Senator, that that is the ideal, but that it seldom happens in practice.

Senator GRUENING. Well, perhaps we never quite live up to our ideals, do we, completely? We make the effort, though.

Dr. AYD. The point is you said, sir, that the ideal is possibly carried out. I am simply saying that the ideal is there, but I question, sir, whether it is carried out with the frequency you implied by your remark.

Now, why should we concern ourselves so much with the question of safety, particularly of long-term use? One reason is this: There will be millions upon millions of long-term users. Throughout the world we have younger and younger people marrying, and many of these people are having their quota of children—that is, their personal choice of the quota of children—by the time they are in their early twenties. This means for 10, 15, 20, 25 years they will rely on some form of contraception.

I have already mentioned that the modern physician is witnessing a steady increase of diseases of medical progress due to the side effects of potent drugs, such as the antibiotics and hormones, such as cortisone.

It is very possible that physicians in the 1970's will be faced with illnesses secondary to scientific progress and scientific family limitation.

I wish to state unequivocally that just as I am concerned about the possible harmful effects of oral contraception—and I might add the intrauterine devices—so do I share the concern of those who are anxious to help their less fortunate fellow men. However, I do not agree this should be attempted through Government birth control programs.

"... WE DO PERSUADE PATIENTS TO FOLLOW WHAT WE THINK IS THE BEST"

I have heard you state on several occasions, Senator, there would be no coercion, and I believe you are sincere, sir, when you say that.

However, what actually happens in practice is that we do persuade patients to follow what we think is the best. Every doctor does this in the practice of medicine.

And so I think it is appropriate that I point out that it is natural for a doctor or caseworker who favors a particular method of birth control to consciously or unconsciously convey his preference and desire by the way questions are formulated and asked.

PERSUASION VERSUS COMPULSION

Senator GRUENING. Dr. Ayd, you don't equate persuasion with compulsion, do you? Isn't persuasion a perfectly legitimate method? Isn't it practiced in religion, in medicine, in nearly all forms of human contact?

Dr. AYD. Senator, you have practiced medicine, and you know that patients are anxious to please physicians. And if the physician indicates that he prefers a particular method, the patient is inclined to want to go along with that, rather than displease his physician. And I think that in this situation, where people may inadvertently equate in their mind—for example, the recipients of other benefits, along with the birth control information—and that if they do not follow the one, they may possibly lose the other benefits, they would be inclined to go along with the recommendations of the caseworker as they interpret them.

I would like, sir, to point out to you that this sort of thing was acknowledged at the Symposium on Population Growth by no less an authority than Dr. Allan C. Barnes, who is the professor and director of the department of gynecology and obstetrics, at Johns Hopkins Hospital. In a discussion about letting a patient choose, Dr. Barnes remarked:

"We say that we'll let the patient choose—but who's fooling whom? The way we present this to the patient not infrequently stacks the selection, and her choice is heavily influenced. We are not letting the patient choose as much as we innocently disclaim we are.

"We're pushing our patients, and our practice ends up matching us. The attitude, the opinions of our practice looks like we look * * *. This 'I would let the patient choose' is an innocent phrase to use, but in the long run, we push an opinion on people psychologically more than we realize."

Whenever undue influence is brought to bear from outside, whenever something is forced upon a man by psychological pressure, violence is done to his freedom. "Coercion injures the nobility of freedom because it violently assails the autonomy of the human conscience and person." Coercion by physicians and caseworkers working in Government-supported family planning programs may not be deliberate, but it will be commonplace.

THE PROBLEM OF UNCONSCIOUS "SEDUCTION"

In a panel discussion after a speech I gave at UCLA in January, some panelists denied that there would be any coercion by physicians and caseworkers in Government-supported birth control clinics. However, one panelist, Dr. Mary S. Calderone, the former medical director of the Planned Parenthood Federation of America and currently the executive director of the Sex Information and Education Council of the United States, supported my position. She spoke about her extensive experience with birth control clinics and the manner in which physicians dealt with the clinic patients. She concluded by remarking, "Very often we may unconsciously seduce the person away from a method she might choose."

Because the available mechanical and chemical contraceptives are not ideal methods, they are likely to be superseded. This was predicted in October 1964 by Lord Brain, the president of England's Family Planning Association. He wrote, "Research is proceeding so fast that the oral contraceptives at present in use will probably be superseded soon by other substances or different methods." (The Times, p. 13, Oct. 29, 1964.) A major conclusion of the WHO expert committee was that today's oral agents should be considered "merely a first step toward even more generally useful methods of fertility control."

"CLASSICAL PILL" LOSING FAVOR

Despite its effectiveness in preventing pregnancy, the classical pill is becoming obsolete. There are many reasons for this trend which is gaining momentum and may be an accomplished fact in less than a decade or two. (1) Oral contraception is expensive, prohibitively so for millions of women even in affluent countries, but especially so in

underdeveloped nations in Asia, South America, Africa, and Europe. (2) There are women with physical illnesses which make the oral contraceptives contraindicated. (3) There are an increasing number of women who are discontinuing or have stopped taking oral contraceptives because of intolerance or dissatisfaction with this method of fertility control. (4) Patient failures with the oral contraceptives—that is, pregnancies due to failure of the user to take the pill precisely as directed—although unpublicized, is on the increase. This is due most often to a decline in the oral contraceptor's motivation and the human tendency to forget. If the woman was to use a pill it would mean for many that for 20 years she would have to remember 20 days out of every cycle to take a pill. That is quite a test of human memory.

PILL USE DEMANDS MEDICAL SURVEILLANCE

Oral contraceptive users must be under medical supervision. The WHO committee said that before starting on oral contraceptives all women should have a thorough physical examination and, once on the pill, they should undergo medical review every 6 months. In view of the physician shortage in most areas of the world, such medical surveillance is impractical, if not impossible. Hence, the preference for contraceptive techniques which obviate the need for frequent medical supervision.

At the conference at UCLA in January, Lady Rama Rau from India pointed out the pill would not be practical in India for the simple reason women would have no place to store the pill. Very few homes would have a medicine chest in which a pill could be properly stored for regular use.

What she emphasized most, and the reason why India is resorting to sterilization and the intrauterine devices, is that there just are not sufficient physicians to supervise the women who would be on the pill. And I might also point out that one reason why the Russians, for example, prefer abortion to the oral contraceptives is their concern at the present time about the safety of the oral contraceptives, particularly the safety of long-term use.

". . . WOMEN WHO TAKE THE PILL COULD PROPERLY BE CALLED HUMAN GUINEA PIGS"

There are numerous physicians who favor family limitation but are opposed to the oral contraceptives. The past president of the British Medical Association, Dr. Gerrard in his inaugural address in 1964 pointed out he had no religious objections to contraception whatsoever but he definitely had reservations and objections to the oral contraceptives, and felt all women and their husbands should realize that women who take the pill could properly be called human guinea pigs.

IUD BECOMES ". . . THE BIRTH CONTROL METHOD OF CHOICE"

This large body of physicians favor and recommend other birth control measures. The intrauterine devices are rapidly becoming the birth control method of choice. This is because these devices are inexpensive, appear to be reasonably safe—at least they do not interfere with the normal function of the body's endocrine system—are effective

independent of the user, and are favored by a large segment of the medical profession. The prudent expectation is that, barring any unforeseen complications, the use of intrauterine devices will expand steadily to the exclusion of antecedent birth control measures. This already is true for India, Pakistan, Hong Kong, Taiwan, and other populous areas.

These are a few of the reasons why there is a trend away from the available oral contraceptives to the intrauterine devices, to long-acting, once-a-month-or-longer hormone injections, to the development of postcoital oral contraceptives, and to the development of a contraceptive vaccine. It is reasonable to expect that they will be used extensively and contribute to making the present oral contraceptives obsolete. Except for the intrauterine devices, none of these newer methods of contraception are beyond the experimental stage. They will not be ready for widespread human use for some years. Meanwhile there is a growing trend to advocate liberalization of sterilization and abortion laws. One reason for this is the fact that, as demonstrated by Japan, to date only legalized abortion has quickly reduced a nations' population.

At this point I would like to take the opportunity to interject that testimony from people at the Population Council—indicated that the pill is not being widely used in Japan and—that although the Japanese Government would like to get away from their policy of abortion, they have not been able to do this. That country, like many others where abortion has been legalized, has experienced also an increase in illegal abortions.

In the June 1966 issue of the Medical Moral Newsletter, which I edit and publish, I wrote:

> The past year has witnessed a massive assault on traditional moral and legal strictures against abortion throughout the Western World. In England, Canada, and the United States well-organized, apparently well-financed groups are leading the clamor for abrogation of laws governing abortion and for a less rigid, personal, and public attitude toward the interruption of pregnancy. To persuade, the proponents of liberalized abortion have employed all the techniques known to form public opinion.

I am pleased to hear your remarks, Senator Gruening, about your feelings about abortion, because I think, sir, that you will witness, just as has happened in England, and is now happening in Canada, once the Government began to support birth control clinics—for example, in England the family planning clinics have been receiving Government support—now the thing is to have the laws liberalized for abortion and at the same time to have new and liberal laws governing sterilization.

There is also a growing clamor for new legislation to cover sterilization in Western countries. According to an editorial in "The Lancet" (Apr. 30, 1966, a British medical publication), "there is evidence that it (sterilization) is being increasingly used in this country as a means of contraception for women who have already had several children and who have perhaps 20 years of reproduction life ahead of them." Some of these are being sterilized because the oral contraceptives do not work for them, or because some doctors just prefer sterilization as the lesser of two evils, rather than long-term use of potent drugs, the effects of which are not known.

In this country the Association for Voluntary Sterilization, Inc., recently announced that about 100,000 contraceptive sterilizations are being performed yearly. As "The Lancet" editorial noted, "The climate of public opinion is now changing so rapidly that the next few years may see established the more liberal attitude toward sterilization which is long overdue." In England the Royal College of Obstetricians and Gynecologists a few months ago issued a memorandum on "Legalized Abortion." I might point out the chairman of that committee was the same Dr. Gerrard who is the past president of the British Medical Association, and who is one of England's leading obstetricians and gynecologists, and who said that women who used the pill could be classified as human guinea pigs, said in this memorandum, "Sterilization has such an important part to play in the prevention of pregnancy, from the standpoints of the health of the individual, of the happiness of family life, and of population control that the need for new legislation to cover its performance is of far greater urgency than that for a new abortion law" (British Medical Journal, p. 815, Apr. 2, 1966). Recently, the Ontario Medical Association in Canada suggested that sterilization of males and females for contraceptive purposes be legalized. In the United States the number of supporters of sterilization for contraceptive reasons is growing steadily.

Among those who are advocating liberal abortion laws are many of the same individuals and groups urging this committee to establish a Government-supported program for the dissemination of birth control information. Likewise, among those calling for more liberal use of voluntary sterilization are some of the same individuals and groups who urge passage of the legislation under consideration by this committee.

"I DO NOT FAVOR IGNORANCE OF FERTILITY CONTROL OR SUPPRESSION OF INFORMATION . . ."

It is clear that many of those who now urge Government-supported birth control information programs do so because to them birth control without reference to the means is desirable and necessary. Yet if the Government sanctioned support of mechanical and chemical contraception information, when these methods failed or proved insufficient, the Government then would be asked by these same individuals and groups to approve abortion and sterilization. Where ultimately will the line be drawn? This question cannot be ignored by this committee.

Clearly this committee has a grave responsibility not to hastily make conclusions which could have far-reaching consequences but to seriously ponder the possible implications of the legislation under consideration. I do not favor ignorance of fertility control or suppression of information which is urgently needed to foster responsible parenthood.

I agree with the position taken in testimony before this committee by Health, Education, and Welfare Secretary John Gardner that since his agency already has extensive programs underway with 165 employees in work "directly related to the population field," that the legislation under consideration should be opposed by the present administration.

DR. AYD BELIEVES THAT "SOMETHING SHOULD BE DONE NOW ABOUT THE POPULATION PROBLEM"

I believe that something should be done now about the population problem. I welcome and encourage the furtherance of research on fertility and population growth under private and Government auspices. I am as desirous as anyone else to help contemporary man make his life as fine and as good as possible, but I insist that this laudable goal must be sought in ways consonant with man's total nature. This committee must not overlook the possibility that the proposed legislation if enacted could lead to most undersirable consequences, not the least of which is an unwitting contribution to programs that could lead to a further devaluation of human values and life.

Thank you, Senator, for this opportunity to present my views.

Senator GRUENING. Well, Dr. Ayd, we thank you very much. We are very grateful for a very informative and very thoughtful presentation.

DESIRABILITY OF S. 1676 CITED

It is obvious that you oppose the enactment of this legislation before us, S. 1676. But I am forced to conclude that no testimony that has been rendered would convince you as to the need of this legislation. You point to all kinds of confusions, uncertainty about drugs, changing habits, and so forth. It seems to me that if we now concentrated the clearance of all these conflicts in one responsible agency that would at the same time engage in research, find out what has been done, what was defective, what was obsolete, what was changing, what was preferable—that that agency would render precisely the kind of service not now being rendered by a lot of disparate advisers in medicine, in family planning, in various private organizations. But if these were centered in one responsible agency, which under no circumstances should indulge in compulsion, which would merely collate, appraise, and make available all the existing information, bring it up to date, give people the benefit of the best advice, it would be performing a service which is not now being rendered.

And while you obviously will not agree with my conclusion, that is the conclusion I have come to from your very effective testimony.

Dr. AYD. Well, everyone can interpret things according to their own particular psychological set, Senator, and that is what you have done.

I don't understand, sir, why your committee should feel there is need for this type of legislation, for example, which would support the research necessary to establish the safety of the oral contraceptives or any other drug that would be used for fertility control. This is quite properly the function of the Food and Drug Administration, and I feel very strongly this is precisely where this function should remain. They are the ones who are trained and are best qualified to make this sort of evaluation.

I do not know of any other Federal agency that could do it, and to create a new one would be a very expensive duplication of effort and a waste of very valuable scientific manpower.

Senator GRUENING. The Food and Drug Administration would be a sister agency in the same Department of Health, Education, and

Welfare, and would naturally collaborate closely, coordinate closely with this dissemination of information about drugs and other devices for birth control.

It would deal with the known efficacy of drugs and their known dangers, but there would be still other aspects of this problem which would not properly fall entirely within the Food and Drug Administration field.

Dr. AYD. I am aware of it. That is why I emphasize they and they alone would be responsible for the safety and the human research that would be done with these products. But everything that is proposed in this legislation is already being done in one way or another, it seems to me, by very effective Government agencies.

In addition, I might point out, Senator, or ask what the reaction of your committee has been—if I may ask a question—to the rejection by the World Health Organization just a few weeks ago of this Government's proposal in the birth control area. We proposed to do through the World Health Organization pretty much what you propose to do by your legislation. Soviet Russia, many Latin American countries, and most of the African nations formed a bloc to prevent passage of the U.S. proposal.

Senator GRUENING. Well, I am not unaware of all the countervailing pressure against progress in this field. Naturally there exist a lot of views, some of these drugs might be obsolescent or obsolete, and there are always those who oppose any change. This is part of the battle for human progress. You are always going to get opposition tendencies and opposition to any change. That is not surprising. This has been the nature of the history of mankind.

In any event, we are very grateful to you, Dr. Ayd. Your testimony has been very comprehensive and very useful. You have both supplemented and amplified the excellent testimony of Dr. Lynch, and both of you have made a valuable contribution in opposition to this legislation, and your point of view is needed and desirable.

We want to have every aspect of this question—pro and con—fully aired before we conclude.

Dr. AYD. Thank you very much, sir.

(As directed previously by Senator Gruening, the prepared statement of Dr. Frank J. Ayd now follows:)

PREPARED STATEMENT BY DR. FRANK J. AYD BEFORE THE GOVERNMENT OPERATIONS SUBCOMMITTEE ON FOREIGN AID EXPENDITURES ON S. 1676, JUNE 15, 1966

Mr. Chairman, I express my sincere appreciation to you, Senator Gruening, and to the members of the Senate Government Operations Subcommittee for the invitation to testify today. At the outset, I wish to stress that I speak not as the representative of any religion or group, but as an individual American citizen, physician, and father vitally interested in the public policy of my Government. The views I shall set forth are mine. They are the result of much thinking about and studying of the subject matter embodied in the proposed legislation under consideration by this committee.

No one can view the poverty, hunger, and human misery of so many people in this world without being moved to compassion and a desire to alleviate their plight. Today many advocate contraception as a solution for these human ills. They presume that a simple reduction in the rate of population growth would provide relief. They also assume that the widespread use of available contraceptives would curtail sharply the birth rate. Small wonder, therefore, that there are those who are seeking to build up public support for vigorous Federal action in the birth control field. What needs urgent consideration is how the goals of the proposed legislation would be attained.

What is included under the term "birth control"? Does it mean rhythm, mechanical and chemical contraceptives, the oral contraceptives, and which of these synthetic hormonal means of fertility control, those which are available and those which are likely to become available, without any concern about how these agents work? Does it include the intrauterine devices? Will it include contraceptive vaccines? Last but not least, will abortion and sterilization also be considered birth control measures? Surely, what is meant by birth control measures must be clearly defined.

It is not a coincidence that the subject matter under consideration should follow the advent of the oral contraceptives. These are effective contraceptives. It is inconceivable that these potent drugs would not be included in any Government supported program of birth control information and education. Hence, one must consider not only the efficacy of these drugs, and the intrauterine devices and other methods of birth control, but also the safety of the method, especially the safety of long-term use. The relative safety of the short-term use of the available oral contraceptives is established, although some cause and effect side effect questions remain to be settled by careful research. Therefore, I will confine my remarks to emphasizing the issue of the safety of long-term use of such birth control measures as the oral contraceptives.

To know the safety of any pharmaceutical preparation two things are needed: time and many thousands, if not millions, of patients taking it. Until a drug is given to a vast number of people and, at times, for many years, 5, 10 or more, it is very difficult to know what the safety of any preparation is going to be. With respect to potent drugs like the oral contraceptives, most experts would say that it will take 10 to 20 years to prove their safety.

Just a few weeks ago the World Health Organization's expert committee estimated that more than 7 million women (5 in the United States and 2 in other nations) now use accepted oral contraceptives. In view of the millions of women of childbearing age that is not such a great number. Most of these people have just started taking the pill and they are not all taking the same oral contraceptive, but any one of maybe two dozen available oral contraceptives. It must be underscored that the number of long-term oral contraceptive users is very low. Despite the large number of oral contraceptive consumers, long-term, continuous use data is not easy to obtain because so few women have taken an anovulant for a long time. Dr. Edward T. Tyler, president, American Association of Planned Parenthood Physicians in the United States, spoke on 8 years' continuous experience with oral contraception at the annual meeting of the Society for the Study of Fertility, in England, in July 1964. He disclosed that in his clinic less than 300 women have used an oral contraceptive for over 5 years continuously. Dr. Tyler's studies, with those of Dr. Gregory Pincus, are the longest investigations of oral contraception in the world. For this reason, Dr. Tyler concluded in his speech that "the total number of continuous users of oral contraceptives for over 5 years anywhere is likely to be very limited." I would estimate on the basis of surveys I have made that it is most probable that less than 5,000 women throughout the whole world have taken the same oral contraceptive for 5 years.

It is often asserted that experience in Puerto Rico and Haiti, where the original oral contraceptive was first tested, has shown that long-term use of the pill is safe. However, what has not been publicized is the low number of such long-term users of the same oral contraceptive in those countries. Since the first group of women were started on oral contraception a significant number have not continued to receive the same original oral contraceptive but have changed to another preparation. Transferring a patient from one oral contraceptive to another preparation does not assure freedom from adverse effects until the new drug has been taken over a period of many years. Furthermore, many of the original oral contraceptive users in Puerto Rico and Haiti have been sterilized, have had an IUD inserted, are using a topical contraceptive, or have ceased practicing birth control. How many women have adopted which of these courses of action is not accurately known. I call on this committee, in the interest of ascertaining the facts, to make a sincere effort to determine as accurately as possible the number of long-term users of the same oral contraceptive not only in Puerto Rico and Haiti but everywhere. Such information is vital and should be gathered rather than accepting without question assertions about experience in places like Puerto Rico and Haiti.

I have stressed the paucity of long-term oral contraceptive users because this is so important and has not been emphasized sufficiently. It is the reason why

expert committees repeatedly have been cautious in their statements about the ultimate effect of these potent drugs. At the annual meeting of the American Association for the Advancement of Science (Berkeley, Calif., December 1965), experts at a symposium on oral contraceptives pointed out that "final conclusions as to the pills' ultimate effects are premature." (Medical World News, Jan. 21, 1966.) Most recently, the 14 members of the scientific group on the clinical aspects of oral gestogens set up by the World Health Organization reported to WHO: "The possibility of ultimate long-term effects cannot yet be excluded, since experience with oral contraceptives does not extend beyond 10 years." (Medical World News, May 13, 1966.) One of the main conclusions of this committee was that "little is known with certainty about contraindications for the use of oral contraceptives." (Medical Tribune, May 21, 1966.)

I have mentioned several times that the oral contraceptives are potent drugs. These synthetic compounds have multiple effects throughout the body. They resemble the natural ovarian hormones. But, and this is most important, they are not the same and therefore cannot be expected to have exactly the same effects. These drugs mimic but do not duplicate nature. They cause an unnatural drug-induced state that characteristics of which depend on dosage and duration of administration.

The nonphysiological aspects of the pill have been emphasized by many experts. For example, Dr. A. Klopper, a member of the obstetric research unit, University of Aberdeen, Scotland, wrote in the British Medical Journal (Oct. 16, 1965): "They (the oral contraceptives) represent a very considerable financial investment. The commercial interests backing these drugs have at their disposal a formidable machine of medical persuasion. The advertisement campaigns have been designed with great care in order to direct thought along desired lines. It is important to the sale of these drugs that the impression that they create an unphysiological state should not gain ground. The manufacturers tend to stress the resemblance of their action to the physiological state of pregnancy. They suggest a close relationship between the synthetic gestagens and progesterone. Women on oral contraceptives are, endocrinologically speaking, in a state of medical castration rather than pseudopregnancy."

It is because these potent drugs produce an unnatural, drug-induced state with reverberations throughout the body that the WHO expert committee recommended coordinated and controlled research on an international scale to broaden knowledge about the effects of the oral contraceptives in humans. This committee noted that "many aspects of the use of oral contraceptives are inadequately studied or completely without anything beyond clinical impressions" (J.A.M.A. Apr. 25, 1966).

In view of what has been cited, what Dr. E. A. Gerrard said in his inaugural address when he assumed the presidency of the British Medical Association in 1964 is still valid and worthy of serious consideration. Dr. Gerrard is an obstetrician and gynecologist at the University of Manchester, England. Last year he was chairman of a special committee of the British Medical Association on therapeutic abortion. In his presidential address, Dr. Gerrard said: "One realizes, of course, that from the patient's point of view this method of contraception (and here he was talking about oral contraceptives) has certain advantages. The trouble, however, is that many people, including myself, are doubtful whether over long periods, the use of this type of contraception is wise. It may be many years before we really know about their safety, perhaps not until large numbers of women have taken them for this purpose (that is, for oral contraception) over long periods of time. Meanwhile, it should be understood quite clearly by everyone, and I include husbands here, that if women take drugs of this kind for social rather than therapeutic reasons they are taking part in a mass experiment—call them guinea pigs if you like. At this point, I should perhaps make it quite clear that I personally have no religious or other objections to the practice of contraception as such. It is this particular method which I have my anxieties about. My worries are, of course, shared by a large number of doctors and many warnings of this kind have been given before. Unfortunately, however, people tend to believe what they want to believe, and therein lies the rub."

Many physicians are concerned about the possible long-term effects of the oral contraceptives for several reasons. The advent of these drugs has opened a new chapter in the history of drug therapy. Traditionally doctors have prescribed potent drugs for the treatment of disease, fully aware that one must

accept that when potent drugs are used in the treatment of disease, there is always the possibility of harm. They assess the safety of a drug in relation to the seriousness of the clinical condition of the patient, the efficacy of the drug in curing illness or in relieving symptoms, and its liability to cause toxic effects. In recent years much has been written about the harm that may be caused by drug therapy, especially after years of use. If statisticians had evaluated thalidomide 1 month before the teratogenic effects of this drug were first suggested by Dr. W. Lenz in Germany, thalidomide would have been rated, as it was by physicians all over the world, as a very safe drug. It took time before the hazards of this and many other modern, potent pharmaceuticals were documented.

In September 1962, I addressed the International Collegium of Neuropsychopharmacology in Munich on 10 years' experience with a particular tranquilizer of great value in the treatment of mental illnesses. In that speech, which later was published in the Journal of American Medical Association, I estimated that this drug had been prescribed for 50 million patients, that it had been the subject of or mentioned in more than 10,000 scientific publications, and that most physicians in the world had had occasion to use it. Few medicinals have such a record. I concluded that it could be forthrightly stated that this drug had passed the test of time, that it is a safe and effective drug, and that with each passing year it has become more apparent that it is a valuable medicine which merits the confidence of physicians. Since then, as more experience with the long-term use of this drug was accumulated, I have had to report in my International Drug Therapy Newsletter that this drug, and possibly other major tranquilizers, has caused some potentially serious complications in the eyes, skin, and nervous system which may be irreversible. What is important to note here is that these complications did not become evident until several hundred thousands of people took the responsible drug for many years, in some instances not until after almost continuous taking of the drug for 8, 9, and 10 years. At the same time, it should be stressed that these undesirable consequences of long-term treatment must be considered in proper perspective. Millions of psychiatric patients have been helped by these drugs and these side effects must be accepted as an unfortunate but, at present, unavoidable price for the benefits of treatment with these drugs, since there is no adequate substitute for them in the treatment of such serious and disabling mental illnesses as schizophrenia.

The risk of toxic effects of drugs used in the treatment of serious medical and psychiatric illnesses may be justifiable because the goal is to restore a sick person to a healthy, physiological, nonpathological state. The majority of women taking an oral contraceptive are healthy. They are using these potent drugs most often for social and economic reasons. Hence, millions of healthy women are subjecting themselves to a drug-induced, unphysiological state not to correct a disease or illness but, in most instances, for social and economic reasons. This poses many serious medical, ethical, and legal questions for the medical profession. For instance, is a physician justified in advising a possibly hazardous drug to achieve a social or economic end, when the same objective can or may be accomplished by other, less hazardous means? If the Government should support a program which could cause a woman to use oral contraception, does this not pose many serious ethical, moral, and legal questions for the Government which cannot be ignored?

On February 11, 1966, The Medical Letter, a highly respected publication devoted to appraisals of drugs and therapeutics, discussed recent reports of adverse effects, such as ocular disorders and thromboembolic disorders, including strokes, in women using oral contraceptives which raised new questions about the safety of these products. It was pointed out that "for many women—because of health, economic, marital, or other reasons—pregnancy itself may be a serious hazard, and many women have been unable to achieve the security they seek by other contraceptive techniques. Oral contraceptives, the most reliable means of contraception, unquestionably meet important family, psychological, and physical needs of many women. At worst, the serious reactions possibly associated with their use are almost certainly fewer than the serious physical and emotional complications of unwanted pregnancies." "Nevertheless," and this I stress warrants emphasis, The Medical Letter stated, "*in the light of recent reports, it is necessary to repeat the advice previously given in The Medical Letter, that women who can satisfactorily and successfully use topical*

*contraceptive measures should not use oral contraceptives * * *. When oral contraceptives are prescribed, the woman should be informed of the present status of knowledge about the possible risks involved.*"

I concur completely with the advice of The Medical Letter. I urge this committee to realize that if there is to be Government supported dissemination of birth control information it should be mandatory that it include *full disclosure* to the woman not only of the possible advantages of any method of birth control, but also of the risks to which a woman exposes herself by the choice she makes.

This committee must realize that people are marrying younger than in former years. In the Western World teenage parents are increasing. Most of them are not prepared to be responsible parents. They are having their personally desired quota of children (usually no more than three) by the time they are in their early twenties. Thereafter they plan to use some type of contraceptive measure on which they will have to rely for 15 to 20 years or more. The prospects are that never in the history of man will so many people be long-term users of a medicine or a mechanical means to achieve a social objective. Small wonder that so many responsible physicians are concerned about the safety of protracted taking of the oral contraceptives and the indefinite use of intrauterine devices. Today's doctors, as I have mentioned, are witnessing a steadily increasing incidence of "diseases of medical progress" due to the side effects of potent drugs as the antibiotics and hormones such as cortisone, and a spiraling rise in "illnesses of affluence" such as obesity, coronary heart disease, and lung cancer. It is very possible that physicians in the 1970's will be faced with illnesses secondary to "scientific progress in artificial family limitation."

I wish to state unequivocally that just as I am concerned about the possible harmful effects of oral contraception and intrauterine devices, so, too, do I share the concern of those who are anxious to help their less fortunate fellow men. However, I do not agree that this should be attempted through Government supported birth control programs. In January 1966, in a speech at the symposium, "Birth Control: A Continuing Controversy" (UCLA, Los Angeles, Calif.), I said: "One reason for this opposition is the fact that it is so easy for the rights of the less fortunate members of society to be violated. Another reason is that birth control usually refers to limitation without specifying the means employed to achieve it. It is not uncommon today for sterilization and abortion to be included under the general term 'birth control.' There is justification for the belief that 'if the power and prestige of Government is placed behind programs aimed at providing birth control services to the poor, coercion necessarily results and violations of human privacy become inevitable.' We do not doubt the sincerity of those who assure us that there will be no coercion. In practice, however, this is not what happens. In a physician-patient or a caseworker-client relationship there seldom is totally free choice for the patient or client. This is because the way questions are asked or a subject presented considerably influences a person's choice. It is natural for a doctor or a caseworker who favors a particular method of birth control to consciously or unconsciously convey his preference and desire by the way questions are formulated and asked. This was acknowledged at the symposium, 'Population Growth: A Medical Responsibility,' by Dr. Allan C. Barnes, professor and director, department of gynecology and obstetrics, at Johns Hopkins Hospital. In a discussion about letting a patient choose, Dr. Barnes remarked:

" 'We say that we'll let the patient choose—but who's fooling whom? The way we present this to the patient not infrequently stacks the selection, and her choice is heavily influenced. We are not letting the patient choose as much as we innocently claim we are.

" 'We're pushing our patients, and our practice ends up matching us. The attitude, the opinions of our practice looks like we look * * *. This "I would let the patient choose" is an innocent phrase to use, but in the long run, we push an opinion on people psychologically more than we realize.'

"Whenever undue influence is brought to bear from outside, whenever something is forced upon a man by psychological pressure, violence is done to his freedom. 'Coercion injures the mobility of freedom because it violently assails the autonomy of the human conscience and person.' Coercion by physicians and caseworkers working in Government-supported family planning programs may not to be deliberate but it will be commonplace."

In a panel discussion after my speech, some panelists denied that there would be any coercion by physicians and caseworkers in Government-supported birth

control clinics. However, one panelist, Dr. Mary S. Calderone, the former medical director of the Planned Parenthood Federation of America and currently the executive director of the Sex Information & Education Council of the United States, supported my position. She spoke about her extensive experience with birth control clinics and the manner in which physicians dealt with the clinic patients. She concluded by remarking, "Very often we may unconsciously seduce the person away from a method she might choose."

It is often asserted that Government-supported programs for the dissemination of birth control information needed by the economically deprived parents in the United States, and that acceptance of birth control by them can be expected to ease the population problem. It is the poor who are charged with compounding the population problem because they are said to have large, unwanted families. Yet, in the United States, according to David E. Lilienthal:

"Though poverty-stricken parents with four, five, or six children are the most publicized aspect of population growth, they are by no means the most important numerical aspect of the problem. As a matter of simple arithmetic, the four-fifths of the Nation's families who earn more than the poverty-line income of $3,000 a year—and who can afford two, three, or four children—produce a greater total of children than the one poor couple out of five which may have six youngsters.

"In fact, the latest census information reveals that though poor families may have more children than do better-off families the difference is much smaller than many people believe. According to the National Academy of Sciences analysis, in 1960 married women 40 to 44 years old in families with incomes below $4,000 and about $4,000 differed in the average number of children by less than one. The postwar baby boom, for example, was more pronounced among middle- and upper-income families than among the poor.

"Thus, these relatively well-off families are the ones mainly responsible for our rapidly rising population curve. They and their children are the ones who will account for most of the 100 million additional Americans by the end of the century.

"Any notion that the pill or some other scientific device is the sole and complete answer is very dubious. At a symposium on birth control not long ago, Dr. Stephen J. Plank, a professor in the Harvard School of Public Health, cautioned against 'the facile assumption * * * that we may be able to contracept our way to the Great Society.' Birth-control, he said, is a question of motivation rather than technology alone" (the New York Times magazine, p. 25, Jan. 9, 1966).

Because the available mechanical and chemical contraceptives are not ideal methods, they are likely to be superseded. This was predicted in October 1964, by Lord Brain, the president of England's Family Planning Association. He wrote, "Research is proceeding so fast that the oral contraceptives at present in use will probably be superseded soon by other substances or different methods." (The Times, p. 13, Oct. 29, 1964). A major conclusion of the WHO expert committee was that today's oral agents should be considered "merely a first step toward even more generally useful methods of fertility control."

Despite its effectiveness in preventing pregnancy, the classical pill is becoming obsolete. There are many reasons for this trend which is gaining momentum and may be an accomplished fact in less than a decade or two. (1) Oral contraception is expensive, prohibitively so for millions of women even in affluent countries but especially so in underdeveloped nations in Asia, South America, Africa, and Europe. (2) There are women with physical illnesses which make the oral contraceptives contraindicated. (3) There are an increasing number of women who are discontinuing or have stopped taking oral contraceptives because of intolerance or dissatisfaction with this method of fertility control. (4) Patient failures with the oral contraceptives, that is, pregnancies due to failure of the user to take the pill precisely as directed, although unpublicized, is on the increase. This is due most often to a decline in the oral contraceptors' motivation and the human tendency to forget. (5) Oral contraceptive users must be under medical supervision. The WHO committee said that before starting on oral contraceptives all women should have a thorough physical examination and, once on the pill, they should undergo medical review every 6 months. In view of the physician shortage in most areas of the world such medical surveillance is impractical, if not impossible. Hence, the preference for contraceptive techniques which obviate the need for frequent medical supervision. (6) There are

numerous physicians who favor family limitation but are opposed to the oral contraceptives. This large body of physicians favor and recommend other birth control measures. (7) The intrauterine devices are rapidly becoming the birth control method of choice. This is because these devices are inexpensive, appear to be reasonably safe—at least they do not interfere with the normal function of the body's endocrine system—are effective independent of the user, and are favored by a large segment of the medical profession. The prudent expectation is that, barring any unforeseen complications, the use of intrauterine devices will expand steadily to the exclusion of antecedent birth control measures. This already is true for India, Pakistan, Hong Kong, Taiwan and other populous areas.

These are a few of the reasons why there is a trend away from the available oral contraceptives to the intrauterine devices, to long-acting, once-a-month or longer hormone injections, to the development of postcoital oral contraceptives, and to the development of a contraceptive vaccine. It is reasonable to expect that they will be used extensively and contribute to making the present oral contraceptives obsolete. Except for the intrauterine devices, none of these newer methods of contraception are beyond the experimental stage. They will not be ready for widespread human use for some years. Meanwhile, there is a growing trend to advocate liberalization of sterilization and abortion laws. One reason for this is the fact that, as demonstrated by Japan, to date only legalized abortion has quickly reduced a nation's population.

In the June 1966 issue of the Medical-Moral Newsletter, which I edit and publish, I wrote: "The past year has witnessed a massive assault on traditional moral and legal strictures against abortion through the Western World. In England, Canada, and the United States, well-organized, apparently well-financed groups are leading the clamor for abrogation of laws governing abortion and for a less rigid, personal and public attitude toward the interruption of pregnancy. To persuade, the proponents of liberalized abortion have employed all the techniques known to form public opinion."

There also is a growing clamor for new legislation to cover sterilization in Western countries. According to an editorial in the Lancet (Apr. 30, 1966, a British medical publication), there is evidence that it (sterilization) is being increasingly used in this country as a means of contraception for women who have already had several children and who have perhaps 20 years of reproductive life ahead of them." In this country the Association for Voluntary Sterilization, Inc., recently announced that about 100,000 contraceptive sterilizations are being performed yearly. As the Lancet editorial noted: "the climate of public opinion is now changing so rapidly that the next few years may see established the more liberal attitude toward sterilization which is long overdue." In England the Royal College of Obstetricians and Gynecologists a few months ago issued a memorandum on "Legalized Abortion." A final section of this memorandum deals with the law on sterilization. It said: "Sterilization has such an important part to play in the prevention of pregnancy, from the standpoints of the heatlh of the individual, of the happiness of family life, and of population control that the need for new legislation to cover its performance is of far greater urgency than that for a new abortion law" (British Medical Journal, p. 815, Apr. 2, 1966). Recently, the Ontario Medical Association in Canada suggested that sterilization of males and females for contraceptive purposes be legalized. In the United States the number of supporters of sterilization for contraceptive reasons is growing steadily.

Among those who are advocating liberal abortion laws are many of the same individuals and groups urging this committee to establish a Government supported program for the dissemination of birth control information. Likewise, among those calling for more liberal use of voluntary sterilization are some of the same individuals and groups who urge passage of the legislation under consideration by this committee. It is clear that many of those who now urge Government supported birth control information programs do so because to them birth control without reference to the means is desirable and necessary. Yet if the Government sanctioned support of mechanical and chemical contraception information, when these methods failed or proved insufficient, the Government then would be asked by these same individuals and groups to approve abortion and sterilization. Where ultimately will the line be drawn? This question cannot be ignored by this committee.

Clearly this committee has a grave responsibility not to hastily make conclusions which could have far-reaching consequences but to seriously ponder the

possible implications of the legislation under consideration. I do not favor ignorance of fertility control or suppression of information which is urgently needed to foster responsible parenthood. I agree with the position taken in testimony before this committee by Health, Education, and Welfare Secretary, John Gardner, that since his agency already has extensive programs underway with 165 employees in work "directly related to the population field," that the legislation under consideration should be opposed by the present administration. I believe that *something should be done now* about the population problem. I welcome and encourage the furtherance of research on fertility and population growth under private and Government auspices. I am as desirous as anyone else to help contemporary man make his life as fine and as good as possible, but I insist that this laudable goal must be sought in ways consonant with man's total nature. This committee must not overlook the possibility that the proposed legislation if enacted could lead to most undesirable consequences, not the least of which is an unwitting contribution to programs that could lead to a further devaluation of human values and life.

Thank you, Senator, for this opportunity to present my views.

Senator GRUENING. The subcommittee has a number of prepared exhibits for the hearing record today. Dr. Carl H. Madden, chief economist for the Chamber of Commerce of the United States, has sent us a copy of the brochure "World Population: Prospects and Problems."

(The brochure mentioned above follows:)

EXHIBIT 195

WORLD POPULATION: PROSPECTS AND PROBLEMS

(A report to the Economic Policy Committee, Chamber of Commerce of the United States, Washington, D.C., February 1966)

INTRODUCTION

Industrialized nations enjoy high and rising living standards. The nonindustrialized nations do not. In the first group national output increases faster than population. The opposite is true in the underdeveloped countries. Why is this so? Partly because population is soaring in the nonindustrialized parts of the world, while population growth is much more moderate in the developed countries.

In presenting this booklet, the national chamber hopes to stimulate discussion of the crucially important population question. "World Population: Prospects and Problems" presents the facts of the "population explosion," explores the relation between population growth and economic development, examines the prospects of curbing population growth, and discusses the policies of the United States with regard to population pressures.

Mr. William H. Anderson of the national chamber staff was primarily responsible for the preparation of this report.

ROBERT S. MACFARLANE,
Chairman, Economic Policy Committee.

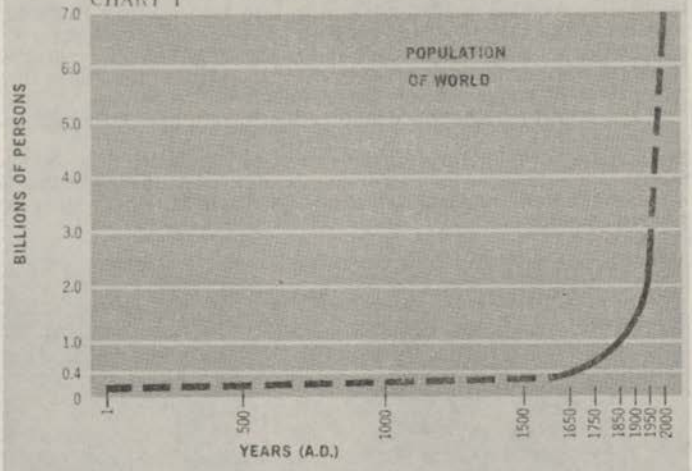
A. PERSPECTIVE

Twenty-five hundred years ago, during the age of Pericles, the Greek civilization was at its peak. Then, as today, the largest city in Greece was Athens, with a population estimated at less than 250,000 people. Today the population of Athens is over 2 million.

This is not an isolated example. Dozens of similar cases could be cited. For example, the population of Italy in the first century A.D., during the reign of Augustus, was an estimated 6.5 million people. In 1961 Italy's population was 50 million. The population of England and Wales in 1650, when England was governed by Cromwell, is estimated at 5.4 million. Today it is 58 million. And

in 1776 the population of Philadelphia, then the largest city in the United States, was less than 50,000. Today the population of the Philadelphia metropolitan area is approximately 5 million.[1]

CHART I



Estimated population of the world from 1 A.D. to 1960 A.D. and the projected population 2000 A.D.

Source: Harold F. Dorn, "World Population Growth," *The Population Dilemma*, edited by Philip M. Hauser (Englewood Cliffs, New Jersey: Prentice-Hall, 1963), p. 10.

The above statistics give insight into the remarkable growth in the world's population which has occurred in recent centuries. Chart I illustrates this growth more completely.

Broadly speaking, the increase in man's number is a technological phenomenon. By historical standards, until very recent times man's population was regulated by much the same forces as those controlling the population of other species. To borrow a phrase from Tennyson, the regulating factor was "nature red in tooth and claw," combined with famine and disease.

In this early stage of his technological development, man was basically a food gatherer, forced to be constantly on the move hunting wild animals and gathering edible plants. Since it takes a great deal of land to support a person as a hunter and food gatherer—perhaps 2 square miles per person—and since the amount of suitable land is limited, early man had a low population ceiling. By the end of the Stone Age, the actual human population has been estimated at only around 5 to 10 million, while the maximum population the earth could support at this primitive level of technical development was perhaps around 20 million.

The first technological revolution—in agriculture—came around 6000 B.C. At about this time man began to change from a food gatherer to a food producer, domesticating animals and growing crops. This change reduced the amount of land needed to support one person, and sharply increased man's population ceiling. The population growth rate increased, and by 1950 the actual human population had slowly climbed to about 500 million.

The second technical revolution began in Europe during the 16th and 17th centuries. This revolution deserved to be called the scientific revolution: Man

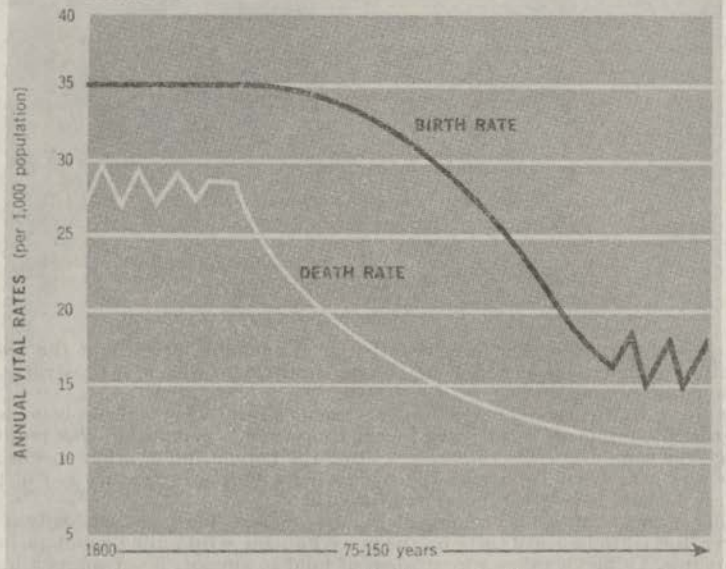
[1] Population statistics for Ancient Athens, ancient Italy, and 17th century England and Wales from "The Encyclopedia Americana" (New York: Americana Corp., 1962), vols. XII, XV, X, pp. 380, 468, 357. For the population of their modern counterparts see "The Statesman's Yearbook: 1964–65," edited by S. H. Steinberg (New York: St. Martin's Press, 1965), pp. 1067, 1164, 64. Population of colonial Philadelphia from U.S. Department of Commerce, "Historical Statistics of the United States" (Washington, D.C., Government Printing Office, 1960), p. 14.

began to seek knowledge for its own sake, and in the rigorous fashion of the scientific method. During the Renaissance Europeans turned their eyes from heaven and began to study the world around them. More efficient farming methods were adopted, exploration led to the introduction of new agricultural products, and trade barriers were relaxed and trade increased.

The industrial revolution probably began in late 16th century England. Men learned to harness and control steam, giving him an energy source other than his own muscle, or the muscles of animals. And in the 19th and 20th centuries, man began to learn to combat disease. Over the years, one after the other, the major diseases were brought under control: typhus, cholera, diptheria, smallpox, polio, tuberculosis and a host of other once major killers were gradually eliminated or contained.

As a result of the scientific revolution, barriers to population growth were once again sharply reduced. The results of man's increased understanding of and ability to control his environment are shown in chart II, which plots Western birth and death rates.

CHART II



Schematic presentation of birth and death rates in western Europe after 1800. (The time span varies roughly from 75 to 150 years.)

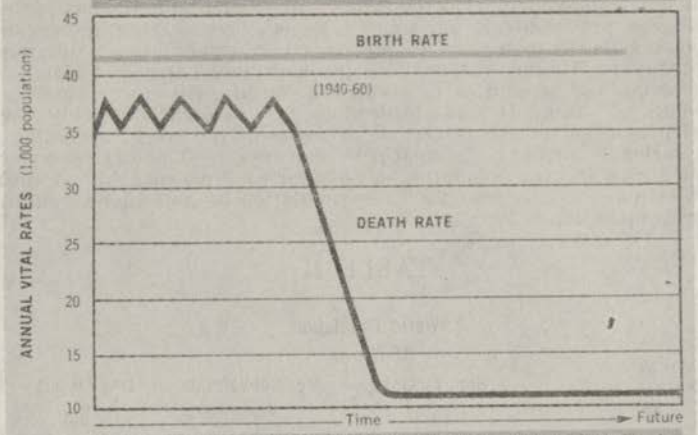
Source: Panel on Population Problems, National Academy of Sciences, *The Growth of World Population*, Publication 1091 (Washington, D. C., 1963), p. 10.

The chart above indicates that as Western death rates declined, so did Western birth rates, but with a lag. The lag meant a substantial jump in Western population in the 17th century, a very big jump in the 18th and early 19th centuries, and a lesser increase in the late 19th and 20th centuries.

The fall in death rates was largely a function of scientific and technical advance, but the explanation of the fall in birth rates is largely economic. In the preindustrial, agrarian economy, children could make an important economic contribution at an early age. In many cases, children were a desirable asset, or at least not a particularly important liability. In an industrial society, however, children can make only a limited contribution to output, and the expenses of support, especially education, have increased sharply. As infant death rates dropped, Western nations, in an effort to protect and raise living standards,

gradually learned how to control birth rates; so that today Western population, while increasing, is increasing slowly.

CHART III



Schematic presentation of birth and death rates in less-developed countries, mid-20th century. [The steep drop in the death rate from approximately 35 per thousand began at times varying roughly between 1940 and 1960 from country to country.]

Source: Panel on Population Problems, National Academy of Sciences, *The Growth of World Population*, op. cit., p. 15.

The situation in the underdeveloped areas is considerably different. For centuries, birth and death rates in the underdeveloped nations remained in virtual balance at 40 per thousand population. In the 20th century, however, and particularly in the last 25 years, death rates have plummeted, thanks in large part to the spread of Western science, especially modern methods of controlling disease. Birth rates, however, have remained at the old levels. Chart III above illustrates quite strikingly what has happened.

The result of the rapid population growth of the underdeveloped nations, together with a slower population growth in the developed world, has been a large surge in world population. The following table shows the rate at which world

TABLE I

Estimated Population of the World and
The Number of Years Required for it to Double

Year (A.D.)	Population (billions)	Number of years to double
1	0.25 (?)	1650 (?)
1650	0.50	200
1850	1.1	80
1930	2.0	45
1975	4.0	35

Source: Harold F. Dorn, "World Population Growth," **The Population Dilemma, op. cit.**, p. 10.

population is growing. The table indicates that in the 1600's the world's population was growing at such a rate that about 200 years were required for it to double. Today, the rate is such that world population will double every 40 years, and as yet there is no indication that the rate of growth will not continue to rise.

No one knows, of course, what the future will bring, and in the past, population estimates have proved highly unreliable. Nonetheless, barring catastrophic war or economic collapse, it appears certain that world population will continue to increase rapidly. United Nations demographers have calculated high, low, and medium variants of population prospects, all considered to be "within the range of plausibility." Table II gives projections for each variant, while table III indicates population prospects for major areas of the world according to the medium variant, showing the annual percent increase. Table III also shows the crude birth rate and the population density for each major area. According to these projections, by the year 2000 the population of Asia alone would exceed total world population in 1960.[2]

TABLE II

World Population

Millions

	High Variant	Medium Variant	Low Variant
1960	3,027	2,990	2,990
1970	3,702	3,574	3,515
1980	4,569	4,269	4,071
1990	5,632	5,068	4,658
2000	6,828	5,965	5,297

TABLE III

Population Prospects, 1960-2000, for Major Areas of the World; Medium Variant: Crude Birth Rates: Population Densities

AREA	1960	2000	Annual Percent Increase	Crude Birth Rate	Density per Sq. Km. 1960
World	2,990	5,965	1.80	33.6	100.0
More Developed Regions	976	1,441	1.02	20.0	45.3
Less Developed Regions	2,014	4,524	2.16	40.1	54.7
MAJOR AREAS					
East Asia	793	1,284	1.35	32.5	8.7
South Asia	858	2,023	2.36	42.3	11.3
Europe	425	527	0.61	17.8	3.6
Soviet Union	214	353	1.31	22.1	16.6
Africa	273	768	2.52	45.5	22.4
Northern America	199	354	1.40	22.6	15.9
Latin America	212	624	2.86	39.3	15.2
Oceania	15.7	31.9	1.80	25.0	6.3

[2] Harold F. Dorn, "World Population Growth," the Population Dilemma, edited by Philip M. Hauser (Englewood Cliffs, N.J.: Prentice-Hall, 1963), p. 21.

B. POPULATION GROWTH AND ECONOMIC DEVELOPMENT

That there is a relationship between population and living standards has long been recognized, even by ancient peoples. Probably no ancient society consciously sought to maintain an "ideal" balance between numbers and resources, but infanticide and abortion were common, and at least partially aimed at checking population increases. Such practices, for example, were known among the ancient Greeks. The Greeks even had the beginnings of population theory. Plato, in his Republic, discussed the relationship of population to warfare, and Aristotle advocated compulsory limitation of offspring based on property standards.

The name most commonly associated with population theory, however, is Thomas Malthus. In 1798, Malthus, a minister, published anonymously a treatise entitled "An Essay on the Principle of Population as It Affects the Future Improvement of Society." After reading this work, the essayist, Thomas Carlyle, was prompted to call economics the dismal science.

The Malthusian theory was based on two "universal laws." The first law was that population, unless checked by the food supply, will grow at a geometric rate, doubling every 25 years or so. This law was based on the early experience in America, where land was so abundant that the food supply, in fact, constituted no check.

The second universal law was the "law of diminishing returns." The law of diminishing returns refers to the amount of extra output obtained when extra units of a varying input are successively added to a fixed amount of some other input. The law states that each extra unit of the varying input will yield additional output, but the added output will be smaller as the amount of the varying input increases in relation to the fixed input. In Malthusian terms, when an extra unit of labor is applied to a fixed amount of land, the output of food will increase, but the additional output will become smaller with each successive addition of labor.

Taken together, these two universal laws yield a grim picture. The amount of land is fixed, and the natural tendency of the population is to expand. Eventually, the point is reached where the extra labor applied to the fixed amount of land cannot produce enough additional food to support life. The extra amount more than offsets the extra pair of hands.

According to Malthus, England had reached this point. The only way to raise living standards was to reduce the population. Malthusians thus looked upon such disasters as wars and pestilence as being almost blessings in disguise, since they allowed a higher than bare subsistence living standard for those who survived. Welfare in any form was viewed as self-defeating: the population would merely increase, bringing living standards once again to bare subsistence levels. The only hope, Malthusians thought, was for people to exercise "self-restraint" in having children.

After its publication, the Malthusian theory was widely accepted. It did, in fact, seem to provide an accurate description of England before the industrial revolution, and the social implications of the theory were looked on with favor by upper class Englishmen. They saw the theory as a counter to the egalitarian ideas of the American and French Revolutions, and the theory became a cornerstone for other economic theorists, especially David Ricardo.

With the advent of the industrial revolution, however, the Malthusian doctrine lost favor. During the industrial revolution productivity advanced on many fronts, but especially in agriculture. New crops and new farming methods sharply increased the yield which could be obtained from a given acreage, methods were discovered to make marginal or submarginal land more productive, and improved transportation and communications facilitated distribution. Technology appeared to have resolved the Malthusian dilemma. The amount of land is indeed fixed, but thanks to advancing technology, its productivity can be sharply increased.

As a result of the improved productivity in agriculture, the pendulum of thought about population reversed itself. Economists began to emphasize the beneficial effects of a rising population. Even before the industrial revolution it was realized that much economic progress is made by the division of labor, dividing work into a series of specialized tasks. By specialization, people could develop specific skills to a high degree and could employ elaborate machinery to help them with their jobs. As a result, total production could be greatly increased beyond what could be achieved if each person attempted to produce

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by himself all that he consumed. By increasing the opportunity for specialization, population growth can thus be beneficial.

Of course, in a world with international trade, specializing within a nation can proceed to a high degree even with a relatively small population. Countries like England, Switzerland, and Holland, for example, are highly specialized even though small. They trade the output of their specialized industries for the output of specialized industries in other countries. But a certain level and density of population is necessary even for a trading nation. Thus, today we see Australia actively seeking immigrants, while the Soviet Union is attempting to induce its citizens to migrate to the "virgin lands." Most nations, however, appear to have a sufficiently large population for effective specialization and efficient market size.[3 4]

Population growth may also benefit a nation by increasing the size of the market. Generally speaking, there is a tendency for industries to experience what economists call increasing returns to scale; that is, the larger an industry is, the lower the cost of producing and distributing each item. The reason is that a larger industry can undertake more extensive division of labor, spend larger sums for capital equipment, invest in research, hire topflight management, and so on. To give an example, a small private airplane is little if any more complicated than an automobile, but the small airplane costs several times as much: a basic reason for the cost differential is that only a few thousand small airplanes are produced each year, as compared with many millions of automobiles. To the extent that larger population growth increases the size of markets, it can benefit the economy by allowing these economies of sale to be achieved.

Of course, the size of the market is influenced by the amount of money people have to spend, as well as by the population. India, for example, has a much larger population than the United States, but the market for almost everything is bigger here than there. So the old cliche that a larger population means more sales is wrong; the important factor is not the number of people, but how much they earn and spend per capita.

All in all, very few habitable areas of the world appear to be underpopulated. Indeed, many observers are again raising the Malthusian specter, this time with regard to the underdeveloped nations. As indicated earlier, the population of the underdeveloped world is increasing rapidly. And many underdeveloped countries have as yet been unable to develop a modern agricultural sector. The result is a precarious balance between food supply and population. In some countries this balance is maintained only by U.S. shipments of surplus food.

But the ability of underdeveloped nations to feed their population is not the only issue. The basic goal of most underdeveloped nations, and an important goal of the developed world also, is to raise the standard of living of underdeveloped peoples. Rapid population growth can impede industrialization and higher living standards.

Robert Heilbroner, in his book, "The Great Ascent," cites the case of the Aswan High Dam in Egypt as a provocative example of the relationship between population growth and economic development. He points out that the dam is one of the most colossal engineering undertakings in any underdeveloped nation. The dam will be as high as a 30-story building and 3 miles long. It will make available approximately 2 million acres of new land for crops, it will generate three times the total amount of electricity now produced in Egypt, and its overall impact on increased agricultural production may run as high as 45 percent. Heilbroner states, however, that:

"* * * this figure happens to be the percentage by which Egyptian population is estimated to rise in the 10-year period during which the dam will be under construction. Hence, despite the long-term gain in power, the near-term effect in raising per capita living standards will be zero. So far as immediate results are concerned, the entire gigantic enterprise will only succeed in preventing the Egyptian economy from suffocating under its proliferating human mass."[5]

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[3] This appears to be true even in countries in which there is much unused, usable land, particularly in Latin America and Africa. In these countries, on top of rapid population growth, there has been a heavy concentration of population in the cities. In Brazil, for example, from 1950 to 1960 the urban population increased over 70 percent while the rural population increased only 18 percent.

[4] See T. Lynn Smith, "The Population of Latin America," Population: The Vital Revolution, edited by Ronald Freedman (New York: Doubleday & Co., 1964), p. 185.

[5] Robert L. Heilbroner, "The Great Ascent" (New York: Harper & Row, Inc., 1963), pp. 55, 56.

The point here is, of course, that population growth makes increases in per capita income (which, after all, is the important economic objective) that much harder to achieve. If population is growing at the rate of, say, 3 percent per year, then an increase in output of considerably more than 3 percent per year will be required just to maintain living standards. This is true because living standards are dependent not only on current output, but also on wealth, the stock of things which have been accumulated over the years. As population increases, per capita wealth declines. So to maintain living standards in the face of population growth, output must increase sufficiently to supply the population not only with a larger amount of current output, but also enough to make up the decline in per capita wealth. A rising population means that investment in housing, schools, roads, and so on must increase. These investments may not increase living standards, just maintain them. One observer states that: "One probably does not miss it far when one puts at around 4 percent of the national income the amount needed to equip increments to a population growing 1 percent per year." [6] As in "Alice in Wonderland," the underdeveloped nation with a high rate of population growth may find itself in a situation where "* * * it takes all the running you can do just to keep in the same place."

The "Alice in Wonderland" analogy may overstate the case, however. Joseph Schumpeter once wrote that, "Sometimes an increase in population actually has no other effects than that predicted by classical theory—a fall in per capita real income; but at other times it may have an energizing effect that induces new developments with the result that per capita income rises." [7] Albert O. Hirschman contends that underdevelopment is a state where "* * * labor, capital, entrepreneurship, etc., are potentially available and can be combined, providing a sufficiently strong binding agent is encountered." The struggle to accommodate more people can supply the incentive to seek this "binding agent" and can therefore lead to economic development.[8]

In any event, while rapid population growth may result in economic development, this is certainly a poor way to reach this goal. At best, as Hirschman points out, population pressures are "a clumsy and cruel stimulant to development." [9] At worst, population pressures can make increases in per capita income almost impossible to achieve. Further, as we shall see in the following pages, the relevant choice for most underdeveloped countries is not between population growth and no population growth. In the immediate future, at least, the choice for many nations is between extremely rapid and rapid or at best, moderate growth.

This choice, however, is an important one for many underdeveloped nations. Their choice is also important for the developed world. Thanks to greatly improved world communications, the people in the underdeveloped nations have experienced what has been called a "revolution of rising expectations." They are familiar with Western material standards of living, and not surprisingly they, too, wish to enjoy these standards. If their desires are frustrated, the consequences for world stability and for democracy are likely to be serious.

Lower rates of population growth are not certain to produce faster economic advancement, which requires in many underdevelped countries rather profound social and political changes, in addition to substantially increased investment. At best, slower population growth can only make economic development easier. Rapidly growing populations are young populations. Slower rates of growth can reduce the ratio of consumers to producers. Lower population growth can also permit more investment in goods and services which will increase future output: this is possible because fewer investments will need to be made in goods and services that simply accommodate a larger population. In sum, a lower population growth rate can give an underdeveloped country a "breathing spell,"

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[6] J. J. Spengler, "Population and Economic Growth," Population: The Vital Revolution, op. cit., p. 67. See also A. J. Coale and E. M. Hoover, "Population Growth and Economic Development in Low-Income Countries," Princeton University Press, Princeton, N.J., 1958, especially pp. 332–337.

[7] J. Schumpeter, "The Creative Response in Economic History," Journal of Economic History, VII, November 1947, p. 149.

[8] Albert O. Hirschman, "The Strategy of Economic Development" (New Haven, Conn.: Yale University Press, 1958), pp. 176–182.

[9] Ibid., p. 182.

an opportunity to achieve what W. W. Rostow has called an economic "takeoff" leading to conditions under which self-sustained economic growth is possible.

C. CONTROLLING POPULATION GROWTH

The experience of the developed world has proved that nations can achieve substantial reductions in birth rates and low, even negative, rates of population growth. As indicated above, in the West as a whole, birth rates declined over the course of three centuries from about 40 per 1,000, the level which now prevails in the underdeveloped world, to less than 20 per 1,000. The experience of Japan is particularly interesting. In Japan, unlike the rest of the West, the decline in birth rates has been very rapid. After an unusual postwar baby boom, the Japanese birth rate fell from 33 per 1,000 in 1949 to 17 per 1,000 in 1957, a drop of almost 50 percent in less than a decade.[10]

However, it should be recognized that the situation in the underdeveloped countries is different and more difficult. In the West and in Japan, birth rates fell under the stimulus of economic transformation. Populations reacted to industrialization with a wide variety of responses to reduce birth rates, including late marriage and contraception. But in all cases, strenuous individual efforts were made to reduce births; the stimulus for these efforts, in the view of one observer, arose from "the clash between new opportunities on the one hand, and larger families on the other." [11]

As yet, however, many underdeveloped nations are not industrializing: even in those nations where industrialization is proceeding at a good pace, in many instances a substantial number of people live as their forefathers did, outside the industrial, money economy. Thus, achieving a rapid and substantial reduction in birth rates in the underdeveloped world will not be easy. As one observer has pointed out, "Large-scale efforts to control fertility are, to be sure, not unknown * * * (but) * * * no country has yet managed to achieve widespread family limitation through a planned social effort." [12]

Two examples may serve to indicate the immediate range of possibilities. The first example is a program undertaken from 1956 to 1960 in a village of 1,087 people in Northern India. Five birth control procedures were offered, but at the end of the 4 years, no measurable impact on birth rates was demonstrated. Most people were insufficiently motivated to attempt family planning. Most of the people who did try the techniques offered did not continue using them, in some cases because of lack of motivation, in some cases because of lack of understanding. "The fundamental impression was that control of population numbers is not to be had by a crash program centered in a few years of effort." [13]

The second example is a program still continuing in Taiwan, where there is a favorable situation for the diffusion of family planning information. According to the authors of the report on the program:

"The island is relatively urbanized and industrialized, the farmers are oriented toward a market economy, literacy, and popular education are fairly widespread, there is a good transportation and communication system and a solid network of medical facilities. The standard of living is high for a population of this size in Asia outside of Japan. The society is highly organized. Women are not sharply subordinated and there are few religious or ideological objections to contraception." [14]

The Taiwan experiment was conducted in the city of Taichung, with a population of about 300,000 including 36,000 women of child-bearing age. Attitude

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[10] Irene B. Taeuber, "The Population of Japan," Population: The Vital Revolution, op. cit., p. 223.
[11] Kingsley Davis, "Population," Scientific American, vol. 209 (September 1963), p. 64.
[12] Bernard Berelson and Ronald Freedman, "A Study in Fertility Control," Scientific American, vol. 210 (May 1964), p. 29.
[13] John E. Gordon and Hazel Elkington, "Public Health in an Overpopulated World," the Population Crisis, edited by Larry K. Y. Ng; Stuart Mudd, coeditor (Bloomington, Ind.: Indiana University Press, 1965), p. 255.
[14] Berelson and Freedman, op. cit.

surveys showed that more than 90 percent of Taichung husbands and wives were favorably inclined to limiting family size, but that they were generally poorly informed about family planning methods. Most of the women wanted four children, although a substantial number wanted three. Different methods of publicizing the program were used in different parts of the city, and a wide choice of birth control methods was offered, including the oral pill and the new intrauterine device.

Of the 36,000 women of child-bearing age, only 10,000 were "eligible" for family planning; that is, they were not practicing family planning to their own satisfaction, they were not sterile or believed sterile, they were not pregnant, and they did not actively want another child. Of this eligible population, 40 percent, or 4,000, took up contraception in the first 13 months of the program. (An additional 1,200 women from outside Taichung, where no publicity efforts were made, also came to the clinics.) The choice turned out to be overwhelmingly for the intrauterine device, with 78 percent of the women voting for this method.

The earliest indications are that the birth rate in Taichung will decline about 20 percent as a result. The authors of the report conclude that:

"The program in Taichung suggests that fertility control can be spread by a planned effort—not so easily or so fast as death control, but nevertheless substantially, in a short period of time and economically." [15]

The Taiwan and the Indian programs illustrate some important points. First, the contrast indicates that improved contraceptive techniques can play an important role. Part of the difference in the success of the Indian and Taiwan programs can probably be explained by the fact that in Taiwan, the intrauterine birth control device was offered. This device has the advantage that sustained motivation is not required. It has the additional advantage that complicated procedures need not be followed.

Secondly, the programs indicate that population growth in some underdeveloped areas cannot be reduced simply by offering birth control techniques to people who want them. In some areas, like Taiwan, such a program can have a substantial impact. In other areas, such as the one in India discussed above, further motivation efforts would be required. People in these latter areas would need to be shown not only how to achieve the size family they desire, but also would have to be convinced of the need to reduce the size of their families.

1. Developing improved birth prevention methods

At present, all of the many ways of preventing conception, including sterilization and periodic or total abstinence, have important drawbacks. Sterilization is a surgical procedure which is generally irreversible. Total and periodic abstinence requires high motivation, and in the case of periodic abstinence, considerable skill. The various temporary techniques also require high and continued motivation. Undoubtedly, better techniques will be developed. The Panel on Population Problems of the National Academy of Sciences states, "Our present knowledge of the reproductive process is meager, and the study of reproduction does not receive the attention it deserves." [16]

2. Establishing family-planning programs

Beyond the mere wish to limit family size, for effective family planning individuals must have information, and they must have supplies and services. To date, most family-planning programs have worked as part of existing medical facilities such as hospitals, clinics, and individual physicians. In Taiwan, for example, government health stations and hospital clinics were focal points for the action program. Such a program can reach people in a direct and natural manner, and offer many different techniques.

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[15] Ibid., p. 37.
[16] Panel on Population Problems, National Academy of Sciences, "The Growth of World Population" (Washington, D.C., 1963), pp. 29, 30.

But it should be realized that such an approach is not possible in the many areas of the world where organized health facilities are simply not available to a large percentage of the population. Experts believe that if reduced population growth is desired, separate family planning clinics will have to be started in these areas or other methods of disseminating information and supplies will have to be developed. One observer, Dr. J. Mayone Stycos of Cornell University, has noted that in Western countries commercial rather than clinical outlets have been the major sources of supply. Dr. Stycos points out that:

"* * * normal commercial channels for disseminating information and supplies have been neglected in every organized government program to date * * * potential outlets exist in every country: in India existing distribution networks for tea and kerosene are available; in Africa the itinerant peddler; in Latin America the tiny retail stores in rural areas * * *. Because of their economic inefficiency such outlets require government subsidies * * * but they would be far more economic and effective than clinical systems." [17]

Further, experts argue that mass communications media can be used effectively for disseminating information. Dr. Stycos states in another place:

"The mass media, especially the printed word, should be given much more emphasis than is usual * * *. Experimental programs in Puerto Rico and Jamaica have shown pamphlets to be as effective as personal visits or group meetings in getting people to adopt birth control. In Japan, according to recent studies, half of the women knowledgeable about birth control learn of it through magazines, nearly 20 percent through newspapers, and nearly 10 percent through books. Even in nations of high illiteracy, written material can be utilized with much greater emphasis than is usually supposed." [18]

3. Motivating underdeveloped peoples to limit family size

Because people in underdeveloped countries have large families, there is a tendency to assume that this is a desired state of affairs. Most observers, however, have discovered the contrary. Dr. Stycos, for example, states that lower class women in societies as different as Peru, Lebanon, Puerto Rico, Jamaica, and India do not favor very large families—three or four children is generally seen as the ideal family size, and most women who have four children do not want any more.[19]

Nonetheless, there is the question of the degree of motivation: for effective family limitations, people must hold their beliefs as to ideal family size strongly enough to want to take positive action. Further, family sizes of three or four are still well above the replacement level, and in some countries it might be desirable to try to change views about ideal family sizes. In other areas, it might be desirable through better public information to attempt to change social and religious conventions. In India, for example, the Hindu religion places a high value on the eldest son performing certain rites at the time of death of the father; this religious belief reinforces a desire to have a son, and preferably more than one son.[20]

In some countries, educational efforts alone could perhaps be successful in motivating people to limit family size. Such campaigns could indicate that death rates have declined and that it is no longer necessary to have many children in order to insure that a few will survive. The campaigns could also indicate the relation between family size and the economic well-being of the family.

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[17] J. Mayone Stycos, "Population and Family-Planning Programs in Newly Developing Countries," Population: The Vital Revolution, op. cit., p. 75.
[18] J. Mayone Stycos, "Fertility Control in Underdeveloped Areas," the Population Crisis, op. cit., p. 57.
[19] Ibid., p. 50.
[20] W. Parker Mauldin, "The Population of India," Population: The Vital Revolution, op. cit., p. 196.

Some experts argue that motivational efforts in addition to educational programs are needed in some countries. Very few people would suggest that individuals be compelled to limit family sizes, but some observers argue that programs to provide financial or other inducements to individuals who limit their families might be acceptable and desirable in some areas. In the states of Madras and Maharashtra in India, for example, men and women are paid to undergo a sterilization operation: in Madras men are paid 15 rupees ($3) and women 25 rupees ($5).[21]

But, as in all instances where personal decisions are involved, there is general agreement that there should be no coercion of the individual. He should be given the most up-to-date information on population questions and problems and left to make his decision about family planning according to his own circumstances and personal values.

D. U.S. POLICY ON POPULATION PROBLEMS

Shortly after World War II, the U.S. Government started a continuing heavy commitment to assist underdeveloped nations. Since 1960, our foreign economic aid expenditures have averaged over $1.8 billion annually: a total of 107 nations have been recipients of our aid. The $1.8 billion includes only expenditures of the Agency for International Development designated for economic assistance: it does not include, for example, expenditures for the Peace Corps, contributions to various international development organizations, or the value of surplus food shipments made under Public Law 480. The figure for the number of countries which have received our aid is somewhat misleading, since the bulk of our aid has gone to a comparative handful of nations. Until recently, however, none of our economic assistance has been directed toward helping underdeveloped nations solve population problems: the emphasis has been on building physical capital.

Under the present administration, the attitude of the Federal Government toward population problems has shifted. In his 1965 state of the Union message, President Johnson signaled the change, stating that the United States would "seek new ways" to deal with rapid population growth. And in June 1965, speaking before the United Nations, the President pointed out that "less than $5 invested in population control is worth $100 invested in economic development."

Although the President has signaled a change, to date very little has been accomplished in practice. As of December 1965, the Agency for International Development (AID), through which most of our foreign aid funds are channeled, still had no projects aimed at reducing population growth. However, in March 1965, foreign governments were invited to apply to AID for grants in support of family planning. While the Agency will not supply birth control devices, it will supply counsel, technical assistance, and mobile units. According to one source, "India, Turkey, and Pakistan have sounded out the offer, and other countries are preparing requests."[22]

Population problems have also gained attention in the legislative branch of Government, as well as in the executive. In the 89th session of Congress, Senator Ernest Gruening of Alaska introduced a bill to create new assistant secretaries in the State Department and in the Department of Health, Education, and Welfare, to promote family planning not only abroad, but also in this country. The Subcommittee on Foreign Aid Expenditures of the Senate Government Operations Committee completed a lengthy series of hearings on the bill, and it will probably be considered by the Congress in 1966.

In sum, the present indications are that the Federal Government may soon play a substantial role in assisting underdeveloped nations to reduce their population growth.

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[21] Gordon and Elkington, "Public Health in an Overpopulated World," the Population Crisis, op. cit., p. 253.

[22] "Consensus Grows on Birth Control," Business Week (Oct. 9, 1965), p. 36.

ECONOMIC POLICY COMMITTEE

1965–66

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Wagner, Richard, consultant, Champlin Petroleum Co., Barrington, Ill.
Whitfield, Allen, senior partner, Whitfield, Musgrave, Selvy & Kelly, Des Moines, Iowa.
Williams, R. R., president, Bradford National Bank, Bradford, Pa.
Willis, E. Sidney, manager, employee benefits and practices services, General Electric Co., New York, N.Y.
Woodworth, Robert C., secretary-treasurer and director, Cargill Foundation, Minneapolis, Minn.
Wormser, Felix Edgar, consulting mining engineer, Greenwich, Conn.

Senator GRUENING. And here is the text of the advertisement of the Catholic Committee on Population and Government Policy, Box 435, Notre Dame, Ind., which appeared in "Commonweal" on April 15, 1966, and in "America" on April 16, 1966.

EXHIBIT 196

ADVERTISEMENT AS IT APPEARED IN COMMONWEAL, APRIL 15, 1966, PAGE 105

WILL YOU SUPPORT THIS POSITION ABOUT GOVERNMENT ACTION IN THE FIELD OF FAMILY PLANNING?

Fifty-six prominent Roman Catholics recently endorsed the following statement, presented originally by Rev. Dexter L. Hanley, S.J., of the Georgetown University Law School, to the Family Law Section, American Bar Association, Miami, Florida, August, 1965. Father Hanley later incorporated this statement as part of his testimony before the Sub Committee on Foreign Aid Expenditures of the Committee on Government Operations, U. S. Senate, 89th Congress, First Session on S. 1676.

THE STATEMENT FOLLOWS:

1. In a legitimate concern over public health, education, and poverty, the government may properly establish programs which permit citizens to exercise a free choice in matters of responsible parenthood in accordance with their moral standards.

2. In such programs, the government may properly give information and assistance concerning medically accepted forms of family planning, so long as human life and personal rights are safeguarded and no coercion or pressure is exerted against individual moral choice.

3. In such programs, the government should not imply a preference for any particular method of family planning.

4. While norms of private morality may have social dimensions so affecting the common good as to justify opposition to public programs, private moral judgements regarding methods of family planning do not provide a basis for opposition to government programs.

5. Although the use of public funds for purposes of family planning is not objectionable in principle, the manner in which such a program is implemented may pose issues requiring separate consideration.

The Catholic Committee on Population and Government Policy endorses this statement and asks for your public support. Are you willing to take a stand? If you are a Catholic who agrees with the position quoted above, please fill in the coupon and mail it to the address indicated. The Catholic Committee on Population and Government Policy will present this statement, and the names of the signers, to the members of the U. S. House and Senate who are concerned with legislation regarding government action in the field of family planning.

Executive Committee, CCPGP

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Department of Sociology
University of Notre Dame

G. Robert Blakey, LLB
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University of Notre Dame

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Department of Philosophy
Fordham University

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Family Health Care Program
Harvard University Medical School

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Department of Sociology
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University of Pennsylvania

A. Kenneth Pye
Professor of Law
Georgetown University

Irene Popovitch
Professor of Psychology
Pace College

Paul Reiss, Ph.D.
Chairman, Department of Sociology
Fordham University

I endorse the above policy statement of the CCPGP.

Name_____

Occupation or title_____

Firm affiliation_____

Mail to: Catholic Committee on Population and Government Policy, Box 435, Notre Dame, Indiana.

Senator GRUENING. The phenomenal population explosion in California has been documented carefully by the Population Reference Bureau bulletin this month. Dr. Robert Cook, director of the bureau and an individual most knowledgeable in the population field, was a witness before this subcommittee last Congress. The bulletin begins: "Human ingenuity is on trial in California. This geographic wonderland is reeling under the impact of an annual increase in population

of over half a million * * *." The full text of this important bulletin follows.

EXHIBIT 197

CALIFORNIA: AFTER 19 MILLION, WHAT?

(Population Bulletin, Published by the Population Reference Bureau, Inc., Vol. XXII, No. 2, June 1966)

Human ingenuity is on trial in California. This geographic wonderland is reeling under the impact of an annual increase in population of over half a million. Mushrooming population is an old story in California. Between 1860 and 1960, the State's population increased fortyfold—while the Nation's population increased four and one-half times. And the trend continues: between 1950 and 1960, California's population increased by 48.5 percent in contrast to the national average of only 18.5 percent. Currently, the net daily gain for the State is about 1,500 souls.

Political, social, and economic problems are intensified by this fantastic proliferation of people. Natural resource management and provision of the essential services for exploding cities pose ever-increasing complexities. The byproducts of these pressures frequently receive national attention: smog-laden air over the cities and extending far afield; recordbreaking pileups on the frenzied freeways. Yet it is and must remain the conviction of responsible men that California's troubles are not beyond solution; that this solution must stem from intelligent planning today toward the solution of these unprecedented problems. Success would serve as an example of courageous creativity for the entire world.

California has always been part fantasy and proud of it. Where else is the range so broad between fairyland and nightmare? Since the early days, the State has amply justified her fairyland motto: the "Golden State." It began first with the hope of gold, then with the fact of it. In the early 1500's, a Spanish writer described this land, "on the right hand of the Indies," as peopled only by beautiful women who had no other metal than gold. While there are such creatures today in California—especially in southern California—the real gold

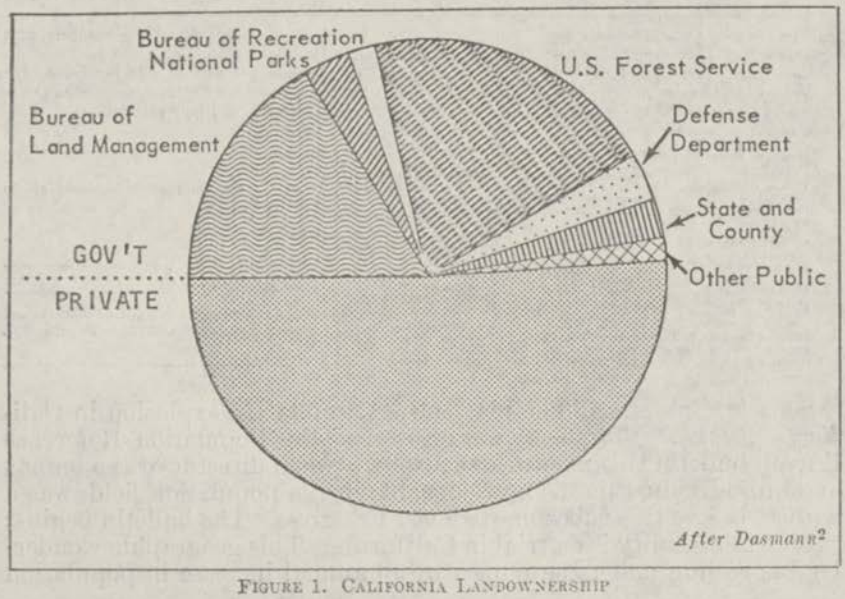

FIGURE 1. CALIFORNIA LANDOWNERSHIP

was not discovered in more than token quantity until 1848. When that played out, other golden vistas remained: a horizon of orange groves which led, in time, to the Nation's richest and most varied agricultural production; the lure of black gold which is still pumped in millions of barrels from favored coastal regions (in 1964, California was exceeded only by Texas and Louisiana in the Nation's oil production); the golden wings of a sky's-the-limit aerospace industry; and possibly the most irresistible gold of them all, that sun gold which makes the flowers bloom very big, and which makes the middle aged seem a little less so. In contrast, there are the nightmares: the heat of Death Valley; the tastelessness of Los Angeles; the stink of the microclimate which encompasses California's freeways. The bad is everywhere with the good; even the great redwood monuments to nature's majestic durability yield to increasing exploitation. Fertile valleys have been destroyed forever in the uncivilized conviction that every man is entitled to his own drab little box. In too many of the choicest coastal areas, California has become a vast unkempt and unlovely bedroom.

Thus, a profound tension is created, a tension between land and people, between reality and hope, with the present drawn taut to the very breaking point between. Here is the challenge of the limits to which human ecology can become complex. Man and his environment interact in an explosive and perplexing contest. It is an incomparable challenge for human wisdom, judgment, and restraint.

Within this context, let us look first at the land itself, the raw material for California's environment in the 1960's. How big is it? How fast and in what directions can it be stretched? How many mouths can it water and feed?

California trails only Alaska and Texas in size, boasting 158,693 square miles—almost exactly 100 million acres. Half of this vast land is owned by the State and Federal Governments. One-third of this substantial domain is under the Bureau of Land Management in the Department of the Interior; and most of the balance is under the U.S. Forest Service in the Department of Agriculture. This leaves 50 million acres in private ownership. Much of this is better adapted for marginal use as range and scenery than for farms or for urban living. The lived-in and worked-in area of the State comprising much of the farmland, the cities and factories is centered on a tenth of the total area: 10 million acres.

The legendary Central Valley of the Sacramento and the San Joaquin, extending for about 400 miles from the Klamath Range close to Oregon to the Tehachapi Mountains behind Pasadena, is the State's principal bread and fruit basket. Its agricultural riches are supplemented only by the fabled Imperial Valley south of the Salton Sea and by rich parcels of land along the coastal plain. To the east and south of the Central Valley are snow-capped, rocky, saw-toothed mountains that split the sky, and southward and below are desert wastes of sage brush, chaparral, and sometimes, just sand. It is a man's country—and a no man's country—in the 20,000 square miles of the sun-baked Colorado and Mojave Deserts. South of the Imperial Valley, there is nothing but the dry wilderness of Baja California, the Mexican peninsula which nature forgot.

In the coastal areas of the southwest, more than one-half of California's cities are clogged in a narrow strip comprising not more than 10 percent of the State's total area, and much of its industry and agriculture. Competition for land is a free-for-all of short-term plans and local power. Although agriculture is a large moneymaker for California, choice, close-in acreage is continually being smothered under the encroachment of urban sprawl—"slurbs" they have been called. Never was there a clearer example of a society's compulsion to bite the hand that feeds it than California's unplanned reckless consumption of its richest soil: some 375 acres going under the bulldozer each day.

Into this schizophrenic geography pour 1,460 new residents each day, expecting fulfillment in either escape or landscape—depending upon the viewpoint—and often bringing with them the barest of personal resources. This is the conspicuous side of California's "people problem." Less conspicuous, but far more serious, is not this astonishing growth itself, but the failure of the entire California society to plan, except superficially, beyond tomorrow.

FROM SUTTER'S MILL TO HOLLYWOOD

It all began scarcely more than a century ago with a few Indians, a few Spaniards, and a trickle of Yankees from over the mountains. Today, California is the largest, populationwise, of the 50 States—over 19 million by mid-1966. This is more people than are to be found in the 20 smallest of her sister States. California's gain for the 6 years 1960–65 was greater than the 1960 population of 6 States: Alaska, Wyoming, Vermont, Nevada, Delaware, and New Hampshire.

In 1848, the year that gold was discovered, there were, according to the best of admittedly uncertain estimates, 14,000 non-Indians in the State. In 1850, the year that California became the Nation's 31st State, this small company of 14,000 had grown to 170,000, putting California 28th among the States. New York then ranked first, as it had since 1820 and continued to until 1963.

Granting that the 1848 figure was approximately accurate, California has enjoyed a 1,328-fold increase in 117 years. In the same interval, New York State had a five-fold increase. History has no record of a population that has multiplied at such a rate for so long a time. It is a fact that smashes head on into the demographic principle that a rapid rate of increase cannot be maintained indefinitely. In a finite area, space is the ultimate irrefutable limitation. Before the standing-room-only point is reached, it is inevitable that social, economic, political, or "natural" factors will act to check the rate of growth—factors which might be called "demographic retrofactors."

At this point in California's evolution, it is easy to extrapolate a truly fantastic population for the Golden State in a remarkably short time. The Census Bureau's population projections for California in 1975 range from a low of 23 million to a high of 24.4 million—an increase of between 4.4 and 5.8 million above 1965. Unofficial and hopefully overenthusiastic population projectors foresee even greater numbers. A report released by the California Department of Health in August 1965, projects a population for the State of 25 million by 1980 and 50 million by the end of the century.

Which, if any, of these forecasts come to pass depends on many developments very hard to foresee. Which retrofactors will begin to act to slow—perhaps ultimately to reverse—the current trend is an open guess. The one thing that is certain is that at some point the century-long pileup of people will be checked, for the dynamics of growth are fundamentally altered by the interplay between man in increasing millions and a vulnerable environment.

Between 1955 and 1960, an average of 1,460 new residents crossed the State's borders each day. An additional 950 were left by the stork. On the other side of the ledger, the daily new arrivals were reduced by 610 who moved out of the State and by 340 who died. The net gain was about 1,460. Clearly, California's century-long era of rapid population growth is not yet over.

What does it portend for the future? It means that the science of human ecology, as yet applied falteringly by fallible men, is facing its severest test. Human ecology embraces the analysis of the interplay between man and his total environment. It is housekeeping at the planetary level. To bring expanding human needs into a balanced accommodation with the limited natural resources of the planet must stand high on the agenda of the future.

The 19 million people now living in California are faced with major, specific, and now very urgent housekeeping problems. These center around the basic essentials of existence: pure air and pure water for residential, industrial, and agricultural use; sufficient land for living space; and the production of adequate energy to keep the whole complex operative. This is an unprecedented and incomparable challenge. It is a challenge which has been faced by some modern societies such as Sweden, but none was ever faced with so complex and rapidly expanding a culture.

WHO ARE THE CALIFORNIANS?

Exactly who are these 19 million people of whom the future necessarily expects so much? How can they be described?

The Spanish colonial period, with strong overtones of Mexican nationalism in its last days, drew to an end in 1840. It is estimated that at that time there were approximately 5,000 non-Indian residents of the territory, which had become a Mexican province in 1822 after Mexico threw off the Spanish yoke in 1821.

The beginnings were in 1542, when Portuguese adventurer Juan Rodriguez Cabrillo sailed northward from Mexico exploring the coast. He dropped anchor

in what is now San Diego Bay. Rodriguez Cabrillo died in the course of this voyage. His shipmates continued north for perhaps the full length of the present State.

Not until 1579, when Sir Francis Drake visited the coast of California, was there another flurry of exploration. Drake, of course, claimed the land for England. This infuriated the Spanish who sent other parties to defend their territory against Drake's claims.

There were 200 rough-and-ready years before Spanish culture confirmed its dominance through the inspired mission-building efforts of the redoubtable Franciscans. Twenty-one handsome missions and a network of forts to protect them were established between 1769 and 1823. In addition to these religious hostelries, there were a handful of small villages clinging to the coast. It was a fringe colony, a scattering of Spaniards and later of Mexicans who held the land by virtue of the benevolence of Indian tribes unaware of what the future held.

Prior to Mexican independence from Spain in 1821, there had been a thin filtering from the United States into the area. The first American sailing vessel to reach California anchored in Monterey in 1796. Following that, there were regular calls by New England ships—chiefly the famous California clippers—trading with the missions.

In 1841, the first substantial group of settlers came to California from the United States. These aggressive interlopers from across the mountains were not enthusiastically received by those already on the ground. In 1844, soldiers and naval vessels were sent by Washington to protect these newcomers and their property. In 1846, this expeditionary force under the command of John C. Fremont hoisted the American flag. The two ensuing years of war shaped the freedom of the West and in doing so shaped the entire national destiny as well. With the surrender of the Mexican Army in 1848, Mexico yielded all claim to the territory. California was then prepared to move to statehood by 1850.

At the start, California became a State in which Indians outnumbered the white settlers by 2 or 3 to 1. Most of this sprinkling of white settlers themselves were deeply immersed in a Spanish culture that had formed and sustained the modest communities of this coastal wilderness for two centuries. There was nothing of the eastern seaboard pioneer tradition in this environment.

With the discovery of gold at Sutter's Mill in 1848, a century of mushrooming population growth began. By 1850, the population had grown by 80,000—mainly adventurers from the United States whose backgrounds were English, Irish, or western European.

With the rising fever of speculation and enthusiasm at the outset of the railroad era, Chinese coolies were imported by the thousands to build the western leg of the first transcontinental railroad which was linked to the east coast in 1869.

The multinational flood swept in in waves, decade after decade. By the turn of the century there were certain dominant groups. One-half of the foreign born in California at that time was Mexican, English, German, Irish, or French.

Italians came to establish vineyards and orchards. They were followed by Germans. Swiss were attracted by shepherding in the pasture regions beyond the valleys.

It is axiomatic to say that in California, ethnic and minority groups found varied special appeals. It is a State attractive to many bloods and cultures. Some of these minorities had their day of ignominy and depression. Though the situation has improved, it is not yet completely resolved.

At the start, for example, the Chinese were received with open arms. They willingly did work no one else was prepared to do. This proved to be a mistake; they outworked their neighbors, and the competition was felt to be intolerable. Hence, a Chinese exclusion law was passed.

The story of tension short of outright exclusion was, with modifications, the story of the Irish, the Italians, and similar groups. After Pearl Harbor, for example, a double-action scapegoat was provided by a small contingent of disturbingly industrious Japanese. In 1942, all immigrants from Japan and native born citizens of Japanese ancestry were rounded up and herded into inland prison camps, their property confiscated. It was an unreasoning reaction against both the disaster of Pearl Harbor and the antagonism that was felt toward another alien group posing an economic threat. It was a dark, shameful incident for both California and the Union.

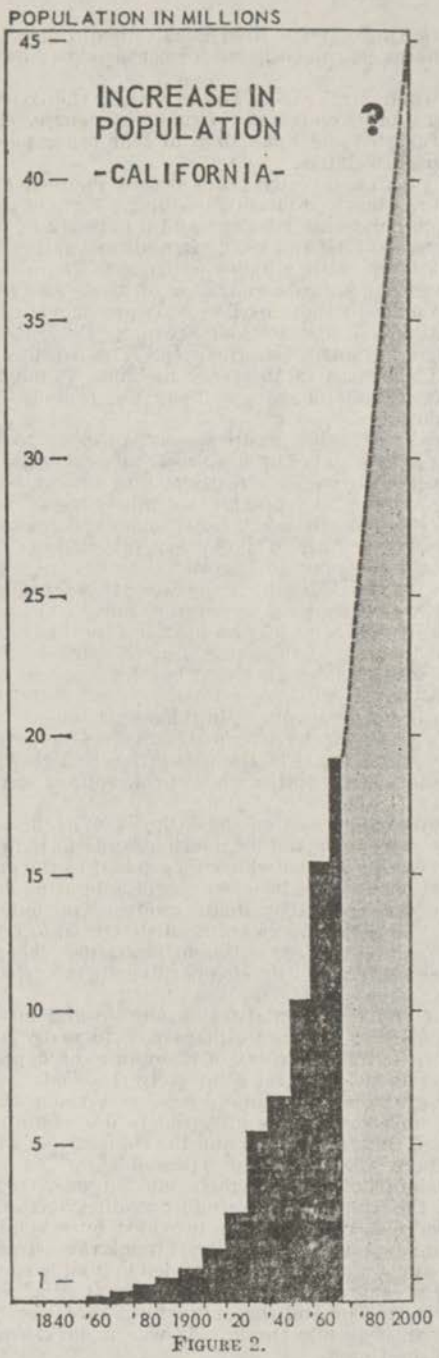
POPULATION IN MILLIONS
45
40
35
30
25
20
15
10
5
1
INCREASE IN
POPULATION
-CALIFORNIA-
?
1840 '60 '80 1900 '20 '40 '60 '80 2000

FIGURE 2.

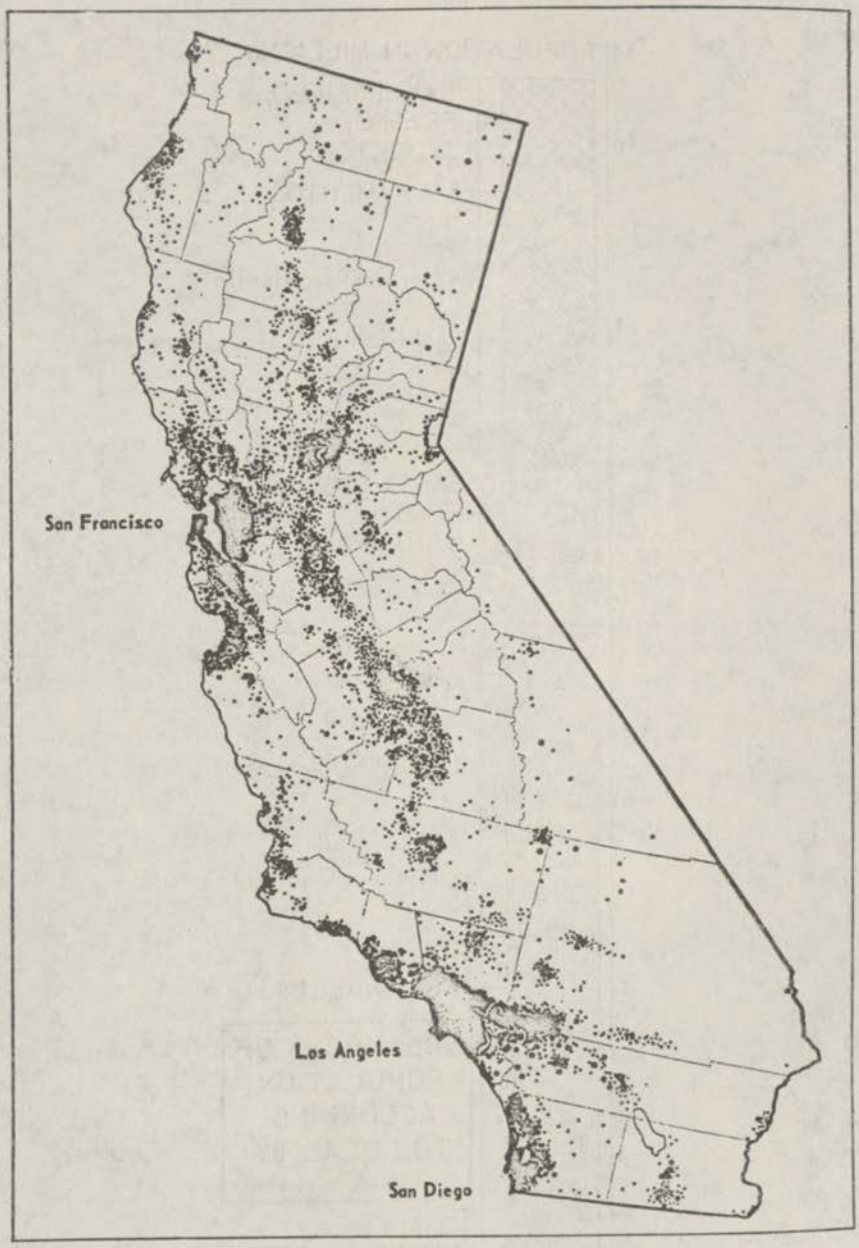

FIGURE 3. WHERE THE PEOPLE ARE.
Virtually all of the people, the industry, and much of the agriculture of California are found on less than 10 percent of the land area of the state.

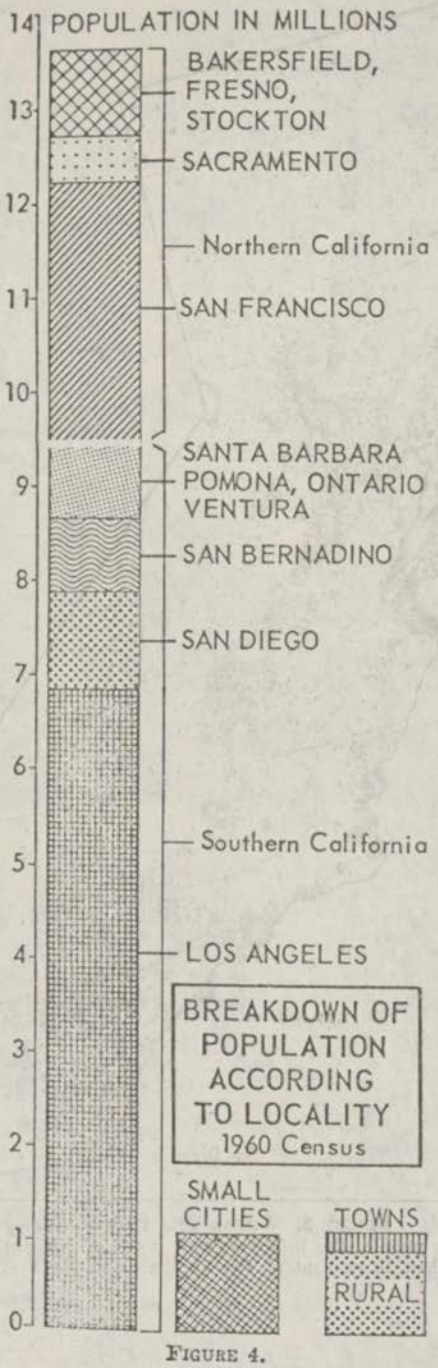
POPULATION IN MILLIONS
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
BAKERSFIELD,
FRESNO,
STOCKTON
SACRAMENTO
Northern California
SAN FRANCISCO
SANTA BARBARA
POMONA, ONTARIO
VENTURA
SAN BERNADINO
SAN DIEGO
Southern California
LOS ANGELES
BREAKDOWN OF POPULATION ACCORDING TO LOCALITY
1960 Census
SMALL CITIES
TOWNS
RURAL

FIGURE 4.

As the Nation's population has grown and as the covered wagon has given place to the jet airliner, Horace Greeley's dictum, "Go west, young man," has increasingly been heeded by both men and women—by young and not so young alike. Between 1850 and 1900, migration added about 900,000 to California's population. From 1900 to 1930, migration contributed an additional 3.2 million people. In the 30 years between 1931 and 1960, the net civilian gain from migration was 6.5 million with an additional 300,000 contributed by the military.

The depressed decade of the 1930's sharply checked migration to California, but brought minority problems of its own. The decade's gain was only 21.7 percent compared with 65.7 percent in the 1920's. Much of this relatively modest increase was represented by escapees from the "dust bowl" tragedy, when hordes of destitute small farmers and sharecroppers fled the parched areas of the Central and South-Central States. Many took refuge in the great valley of California, centering around Stockton, Fresno, Bakersfield, and the region to the south.

The last half of this decade, 1935–40, brought another distinct migration, this one from the West-North-Central States. It was a time when Los Angeles came to be known to San Franciscans as "Iowa by the sea."

World War II brought a sharp upswing in the rate of population growth. A 53.3 percent population gain was recorded between 1940 and 1950, with 80 percent of it channeled into the metropolitan areas, unlike the predominantly rural trend of the 1930's. For the only time since the 1860's, San Francisco's growth was more rapid than that of Los Angeles—largely because of the huge shipyards that sprang up in the bay area to meet the war emergency. Similarly, to the far south, wartime activities were responsible for a 92.4 percent increase in the population of the San Diego region.

The census of 1950 showed significant changes from the pattern of the thirties. The West-North-Central and West-South-Central States together furnished only 28 percent of California's interstate new arrivals in contrast to their large contribution during the previous decade. Instead, greater numbers arrived from the Northeastern, Mountain, and Pacific States.

Accompanying this decline in percentage from the agricultural Midwest was a strong outmigration, particularly to the West-South-Central States. Texas received more migrants from California in 1949 and 1950 than it sent west. Migration between California and the industrial, urban States of the northeast was predominantly westward, while that between California and the East-South-Central States involved considerable movement in both directions.

By 1960, California had 2.3 million residents who had lived elsewhere 5 years earlier. The northcentral region furnished one-third of these residents; the Northeast supplied one-sixth, and the South and Southwest each sent approximately one-quarter of the total.

In the Los Angeles of 1960, the number coming from other States was almost twice as large as the total population of San Francisco at that time.

Thus, in a sense, the California of the mid-1960's affords a cross section of the Nation. It is composed of a larger foreign-born element than any other State of the Union except New York, and its native-born Americans spring literally from every corner of the country.

As has been a pattern of history, the least fortunate cultural groups tend to gravitate to minimal employment and subsistence living. Even today, California has disturbing vestiges of this pattern. While migrant farm labor is by no means a problem unique to California, it is perennial there, traditionally centered around a population mainly of Mexican origin or ancestry. The plight of the Mexican-American in California has thus far escaped solution and at times seems beyond remedy.

In the past decade, it has been joined by a second minority crisis with national implications: that of the Negro citizen caught in the slurb and sprawl of Los Angeles.

The 1940 census counted only 124,000 Negroes in California. Between 1950 and 1960, California gained by migration some 220,400 Negro residents, who totaled in 1960 nearly 900,000. This migration represents a decrease of about 15 percent from the quarter million coming to the State between 1940 and 1950. These people are competing for jobs with other disadvantaged groups already in the State, mainly the Mexican-Americans. Under these conditions, it is not surprising that the Negro in California has an unemployment rate double that recorded for "all races" in recent tabulations.

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In Los Angeles County, with a Negro population totaling 461,000 and centered in the Watts area, 25,000 Negroes are reportedly out of jobs—an unemployment rate two to three times that of the whites in the greater Los Angeles area.

The plight of both the Negro and the Mexican-American population is complicated by a high birth rate. The Negro rate in California was 33.3 births per 1,000 population compared with a white rate of 22.8 in 1960. There are no data regarding the definitely high fertility of the Mexican-Americans.

Even in the face of this rapid increase, Negroes comprise only 5.6 percent of the State's total population—about half the national average, which is 10.5 percent.

The violence and destruction of the Watts riots reflect the frustrated hopes of people who expected El Dorado and found instead deprivation and insecurity.

Movement of people is one side of the coin of population growth. It is rarely the predominant factor. The other side is natural increase—the excess of births over deaths. California, along with such extraordinary special cases as that of Israel, is the exception that proves this very general rule.

During the 19th century, migration played a dominant role in the growth of the Nation. Between 1820 and 1900, 18.7 million immigrants came to these shores. In the decade 1881–90, the U.S. population was increased by a net immigration of 4.5 million—the all-time record. This constituted only 35 percent of the Nation's increase in that decade.

In California, between 1950 and 1960, 61 percent of the phenomenal population growth of 5.1 million was due to movement of people into the State and 39 percent to natural increase. In the United States between 1950 and 1960, the population grew by 28 million. Only 2.6 million of this increase, or 9.4 percent, was attributed to net immigration. The remaining 25.4 million was due to natural increase.

With respect to natural increase, the situation in California does not differ greatly from the rest of the Nation. California's birth rate of 20.7 in 1964 was slightly lower than the U.S. rate of 21.0. Her death rate was 8.3, and her rate of natural increase was 12.4, by no means an explosive situation, and calculated to double the population in 56 years.

A more exact measure of fertility than the birth rate reveals the same pattern. At the time of the 1960 census, the number of children born per 1,000 women ever married was 2,180 for California and 2,505 for the entire Nation. The married women in the highly fertile ages, 15 to 24, had fertility rates approximating those of the married women in the rest of the country (1,289 versus 1,304). Approximately 18.3 percent of all California married women had four or more children. This compares with 24 percent for the entire Nation. The proportion of childless families has declined sharply in the past 15 years, from 24 percent in 1950 to 19 percent in 1960, following the national trend. More recent figures are not available, but it is interesting that the trends show minimal change. Thus, fertility rates and family size in California tend to be slightly below the U.S. average.

The relatively low fertility of the State suggests that the individual couples in California do not look upon the booster psychology of "the more the merrier" with rampant enthusiasm.

The fantastic growth of the population is clearly not due to a homegrown "baby boom."

If family size is below the national average, however, growing concern for education rides high above that found in all but the most privileged and progressive of American communities. Thus, in 1965, California's public school enrollment of over 4.2 million far outranked any other State, with New York's 3.2 million a poor second. In college enrollment, California distinguished herself even further, with 733,000 enrolled, as compared with 499,000 in New York in 1965. First-time college students in California outnumbered those in New York almost 2 to 1: 191,000 to 99,000, respectively.

In California in 1965, 26.6 percent of the total population was in school; in New York, only 20.6 percent. Although she educates extensively, intensively, and tuition-free even at the college level, California ran a low second in number of earned college degrees conferred in 1964–65, a total of 52,390 compared with 68,680 in New York. However, in addition to these bachelor and graduate degrees, California conducts, through its remarkable free junior college system, a broad-based program of training. In this phase of education, California dominates the field with an enrollment of 489,000 in 1965. New York, the closest

rival, counts only 117,000. California accounts for approximately two-fifths of all junior college students in the Nation.

The size of the California educational machine is impressive. Some 149,000 classrooms were in use in public elementary and high schools in California in 1965, as against only 116,000 in New York. Yet, to prevent overcrowding, California needed at that time 7,400 additional rooms, while New York needed many more—12,300. Surprisingly, 12,600 of California's classrooms were in temporary buildings, two-fifths of all such rooms in the United States. Moreover, in California 32,300 classrooms built after 1920 were in combustible buildings, about 6 times the number in any other State and well over one-third of this type in the entire country.

Expenditures for public elementary and secondary education in 1964–65 in California were $3.2 billion—half a billion more than New York. Another $1 billion went for higher education in California; $750 million in New York. California's public school teachers were the best paid in the Nation, averaging $8,300 in 1964–65. But education apparently comes cheaper by the dozen, for in terms of expenditure per pupil, California spent $733, and New York $943. In California, expenditures for public elementary and secondary education amounted to 5.71 percent of personal per capita income. New York's 4.84 percent was close to the U.S. average of 4.74 percent.

What is the end product of all this time, money, and effort? The typical Californian can boast that he has attained better than a high school diploma, 12.1 years of schooling completed. Only Utah's 12.2 tops this. New York with 10.7 years is close to the national average of 10.6. California's nonwhites also rank high on the educational scale with 10.5 years completed. This is surpassed only by New Hampshire, 11.7; Colorado, 11.2; and Maine, 10.7. Nationally, nonwhites average 8.2 years of school completed. California bids fair to becoming an educational Utopia.

"GO WEST" TO THE CITY

There is a paradox in that the State, which a century ago was chiefly a great open space, has from its beginnings accented the urban. California's first big city was San Francisco. Between 1860 and 1880, 54 percent of the entire increase in the State was found in the bay area. Until the present day, population gains have been concentrated in the cities. And this in spite of the fact that California leads the Nation in the value of its agricultural production. It should be no surprise, therefore, that California leads all other States in the proportion of its population living in major urban areas. The farm population, comprising 2 percent of the total, contributes approximately 3.6 percent of the gross income.

In 1960, of the 16 million residents of the State, only about 4 million lived outside the 10 major urbanized areas with populations of over 100,000. With the single exception of the Sacramento complex (about 500,000 people), the other urban areas lie to the south of the bay region. Half the urban population of the entire State lives in the Los Angeles metropolitan area.

The pattern of urbanization in California differs from that of the heavily urbanized areas of the eastern seaboard. These contrasts are highlighted by comparing California and New York, which was for over a century our most populous State and which only in the past 3 years has taken second place to California.

New York has nearly as many people as California. Its area is about a third that of California, and its population density is 350 per square mile, as compared with California's 1960 density of 100 per square mile. The urbanized areas in California total almost 3,000 square miles as compared with the New York total of about 2,500.

Of the 16 counties in the United States each having a population of over a million, 6 are in New York and 2 are in California. Of the 6 million-plus counties in New York, 5 are in the New York City complex with a total population of nearly 9 million. The area of these five counties is 554 square miles. The overall population density is 15,933 per square mile.

The population of this urban complex is almost 2 million more than that of the 2 counties in California with a population of over a million each: Los Angeles (6,038,800) and San Diego (1,033,000) with a combined population of 7,071,800. The area of these 2 counties is 8,315 square miles, 15 times that of the New York City complex. The density of Los Angeles, 1,487 per square mile for the county as a whole, 4,500 for the urbanized portions of the county, is about 6 times the density of San Diego, yet these are modest compared with eastern densities.

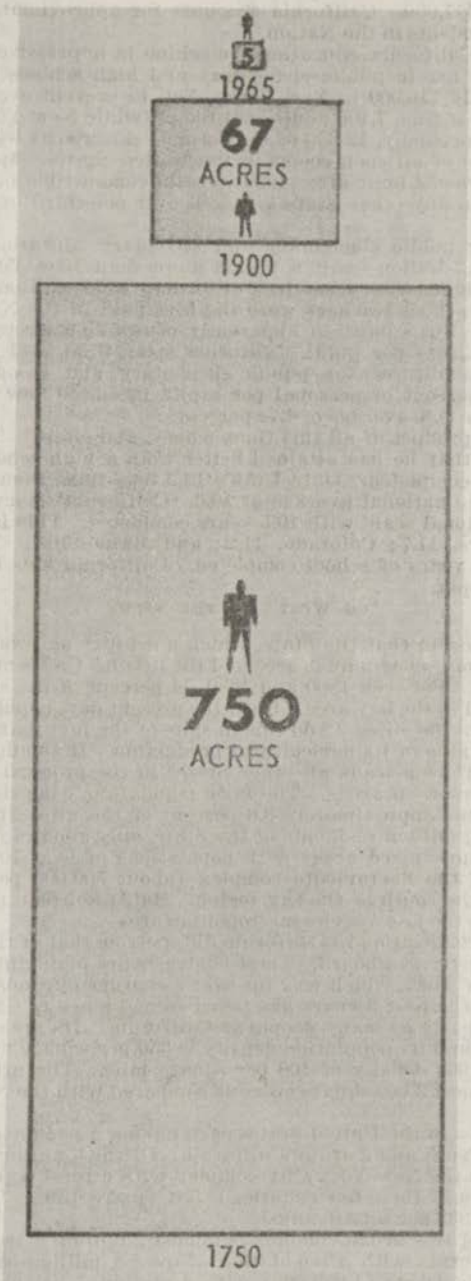

FIGURE 5. ACRES OF LAND PER PERSON—CALIFORNIA, 1750-1965

The urban density of New York in 1960 was 6,767 per square mile, and California was measurably less crowded with 4,006 per square mile. Los Angeles, where half of all California city dwellers live, has a density of 4,736 per square mile. This illustrates a vital difference. California's density sprawls horizontally, blanketing the coastal corridor. No wonder the word "slurb" has been coined to describe it.

In contrast, New Yorkers stack themselves into the sky in concrete cliffs, relying heavily on public transportation to get to work, to their recreation, etc. When the elevators and the subways stop, New Yorkers are in trouble. Californians avoid these occasional emergencies, but at a price paid each day as they build a permanent transportation crisis which makes the daily round of commuting an increasingly tedious and dangerous chore—and an ominous threat to the total health of the community. Not only is such superhighway traffic increasingly dangerous to life and limb, but the automobiles are major contributors to the smog level which may prove California's greatest short-term hazard.

ENVIRONMENTAL POLLUTION

Human ecology, analyzing the interplay between man and his total environment, both physical and biological, derives from the Greek oikos meaning "house"—the basis for our earlier reference to ecology as "housekeeping." As people multiply, the ecological complications increase. Considering the complexities and the growing imbalance between people and the essentials for their subsistence, it is no exaggeration to say that man is not yet housebroken to the world in which his fate is cast.

The pressures and problems of human ecology are not limited to the State of California; they are universal. As man puts growing pressures on his environment, problems become increasingly acute. Because of its peculiar conditions, California affords a prime example of the challenge which ecology places upon man's ability to become master of his fate, rather than to fall victim to forces he generates and fails to control.

There is no State in the Union so richly and variously endowed with the beauty and abundance of the earth as the "Golden State." This is not a wholly subjective judgment. It is a viewpoint subscribed to by a great many Americans, wherever they may live. Witness the multitude which, by the proof of continuing migration, still rate California a paradise.

Because of California's unique qualities and because of the astonishing increase in her population, the use that citizens of the State individually and collectively make of the resources available to them assumes unusual significance. It becomes, in fact, one of the prime issues before the Nation. If Californians manage to resolve the acute ecological crises confronting them, States under less acute pressure can hopefully do as well. If California fails at her task and in the end is murked out in millions of acres of slurb, it would be a fateful warning to the Nation.

Man has great power to despoil and soil his environment by profligate, wasteful, reckless exploitation of the resources at his disposal: by polluting the air, the land, and the waters upon which his very existence depends.

Unless he learns to keep the "House of Man" a mansion fit for the good life. he may bequeath to posterity only a wasteland surrounding a cesspool. Such a reckless exploitation of resources is an ugly and indisputable part of the ecological picture which cannot be ignored. But, under the pressure of California's 19 million people, the immediate threat is pollution.

The customs and practices which are bringing this about are not peculiar to that State, but are intensified by the originally pluperfect nature of the State's environment. In California south of San Francisco, where nearly three-fourths of the people live, it is well known that water is a scarce commodity. Only recently has the startling truth been borne home that air also is in short supply because of the peculiar topography of the region. And air, unlike water, cannot be piped in from beyond the mountains. As we shall discuss more fully later, the little air that is available in the coastal plain and in some of the interior valleys is being ruthlessly exploited—smog being but one evidence.

In August 1965, a survey in depth of the overall problem of waste and pollution was released by the Department of Public Health of the State of California. This document, totaling 420 pages, was produced by the Aerojet-General Corp.

It explores in detail the enormous problems which center around the three major areas of pollution: the land, the water, and the air. We must be limited here to a brief quotation from the conclusion of the Aerojet-General report. This significant summary sketches the magnitude of the problem of waste, projects the threat of increased pollution during the next 15 to 30 years, and proposes a comprehensive plan considered adequate to prevent matters from getting worse during this relatively brief interval:

"Projected waste figures for California indicate that municipal refuse in the next three decades will increase from 12 to 40 million tons a year, agricultural solid waste from 13 million tons a year to 18 million tons a year, gaseous hydrocarbons from 7,345 to 9,095 tons a day and NOx from 2,215 to 3,975 tons a day.

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"California is confronted with a serious problem in adequately disposing of the wastes generated by a rapidly growing population. Open dumps in Merced, burning agricultural wastes in the Sacramento Valley, and degradation of land through mining in the Sacramento Valley and Mother Lode country are examples of blight produced through inadequate waste disposal. In 1965, there are industrial dumps and large piles of waste from stockyards, dairies, and poultry farms in urban and rural areas from Crescent City to Calexico. The south San Francisco Bay has become offensive to sight and smell through its use as a cesspool. South coastal kelp beds have almost disappeared because of increased sewage emission to the ocean. The transparency of Lake Tahoe is endangered by liquid-borne wastes.

"In addition to its impact on the environment, waste influences the economic development of California. Many farms in the Central Valley can now grow only salt-resistant plants, and the quality of aquifers is steadily degrading because of inadequate drainage of irrigated lands. Inland areas like the Santa Ana River Basin are restricted in their industrial growth because of limited waste-disposal capability. The use of the Salton Sea as a disposal sink for agricultural and domestic waste is already inhibiting the development of recreational industries in that area. Smog is responsible for crop and other damage in various parts of the State.

"There is also reason for concern from the standpoint of health. Eye irritation caused by air pollution is a common complaint in the Los Angeles area. In Riverside, contaminating organisms recently penetrated the water supply, causing a major epidemic of gastrointestinal diseases.

"Assuming that present practices are continued, the problems of waste and its ultimate disposal are going to get worse. As the population doubles and automobiles more than double in California between now and 1990, air pollution will spread over every major populated area of the State. In the same time-span, sewage wastes are expected to increase 2½ times and municipal solid waste nearly fourfold. Radioactive wastes are expected to become a major problem as nuclear power generation in California approaches 100,000 megawatts by the end of the century.

"As the gap between the finite assimilative capacity of the environment and the amount of waste emission closes, it will take larger expenditures just to maintain the present pollution level. For example, the city of San Francisco may have an acute problem within 18 months, if it is unable to extend its sanitary landfill site contract with San Mateo County and if dumping of solid wastes in San Francisco Bay is prohibited.

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"The present study roughly estimates that between 1965 and 1990, the total yearly cost of waste handling by government units is expected to increase from $0.3 billion to almost $1 billion. Indirect costs to the citizens of the State for damages from pollution are expected to increase total costs to over $7 billion."

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The report notes that this vast problem is now being dealt with piecemeal. The obvious need for a statewide waste authority is noted.

The Aerojet report interjects a further complication in that energy obtained from fusion and fusion reactions creates major and insidious pollutants in the "hot ashes" from atomic reactors. The heat released by these reactions, particularly in an "unknown" situation, could have profound effects. Only one ultimate escape from the dead end of the energy pollutants would be solar energy. The Southwest is ideally adapted to exploit this inexhaustible source.

An especially serious problem arises with air pollution in southern California, from the Golden Gate to the Mexican border, not only in the coastal areas of southern California but in the interior valleys as well. The reason for this is that a peculiar meteorological situation exists called an inversion, which will be explained in detail below. The air above the inversion is, for practical purposes, nearly as unavailable to those urgently needing it as though the people were encased in a plastic bag.

Across the entire heavily urbanized areas of California air pollution is so severe as to cause frequent chronic eye irritation. The major agricultural areas suffer from chronic air pollution severe enough to damage crops. It is perhaps in this pollution of the atmosphere that California faces its most immediate ecological problem.

A searching analysis was published in 1964 by Dr. Philip A. Leighton, professor of physical chemistry at Stanford University, and an authority on the chemistry of the atmosphere. Dr. Leighton presents his case so eloquently that to paraphrase his statement would be to weaken it. His main points are presented in the following extended excerpt:

"Man likes to take air for granted. Since earliest history he has recognized that the land, food, and to a lesser extent the water, resources are limited, and has developed many systems for their ownership, protection, and use. But throughout most of that history, air has been regarded as an unlimited resource. Just as it is traditional to respect rights of ownership in land, food, and water, so is it traditional to regard the air as free. Free to breathe, and free to be used for combustion, for industry, and for carrying off our wastes.

"In terms of need, the use for breathing must of course come first, but in terms of volume, ever since Prometheus gave fire to mortals the other uses have been first by far. Now, as you drive along the highway in a modern American car, the engine of the car consumes well over a thousand times as much oxygen as do you. To carry off the exhaust gases, and dilute them to harmless concentrations requires from 5 to 10 million times as much air as does the driver. In other words, just one automobile, moving along a Los Angeles County freeway, needs as much air to disperse its waste products as do all of the people in the county for breathing.* We are only too well aware of the consequences of this imbalance and have been aware for many years that the tradition of the free use of air is no longer tenable when other uses encroach on that for breathing.

"One other contrast in man's interrelations with land, water, and air is in his ability to adapt them to his needs. Land, when he so wishes, be can improve, and water he can both improve and transport. But except on a small scale, as in homes and buildings, or the use of wind machines in orchards, he has not learned how to improve or transport air. The only large scale change man makes in outdoor air is to contaminate it.

"There is, as yet, no indication that this situation will alter within the foreseeable future. In planning for that future, we must assume that it will continue to be necessary to make do with the natural supply of ambient air, and direct our attention toward keeping its contamination within acceptable limits. A discussion of man and air in California must, for this reason, be primarily a discussion of air pollution.

"LIMITATIONS ON THE AIR RESOURCE

"The acceptable limits of air contamination have already been exceeded over most of the heavily populated areas in California. Indeed, I sometimes think that California now leads the Nation in air pollution as well as in population. Yet our cities are not the most densely populated, our industry is not the most concentrated, we do not have the largest number of motor vehicles per square mile. Why, then, is our air pollution so severe? The answer is to be found in the limitations imposed by nature on the air resources in California.

"The three major areas of California which have been most favored, thus far, for development by man are the coastal valleys and basins, the Central Valley,

*If the air over the Los Angeles Basin, up to 1,000 feet above the surface, were divided into equal allotments for each person in the basin, a person electing to conserve his allotment for breathing would have enough to last 30 years. But the person electing to spend this allotment in dispersing the waste products of his "full size" automobile to harmless concentrations would run out of air in less than 5 minutes of average driving.

and the Coachella-Imperial Valleys. In these areas are 97 percent of California's people, all of its major cities, most of its industries, and most of its agriculture. And in each of these areas, much of the time the amount of ventilation or replacement of surface air is limited.

"In the coastal valleys and basins, this limitation is the result of a persistent overhead layer of warm air which originates by subsidence in the semipermanent high pressure area over the Pacific Ocean, and which moves onshore at a variable height above the surface. In the ocean along most of the California coast there is a cold upwelling which produces surface water temperatures lower than those further at sea. As the surface air moves landward in contact with this cold water, it also is cooled. One result of this is the familiar coastal fog. A more important result, from our immediate viewpoint, is that there is very little interchange, very little mixing, between this surface layer of cool air and the overhead layer of warm air. This phenomenon of warm air overlying cool air, known as an inversion, is chiefly responsible for limiting the supply of fresh air in California's coastal regions. The height to the base of the inversion may sometimes be as much as 3,000 feet or more, sometimes as little as a hundred feet, and it is only the air beneath this inversion which man on the ground can use. There is in general some seaward motion of the air beneath the inversion at night and landward motion during the day, but in some regions, such as the Los Angeles Basin and the San Francisco Bay area, the air beneath the inversion sometimes tends to stagnate, another factor which limits the supply.

"Only limited data are available on the extent to which the Pacific overhead inversion reaches into the interior valleys of California such as the Central Valley. It is known that it is modified as it extends inland and is often dissipated during periods of high temperature. In the interior valleys, therefore, it appears that the overhead inversion is not as important a factor as it is along the coast. But in these valleys there are other phenomena which limit the supply of fresh air.

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"Fortunately, poor ventilation, produced by these conditions, does not exist all the time. Generally, as the surface inversion rises and the sea breeze picks up there is an improvement during the afternoons. On some days there is no overhead inversion and the pollution is reduced by upward mixing. On other days a mass of clean air moves in and there may be a period of almost no pollution at all. The sparkling clarity which we still enjoy on these good days, even in Los Angeles and the bay area, serves to emphasize the great effect of limited ventilation on the poor days, and the extent to which it increases our problems.

"PROBLEMS OF AIR POLLUTION IN CALIFORNIA

"The contaminants which man introduces into this limited supply of surface air in California are of many forms. They range from wood smoke to peat dust, from automobile exhaust to chemical insecticides, from industrial fumes to fragments of turkey feathers. Each creates its problems, and to a large extent each problem is a case unto itself.

"Perhaps the least complex of these problems arise in those cases in which the pollutants come from one or a few specific sources, which can be pinpointed and specifically controlled. The emission of sulfur dioxide from the Selby smelter and of stack dust from the Colton cement plant are examples of specific sources, control of which began about half a century ago. Steam locomotives are a case in which a specific pollution source was eliminated by change rather than by control. Another example is that of smoke from orchard heating in the citrus groves of southern California. The finding that heat is more valuable than smoke gave the control officers an assist in this case, and it has become a diminishing problem as heaters are replaced by wind machines and orchards are replaced by subdivisions.

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"The most complex, and the most difficult, problems occur in those cases in which the effects result from a general merging of pollutants from many diverse sources. General air pollution is, of course, most severe in the most densely populated areas, and in California this means the Los Angeles Basin and the San Francisco Bay area. Table 1 shows estimates, taken from various

sources, * * * of the principal emissions which contribute to general air pollution in these two areas.

TABLE 1.—*General emissions to the atmosphere in Los Angeles County and the San Francisco Bay area*

Substances emitted	Amounts emitted, in tons per day			
	Los Angeles County			San Francisco Bay area, 1959
	1950	1963		
		Winter	Summer	
Particulates	190	125	95	335
Nitrogen oxides [1]	430	850	710	460
Sulfur dioxide	610	545	130	550
Carbon monoxide	4,800–7,100	8,600		[2] 5,000
Hydrocarbons	1,690	2,230		1,875
Other organics (aldehydes, ketones, alcohols, ethers, etc.)	200	190		[3] 265–540

[1] Mostly nitric oxide, but calculated as nitrogen dioxide.
[2] Estimate uncertain.
[3] During agricultural burning season.

"These estimates show several interesting features. For instance, consider the changes between 1950 and 1963 in Los Angeles County. The percentage increase in nitrogen oxide emissions during this period is the largest of any in the table because this pollutant was the least controlled. The smaller increases in carbon monoxide and hydrocarbon emissions and the actual decreases in particulate, sulfur dioxide, and nonhydrocarbon organic emissions reflect the control programs which were put into effect during the period. The present smaller emissions in summer as compared to winter in Los Angeles are due partly to the smaller use of fuel for heating, but mostly to the substitution of natural gas for fuel oil * * *.

"It has often been remarked that the bay area is not far behind Los Angeles in air pollution. In terms of emissions, as the table shows, in most cases the bay area in 1959 was about equal to or ahead of Los Angeles County in 1950. Currently, the time difference may be smaller, and in fact, due to the more advanced control program in Los Angeles, in particulate, sulfur dioxide, and nonhydrocarbon organic emissions San Francisco may now lead.

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"Other effects of general air pollution, less readily observed and more difficult to assess, include those on the economy, on property values, on agriculture, on where people and industries locate, and perhaps most important of all, on health. Possible health effects which are under study include mucosal irritation, decreased pulmonary function, interference with oxygen transport by the blood, interference with enzyme function, and contributions to emphysema, pneumonia, and lung cancer. One other effect which merits a place on the list is psychological depression. This, to some people, is very real, as those who live in badly contaminated areas know * * *.

"ASPECTS OF THE ATTACK ON AIR POLLUTION

"The attack on the problems of air pollution shares at least three aspects in common with the attacks on problems of land and water. The first of these is in the leadtime between recognition of a problem and the installation of measures for its abatement. For example, it has now been about 12 years since it was learned that hydrocarbons from automobile exhaust are a major contributor to air pollution, and it may be another 12 before present plans for the control of these hydrocarbons are fully in effect (24 years in all). But we now have only 16 years in which to recognize and prepare for the problems of the 1980's.

"The second common aspect is that the problems are never static. As man's activities change with time, so do the problems change with time, and as popula-

tion and industrialization increase, so do the problems become more critical and the steps required for a solution more severe. These two aspects, the leadtime and the changing nature and intensity of the problems, are to some extent antagonistic. Together, they are a formidable challenge to man's ability to foresee the future, and to his courage to take the steps that future demands.

"The third aspect is the requirement of continued public support of the necessary steps. Here, I think all control officers will agree, the problems of air pollution are more insidious than those of land or water. Air pollution usually develops gradually, and people get used to it, adapt to it to some extent, and even refuse to recognize or admit it for what it is. Then a period of stagnant air comes along, causes a severe attack, the everlasting requirement for air to breathe suddenly becomes apparent, and people get excited. They demand that something be done immediately, and blame the control officers personally if it is not. Such a situation occurred in the Los Angeles Basin in the fall of 1953, and led not only to the virtual stoning of control officers in the streets and ostracizing of their children in the schools, but also to a request that the Governor declare southern California an emergency area and to suggestions that parts of it be evacuated. Following such situations, the weather improves, the air clarifies, and interest sags. In a word, the problem is euphoria, and I do not know the solution, unless it be increased public education and understanding.

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"In my opinion, the proper approach, and indeed the only approach short of population control which gives promise of a satisfactory and lasting solution to the problem of general air pollution in California, lies along a quite different line. In a sense, air pollution may be likened to a weed. Controls may clip back the weed, but they will not keep it from growing up again. To kill the weed we must get at the root, and the root of the whole problem of general air pollution is combustion. Combustion, in Los Angeles County, is responsible for virtually all of the oxides of nitrogen, and the preparation, handling and use of fuels for combustion is responsible for over five-sixths of the hydrocarbons which are emitted to the air. In addition, combustion is responsible for all or almost all of the smoke, the carbon monoxide, the carbon dioxide, the oxides of sulfur, the aldehydes, the carcinogens, and the lead compounds which are emitted.

"I suggest, therefore, that the only proper approach to a lasting solution of these problems of man and air in California, the only way to kill the weed, is to attack, not the products of combustion, but combustion itself. To reduce by every possible means, the burning of fuels in favor of nonpolluting sources of heat and power. To finally take action to limit this use of fire and air.

"Such a change will occur eventually in any case as fossil fuels are exhausted. But by present indications this will not be for another century or more, and in California we cannot afford to wait that long. Might it not be that the greatest reward, in terms of human gains versus money and effort expended, will come, not from controls, but from steps taken to accelerate this change?

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"Some of these changes, as Dr. Haagen-Smit has pointed out, would achieve gains beyond that of reducing the uses of combustion, they would also be permanent assets to better living. None is beyond our technical competence, it is a matter of how this may best be used, and here the burden falls on our social competence. All must be fought for, they will not come of themselves, and the fight will require both vision and courage.

"Whether or not we find the courage, the path is clear. We may be sure that only by such steps will we escape an unending procession of ever increasing, ever more restrictive, ever unsatisfactory controls. Only by such steps will me make the air of California again an asset, instead of the liability to continued development it now is. Only by such steps will man here meet the challenge of his limited environment."

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In sum, pollution studies reveal that pollution—like the people who create it—tends to increase by compound interest. The rate of increase appears to be more rapid than that of human populations. This is one of the major reasons why a cutback in population growth is so essential to the continued welfare of the Golden State.

THE TIME OF DECISION

Over 1.5 billion people would be living in California within 100 years if the State's population continues to grow at the rate of the last 10 years. This would be nearly half of the population of the planet today.

Congestion of such magnitude would be both intolerable and impossible: there would be just one-twentieth of an acre per person. Long before that the citizens of California would have fallen victim to a social and biological catastrophe; or they would have taken steps to prevent the disaster by drastic reevaluation of current dogmas and by vigorous exercise of imaginative, effective, and humane controls over proliferation of people.

Not so long ago, men were chiefly occupied with providing their families, and sometimes the larger tribe or community, with the basic elements of subsistence: food, clothing, and shelter. Eventually, there emerged a second level of life in which the more acquisitive and gadget-oriented nations focused on material conveniences: central heat, electric refrigeration, the telephone, and television.

The affluent minority today, and this is not an insignificant part of the California menage, now looks beyond the smog and the polluted countryside to a third level: the quality of the human experience. Yet quality is a subjective judgment. For some, it means no more than an air-conditioned house, two air-conditioned automobiles, a private swimming pool, and winters in the Caribbean. "Quality," thus defined, is material comfort carried to the *n*th degree. These can be good and pleasant appurtenances. Then there are increasing numbers who look for quality of life in a more expansive, expressive use of leisure in which families can learn to live together again, in which a man can rediscover his vigor on empty beaches such as still exist in the Big Sur, or in wilderness isolation in the grand remoteness of the Sierra Nevada. Others find a satisfying quality of life in the magic of the theater, the plastic arts, good music, in all those esthetic and intellectual intangibles that are hopefully becoming an increasing part of the modern community.

Many ingredients contribute to a high quality of human experience. The essential elements exist in abundance in California. Blessed by great wealth and richly endowed with scientific and technological sophistication, these energetic California-Americans have a unique opportunity to realize the finest humanistic goals of Western civilization. What the European spirit produced through Leonardo, Rousseau, Locke, and other giants of the Renaissance and the Enlightenment could culminate in the potential pattern of life which is locked in the resources of the Golden State.

That California is presently moving toward the dawning of a golden age would hardly be conceded by a man from Mars, who presumably could appraise the situation objectively. The basis for his pessimism has been cited only in part in this report.

The related problems of pollution and congestion become increasingly acute. Resources are being ruthlessly exploited. Three-fifths of the people in California are caught in the vast Los Angeles sprawl extending from Santa Barbara to San Diego; and another 6 million are squeezed into 6 other super cities of 100,000 or more.

The value systems of our society appear to give little reason to expect that existing patterns will change very rapidly. In the light of such considerations the prospects for a fulfilling human experience for many millions are very poor indeed. The crucial question is: Will the wisdom to guide the managerial skills be forthcoming to change trends and to bring to birth the miracle of a golden age in California?

There is little indication that so fundamental a change is imminent. The dire and urgent warnings reviewed here, only in part, appear to have had no significant impact on the current booster-minded psychology at the policy level. One bit of arresting evidence that this is the case must suffice.

In February 1966, the press noted indications that an exodus from California might be in the making. The population office of the California Department of Finance felt it necessary to issue a statement countering this "alarming" prospect. The chief of the population staff of that department was quoted in this release as "still forecasting a net migration to California this year of 330,000. There is no solid evidence that would support [the] contention that a sharp decline

in the rate of migration to the State is in prospect * * * nearly all of the migration indexes indicate that the substantial net migration that California has experienced is continuing." Evidences from school enrollment and other statistics were cited in support of this position.

The warnings of trouble ahead, of which the two reports of pollution of the California environment cited above, appear to have elicited no change of heart. With time running short in which to alter the current demographic collision course, some very fundamental reevaluating of the ecological realities is urgently in order.

First must come the simple, clear, irrefutable recognition that the growth of California's population must be checked.

A reduction of approximately 50 percent in the birth rate would eventually stabilize growth attributable to natural increase. Fortunately, the birth rate is trending down both in California and the Nation. If ingenuity can be brought to bear to accelerate this process, so much the better. It might even be posited that if the health hazards of smog are as serious as some medical authorities consider them to be, this may result in a reduction in the rate of growth through a rise in the death rate—which would hardly recommend itself as a way to reduce population growth.

The tactical problem is to find means to reduce sharply migration into the State, which now contributes two-thirds of the population increase. This complex challenge deserves the highest priority.

A beginning is found in the frightening book, "The Destruction of California," by native son Raymond F. Dasmann. The simplest of his suggestions is that the people stop building purposefully toward continuing population growth:

"There are various answers to the problem of controlling population increase in California. One is relatively simple, and involves 'not' planning for population growth. This means not encouraging new industries to move into an area. It means not developing our water resources to a maximum, and thus not providing the water that would make possible additional urban or industrial growth, or bring into production new farming areas. It means not building those new power stations or those new freeways. No real estate development will be built in an area where electricity and water will not be provided. No industry will come where it will not receive space, power, or water.

* * * * * * *

"The idea of controlling population increase by not providing for it, and indeed forbidding the development of new facilities, is not original. It has been used already, on a small scale. One of the most charming places in California is the city of Santa Barbara. It has maintained its quiet beauty by excluding the kind of industrial growth that other cities have welcomed. It has not allowed housing sprawl. It has fought the State highway commission and its monstrous freeway system to a halt, temporarily at least. The continuing charm of the Carmel region, farther north, has been maintained by a firm and definite stand against 'progress' by its residents. But these are small places, inhabited by the wealthy. It is most unlikely that active discouragement of population increase on a statewide scale will be tried out. It goes against the entire philosophy of the expanding economy. Too many people look forward to population growth, even while they decry its effect, for them to accept a plan for its discouragement. Such a plan would mean that all those who had invested in land would find land values no longer increasing. It would say to those in business and industry that they could expect no further expansion of the California market. All of us are too used to being pushed to higher levels by people crowding in from below to accept the idea that growth and expansion have ended.

* * * * * * *

"Our very economic system prevents our doing the things needed to protect our environment from destruction, and we are sadly aware that other alternative economic systems in existence today work no better."

* * * * * * *

To check the rate of California's growth must inevitably take time: population trends do not change overnight. If the expansionist philosophy were to be abandoned, now is the time to begin to apply inspired ingenuity to the question of developing effective demographic retrofactors. Other means than those suggested by Dr. Dasmann might be brought to bear. The public facilities necessary to service a new family in the State have been variously estimated to range from $6,500 to $17,000. That these should be, at least in part, defrayed by a "come in" tax levied on new arrivals has been suggested as a possible deterrent

to the trek westward. The implementation of retrofactors of one kind or another would surely not be beyond the range of human ingenuity, once the need to take such actions is recognized.

Every available resource, too, must be applied in achieving a wise ecological management of the State's natural wealth. The two thrusts are inseparable. We must remember that the problem of numbers is not, in fact, merely numerical. Where the people are distributed is a major consideration.

For the State as a whole, the population density is a modest 120 per square mile. This is about twice the density of the continental United States, and not excessive. The difficulty is that nearly all of the people are crowded into less than 10 percent of the total land area. The soil and water conservation inventory locates perhaps 98 percent of the total population on some 8.7 million acres. Thus, density of this area is about 1,341 per square mile, which is comparable to that of the island of Barbados in the West Indies with a record 1,400 people per square mile. If the existing trend of population concentration in California continues, the prospect in scarcely more than a generation is appalling. Yet, the Aerojet-General report appears to assume that this current trend toward concentration will continue.

A wiser, healthier distribution of a projected 50 million population throughout the State is essential and not impossible. Italy, with a land area three-quarters that of California, has a population of 53 million, and with very slow population growth. Italy unquestionably has grave economic and social problems and a living level unacceptable in California today. Yet one might speculate that life in Italy as it is today might well be more favorable to man's individual needs than life for the average citizen would be a generation hence in California, with continuing ecological deterioration.

In the Aerojet-General report, we have a prime illustration of the strong tendency to ignore the need for ecological wisdom, and to depend on the computer for guidance when its role can only be that of analysis:

"The problem of waste management in an encapsulated environment has been the subject of intensive work by the aerospace industry. All factors affecting waste generation in the space cabin, its processing, reclamation, and disposal were evaluated in approaching an optimized solution. The space waste disposal system as finally designed will represent the most advantageous compromise among the various significant features, such as performance, reliability, weight, volume, and cost. The tools used in this evaluation are system analysis and system engineering, with the selective application of a broad spectrum of technological capabilities. The possibility of using these tools to design an effective waste management system in an environment that is complicated by political, legal, and geographical considerations was studied by Aerojet-General in the scope of this contract. The criteria and environment are different from those of the space cabin, but the principles used in studying their interactions are the same and so is the end objective: to find the optimum solution to a highly complex problem."

* * * * * * *

That the computer's success in producing a viable encapsulated environment in the Gemini capsules can be taken as a safe guide to planning California's ecological future carries an analogy very far.

Applying the computer, the aerospace technicians hopefully blueprint a plan for 50 million Californians to hold the pollution of their water, their air, and their land to a point that will enable them at least to survive. This plan does not say anything about what might be done, to assure an ever-enhanced quality of life for the people of the State. The late Norbert Wiener, pioneer in cybernetics and computer technology, in his posthumous book, "God and Golem, Inc.," warned against the increasing tendency to cast our burdens on the computer and to hope for miracles. It requires only an abacus to establish that on a planet of finite size, no organism can continue to multiply indefinitely whether it be microbe, minnow, or man. The computer, which is an industrious slave when given exact directions, cannot "solve" any of the basic problems of ecology; it cannot apply wisdom to solving the burgeoning problems which confront modern man.

There, in these two necessities for population control and for pollution prevention, one sees the two dominant and determining issues which Californians, and the human race, must deal with effectively if any measure of the good life is to be possible on this hectic planet.

In the developing lands of Asia, Africa, and Latin America, the imbalance in population versus resources appears to be reaching the gruesome end point of

famine on a scale never dreamed of before. This could check the runaway growth of human numbers. Perhaps after this awful cleansing, man will begin to see himself in his place on the planet in more rational perspective. Yet what is happening in California is different, and if current trends continue it may well prove more devastating in the long run than the impending tragedy some of the developing countries face. If human wisdom and ingenuity fail in California, what hope will there be for breakthroughs elsewhere under less favorable circumstances?

Fortunately, the expansionist obsession is no longer universal. A number of ecology-oriented organizations exist in California. Among the pioneers is the Sierra Club of San Francisco, which has for a number of years carried on an increasingly effective campaign to conserve the resources of the region. The Save-the-Redwoods League has centered specifically on attempting to prevent the ruthless exploitation of one of California's unique resources. A number of other organizations are concerned with this problem.

There are a few hopeful indications that attitudes may be changing. A Gallup poll released on April 24 indicates that the relentless tide of urban migration which has for so long gripped the United States may have passed its peak. The pool found that "Of those persons who live in the biggest cities (500,000 and over), nearly half would like to live somewhere else—in the suburbs, a small town, or on a farm. On the other hand, of those who live in these latter areas, few express any interest in moving to the big cities." If this report is substantiated by a definite change in migratory pattern, it will represent a profound change in attitude. Between 1950 and 1960, the large metropolitan centers grew by some 23 million people. A sharp slacking off in this trend could greatly modify population distribution in the United States.

Because California has come to embody the epitome of the American dream, it has drained millions from the rest of the Nation. Because it has been the mecca to which both young and old turned their eyes, its predicament has a national significance. If Californians take the essential steps to deal with the crisis which confronts them, it may well be a guidepost for the entire Nation.

ROBERT C. COOK, *Editor.*

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THE AGE OF INVERTED UTOPIAS

"In the midst of old countries disappearing and new ones coming to birth, few men have paused to notice that a familiar and cherished nation, unique in offering honorary citizenship to all humanity, is in danger of quietly fading from the map. That country is Utopia * * *. During this century there has been an unequaled production of imaginary societies * * *. But the significant fact is this. A decreasing percentage of the imaginary worlds are Utopias. An increasing percentage are nightmares. The 'dystopia' or 'inverted Utopia' or 'anti-Utopia' * * * was a minor satiric fringe of the Utopian output in the 19th cen-

tury. It promises to become the dominant type today * * *."—Chad Walsh, "From Utopia to Nightmare."

POPULATION POLICY OF THE SIERRA CLUB OF SAN FRANCISCO

At their March (1965) meeting, the directors of the Sierra Club adopted the following policy statement:

"The 'population explosion' has severely disturbed the ecological relationship between mankind and his environment. It has caused an increasing scarcity of wildness and wildlife and his impaired the beauty of whole regions, as well as reducing the standards and the quality of living. In recognition of the growing magnitude of this conservation issue, the Sierra Club supports a greatly increased program of education on the need for population control."

Overpopulation is often viewed as a threat that is almost, but not quite yet, upon us. The board of directors, however, has not made this mistake. Note the significance of the past tense in the club's new official policy: overpopulation "has disturbed * * * has caused * * * has impaired." Anybody who has seen fields, forests, orchards, and meadows obliterated to provide sites for ticky-tacky housing, such as that shown on this month's cover, should realize that overpopulation is today's problem as well as tomorrow's.

Reluctance to face the population problem squarely may stem from reluctance to face its corollary: that a constantly accelerating consumption of unrenewable resources cannot be sustained indefinitely. If we insist upon making a virtue of an "expanding economy"—i.e., increasing per capita consumption—and if population continues to double every 40 years or less, the earth's carrying capacity will be prematurely curtailed. Man's habitat is finite, and cannot support infinite numbers any more than a marsh can support infinite numbers of wildfowl or a range can support infinite numbers of deer.

Population control would not insure attainment of the club's conservation objectives, but it would make them attainable. There would be no hope of attaining our goals in a world with too little of everything except people.—SIERRA CLUB BULLETIN.

AN ECONOMIST AND A GEOGRAPHER VIEW THE AMERICAN SCENE

A ride in the country

"* * * The family which takes its mauve and cerise, air-conditioned, power-steered, and power-braked automobile out for a tour passes through cities that are badly paved, made hideous by litter, blighted buildings, billboards, and posts for wires that should long since have been put underground. They pass on into a countryside that has been rendered largely invisible by commercial art. (The goods which the latter advertise have an absolute priority in our value system. Such aesthetic considerations as a view of the countryside accordingly come second. On such matters we are consistent.) They picnic on exquisitely packaged food from a portable icebox by a polluted stream and go on to spend the night at a park which is a menace to public health and morals. Just before dozing off on an air mattress, beneath a nylon tent, amid the stench of decaying refuse, they may reflect vaguely on the curious unevenness of their blessings. Is this, indeed, the American genius?

"* * * The day will not soon come when the problems of either the world or our own policy are solved. Since we do not know the shape of the problems we do not know the requirements for solution. But one thing is tolerably certain. Whether the problem be that of a burgeoning population and of space in which to live with peace and grace, or whether it be the depletion of the materials which nature has stocked in the earth's crust and which have been drawn upon more heavily in this century than in all previous time together, or whether it be that of occupying minds no longer committed to the stockpiling of consumer goods, the basic demand on America will be on its resources of ability, intelligence, and education. The test will be less the effectiveness of our material investment than the effectiveness of our investment in men."—JOHN KENNETH GALBRAITH, "The Affluent Society." Boston: Houghton Mifflin, 1958.

Organism and environment

"Apart from the engineering aspects of space design there are human considerations that have to do with man as a living organism. The desecration of the natural landscape and the growing tendency to bury living things under asphalt and concrete are fraught with unknown consequences. There are neighborhoods in large cities where a child cannot walk upon sod or the bare earth.

It is possible that metropolitan man may destroy the natural habitat before he has discovered a pattern for a synthetic environment that offers equal opportunity for survival of life and sanity * * *. To the man who is committed to the metropolitan environment, the city has the obligation to put within his grasp the good life that it claims it can offer, or ultimately it may have to provide him with quarters in a psychiatric ward."—EDWARD HIGBEE, "The Squeeze." New York: William Morrow & Co., 1960.

Senator GRUENING. From many and varied sources come gratifying letters acknowledging the need of S. 1676. The rapid population growth is being recognized in its enormity by social, industrial, legal, and legislative groups. I now direct that a letter from Mr. Michael McCloskey, conservation director of the Sierra Club of Mills Tower, San Francisco, Calif., forwarded to me from Senator McClellan, be included in the printed record of this hearing.

The subcommittee wants this hearing record to be factually correct and will request further information concerning venereal disease morbidity, ages 15 to 19, from the Department of Health, Education, and Welfare. I direct the inclusion of such information in this printed hearing record.

(The items above mentioned follow:)

EXHIBIT 198

LETTER OF ENDORSEMENT FOR S. 1676

(By Mr. Michael McCloskey, conservation director of the Sierra Club of Mills Tower, San Francisco, Calif., to Senator McClellan and forwarded to Senator Gruening)

MARCH 23, 1966.

Senator JOHN MCCLELLAN,
Chairman, Committee on Government Operations, U.S. Senate, Washington, D.C.

DEAR SENATOR MCCLELLAN: I am pleased to be able to report that the Board of Directors of the Sierra Club adopted the statement of policy that follows at their most recent meeting in San Francisco on March 5, 1966.

"The Sierra Club endorses the objectives of legislation to establish federal machinery to deal with the problems of rapid population growth (S. 1676)."

Founded in 1892 by John Muir to preserve the scenic resources of the United States, the Sierra Club's membership now exceeds 37,000 and is grouped in chapters found throughout most of the nation.

Sincerely,

MICHAEL MCCLOSKEY,
Conservation Director.

EXHIBIT 199

LETTER AND SUMMARIES OF REPORTED VENEREAL DISEASE MORBIDTY FOR 15–19-YEAR-AGE GROUP FOR SELECTED CITIES AND STATES, AND THE UNITED STATES, 1960–65

(By Dr. Philip R. Lee, Assistant Secretary for Health and Scientific Affairs, HEW)

AUGUST 29, 1966.

Hon. ERNEST GRUENING,
U.S. Senate, Washington, D.C.

DEAR SENATOR GRUENING: In response to your request, I am enclosing summaries of venereal disease morbidity for the 15–19-year-age group for selected cities and for the United States during the periods 1960 through 1965. You will note, I am sure, the significantly higher number of cases and rates per 100,000 population for infectious venereal diseases in the selected cities.

I hope this information will be of interest.

Sincerely,

PHILIP R. LEE, M.D.,
Assistant Secretary for Health and Scientific Affairs.

Summary of reported venereal disease morbidity for 15- to 19-year-age group for selected cities and States, 1960–65 [1]

Calendar year	Primary and secondary syphilis		Gonorrhea		Infectious VD		Primary and secondary Syphilis		Gonorrhea		Infectious VD	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
	Selected cities						States, excluding selected cities					
1960	428	45.0	6,829	718.1	7,257	763.1	114	6.1	1,746	94.1	1,86	100.2
1961	564	57.1	7,098	719.1	7,662	776.2	174	8.8	1,896	96.1	2,070	104.9
1962	614	60.0	6,604	644.9	7,218	704.9	169	8.1	2,039	97.6	2,208	105.7
1963	555	52.4	7,483	705.9	8,038	758.3	170	7.7	2,143	97.1	2,313	104.8
1964	534	48.7	8,308	757.3	8,842	806.0	198	8.5	2,595	111.7	2,793	120.2
1965	626	55.3	9,625	849.5	10,251	904.8	200	8.2	3,232	132.7	3,432	140.9

[1] Selected cities are Baltimore, Chicago, New York City, Philadelphia, and Pittsburgh. Selected States are Maryland, Illinois, New York, and Pennsylvania. Rates are cases per 100,000 population.

97-785—67—pt. 5-B——9

Reported venereal disease morbidity for 15- to 19-year-age group, United States, 1960–65

[Rates are cases per 100,000 population]

Calendar year	Primary and secondary syphilis		Gonorrhea		Infectious VD [1]	
	Cases	Rate	Cases	Rate	Cases	Rate
1960	2,577	19.8	53,649	412.7	56,226	432.6
1961	3,215	24.2	52,131	392.7	55,346	416.9
1962	3,587	24.8	51,679	358.0	55,266	382.9
1963	3,438	22.8	54,509	361.9	57,947	384.7
1964	3,595	22.7	61,066	386.2	64,661	408.9
1965	4,039	24.2	66,947	400.8	70,986	425.0

[1] Primary and secondary syphilis and gonorrhea.

Senator GRUENING. A statement of particular interest to this subcommittee comes upon request from Mr. Thomas M. Ware, who is chairman of the board of the International Minerals and Chemical Corp. as well as chairman of the board of trustees of the American Freedom from Hunger Foundation, Inc.

Mr. Ware shares the subcommittee's concern as to the gravity of the problems that surround our pullulating population. His thinking, in terms of the world crisis, takes the form of an equation which he calls "the great population/land/food equation." He indicates that, continuing at the present rate, the world population of 3 billion people will become 6 billion within the next 35 years. I quote from him—"No, 35 years is no time at all, not when 6 billion people must be fed."

But 5 percent of all of the world's surface is arable land, Mr. Ware notes, and of this 5 percent fully three-fifths is already in use. He also states that 40 percent of the world's people are children under 15 years of age who are just coming into the childbearing years. Staggering statistics.

Mr. Ware points out that fertilizers "in and of themselves are not enough to offer an alternative to famine and malnutrition." He stresses the need to promptly corral all productive capacities for global agricultural development, and that "only private enterprise and its miracle of technological organization can do the job—or—the population/land/food equation might become the epitaph of our civilization."

(The statement in its entirety follows:)

EXHIBIT 200

STATEMENT TO THE SENATE GOVERNMENT OPERATIONS SUBCOMMITTEE ON FOREIGN AID EXPENDITURES, JUNE 15, 1966

(By Thomas M. Ware, chairman of the board, International Minerals and Chemical Corp., and chairman of the board of trustees, American Freedom from Hunger Foundation, Inc.)

I am grateful for this opportunity to present my views on the impending world food crisis, for agricultural resources and their development bear heavily on any consideration of the population explosion, with which S. 1676 is directly concerned.

As chairman of the Freedom From Hunger Foundation and of International Minerals & Chemical Corp., I have become gravely concerned with the widening gap between the world's agricultural resources and its rapidly increasing population.

The Freedom From Hunger Foundation is a private, nonprofit organization supported by private individuals and business concerns, working in cooperation with the Food and Agriculture Organization (FAO) of the United Nations in a worldwide effort to increase food production and lift nutrition levels in the developing countries, where even now hunger and malnourishment are common.

IMC is the world's largest producer of chemical fertilizer materials and minerals for growth, with some 200 mines, mills, plants, and offices around the world. In my work with IMC, I have become convinced that a highly productive, capital-forming agriculture is the gateway to overall economic development. I am persuaded that private enterprise will provide the dynamic element in this development, and I am not unmindful of the difficulties placed in its path in countries which choose to operate a planned economy at the expense of agricultural productivity.

The demands of an exploding population will no longer permit us the luxury of unrealized potentials. So I have followed these hearings with interest, and I welcome the opportuntiy to add my thoughts to the record.

I tend to think in mathematical terms of the world crisis confronting us. This thinking takes the form of an equation—what I call the great population/land/food equation.

All too often the global hunger problem is spoken of in vague and imprecise terms, but this equation helps throw into focus the exact dimensions of the problem, and this in turn suggests possible avenues toward solution.

The first factor in the equation is population—the number of people in the world today, and how fast this number is increasing. This is a compounding factor, a very frightening one, and I will not dwell upon it because I know earlier statements at these hearings have explored it.

It is enough to say that if present trends continue (and there is every indication that they will not only continue but will accelerate) the present world population of some 3 billion people will double to more than 6 billion within the next 35 years. The figure takes on a nightmarish quality when we realize that even today there are at lesat 1½ billion malnourished and starving. Some experts put the number closer to 2 billion.

Thirty-five years sounds like a long time away. And it is; it is half a lifetime away—plenty of time, it would seem, to expand mankind's food-producing resources.

Nothing could be more misleading, and for two reasons. First, 35 years is a very short time indeed when you consider how long it takes even our advanced technological society to move something from the idea stage to the finished product stage. For example:

It took about 20 years to turn television into a household word. It took about 25 years to turn atomic power into an economic force. It took, if you please, about 15 years from original point of consideration to completion for my company to bring the world's largest potash mine on stream, up in Saskatchewan.

No, 35 years is not time at all, not when 6 billion people must be fed.

But, some may say, surely it can't take that long just to plow up new fields and put more land under cultivation. The truth is, even should we overlook the tremendous problems of technology and organization the developing nations need to achieve greater production, it is impossible to put much more land under cultivation. The land just isn't available.

This matter of available land is the second reason why there isn't much time, and the second factor in the equation.

We like to think of the world as pretty big, with lots of wide open spaces where a man can fill his lungs with fresh air and spread his elbows a little.

But the facts are, of all the world's surface, only 5 percent at the very most is arable land—only one-twentieth, and then only if we bend our every technological and organizational effort. The rest is all water, or desert, or rocky precipitous mountain slope, or ice, or permanent frost, or frozen steppe—the list goes on and on.

And of the 5 percent of the earth's surface that may be arable, fully three-fifths is already in use. Moreover, in all of the last 25 years, that 3 percent has been increased by less than one-seventh.

It becomes obvious that simply opening up new lands—if we can—will not relieve much of the increased demand for food from our doubling world population.

I should say at this point that a new responsibility in procreation is a matter of urgent and utmost necessity, not only in the developing countries, but in every country where population is increasing. Of this there can surely be no doubt.

The world cannot go on doubling its population every few years; the present rate of increase cannot continue.

The committee has heard from dozens of distinguished authorities on this subject. I do not recall a wider, more august gathering of views, among them those of Presidents Johnson and Eisenhower, Secretary Freeman, a large number of Nobel laureates, high officials of other countries, and outstanding spokesmen of science, medicine, government, foreign affairs, business, and religion.

I will not presume to repeat what has already been amply stated by these authorities, except as it bears on the increasing concern over stepping up world food production.

The doubling of the world's population will absorb all industrialists from here forward. The projection is based on mathematical certainty, for 40 percent of the world's people are children under 15, just coming into the childbearing years. Whole new educational systems and social structures cannot be developed overnight; traditions of many centuries cannot be changed drastically to alter the course of world population. Everything that can be done must be done, but this alone will not be enough. For some years yet to come there will be a lag between effort and demonstrable results.

It is this "in between" period that can be particularly dangerous. This is the period in which the beginnings of famine or the threat of famine can lead to widespread upheaval. Quite aside from the fact that I believe men of good will everywhere have a moral responsibility to try to prevent such widespread and devastating human misery, it is clear that the United States cannot long remain unscathed in a world in which most of the people are driven to despair in their hope for enough to eat.

We cannot long provide for the insistent and insatiable demands of the teeming masses of the hungry nations; already our surpluses have dwindled away, and not even the incredible productivity of the American farmer can feed the world.

It seems to me our immediate goal must be to initiate a farseeing program to help the world feed itself.

One generally accepted step to boosting food output is the use of increasing amounts of fertilizer, particularly in the low-development, high-population-increase areas of Asia, Africa, and Latin America. Better seeds, better machinery, better irrigation, better pesticides, better soil conservation practices—all play their role, but fertilizer materials are recognized as having the unique ability to boost yields per acre rapidly. Fertilizers are considered the one input that can give dramatic, sudden—and satisfying—results.

But if I may, I would like to disagree with those who say that fertilizers are the solution. As head of the world's largest producer of chemical fertilizer materials, I must point out that fertilizers in and of themselves are not enough to offer an alternative to famine and malnutrition.

They are of course part of the immediate answer; but the rest of the answer lies in our society's development of technological skills and the arraying of these skills into private enterprise organizations.

As I indicated earlier, I am persuaded that private enterprise will provide the dynamic element in economic growth throughout the developing world.

And I think much of this private enterprise will have to come from America and the rest of the West, for private incentive requires capital investment, and few developing nations have the capital.

Encouragement of this sort seems to lie in President Johnson's food-for-freedom program. He has labeled self-help "the key to victory" in the struggle against hunger and malnourishment, and he has requested that our surplus foods be shipped only to those nations where self-help efforts are apparent.

But self-help is only the beginning. The dimensions of the problem are titanic. It is estimated, for example, that 30 million tons of fertilizer a year will be needed in Asia, Africa, and Latin America by 1980 just to keep food grain production at present per capita levels. Such high tonnages are equal to 10 times the fertilizer consumption of those 3 continents in 1961, and the equivalent of total world consumption in 1962. As much as 20 of the 30 million tons needed by 1980 will have to be imported. These figures compare with total world fertilizer consumption last year of 40 million tons.

I cannot stress too strongly the need to develop promptly the productive capacities of agriculture around the world—or the conviction that only private enterprise and its miracle of technological organization can do the job.

For any of us to do less than we can in this area would be unthinkable * * * and the population/land/food equation might become the epitaph of our civilization.

Senator GRUENING. The university community is becoming increasingly concerned about the need to learn more about the population problem. In Cambridge, Mass., the Harvard Center for Population Studies has been in operation since October 1964. Its director is Roger Revelle. To better acquaint more people with the work of the center the subcommittee requested the following information.

(The above-mentioned items follow:)

EXHIBIT 201

IMPROVING QUALITY OF LIFE, BY LIMITING ITS QUANTITY, IS POPULATION CENTER GOAL

(By Jeffrey C. Alexander, the Harvard Crimson, Mar. 17, 1966)

When most people think about a population studies center, they imagine gloomy Malthusian statistics and birth control pills. When Roger Revelle, director of the Harvard Center for Population Studies, thinks about population, he worries about getting more protein to India, reducing child mortality, and using the energy of the Aswan Dam to cut the birth rate in Egypt.

In the old days of demography—the study of population statistics—the experts would have considered Revelle's ideas strange and alarming: "A population center deals with improving the quality of human life; controlling the quantity of population is incidental to this larger goal." But today most population experts would agree with this statement.

The population centers at Chicago and Princeton dominated the old guard of demographic study. They were limited in their activity to analyzing trends in population figures, rather than developing solutions for the problems they uncovered. But in recent years population studies have been revolutionized at new research centers, like the ones at Harvard, Michigan, and Johns Hopkins.

When the Harvard Center for Population Studies was established in October 1964 it initiated a more ambitious program than any other center in the United States. Its membership includes engineers, divinity students, psychologists, computer experts, medical researchers, educators, economists. They study the ethics of birth control, the physiology of the reproductive system, and the allocation of resources in poor countries to further population control.

The job of directing these diverse activities requires a man with an equally wide range of experience, and Revelle is a distinguished natural scientist as well as an experienced administrator. A former oceanographer and director of the Scripps Institute for Oceanography, he was honored by the National Academy of Sciences in 1964 for "outstanding contributions to oceanography." The same year he became dean of research at the University of California. As science adviser to Secretary of the Interior Stuart Udall in 1962, he served as Chairman of the Pakistan project, which conducted a general review of the agricultural conditions in West Pakistan. Also, he was one of the five permanent foreign members of the Indian Commission on Education, which is now concluding its final report.

Harold A. Thomas, Jr., Gordon McKay professor of civil and sanitary engineering, and a member of the center, worked with Revelle on the Pakistan project and was instrumental in bringing him to Harvard from California. "He is such an effective director of experts," Thomas has said of Revelle, "because his genius allows him to become the second best expert on anything in a short amount of time. He is on top of everything that goes on at the center."

Thomas himself, who is studying the relationship between resource utilization and population change in underdeveloped countries, is engaged in one of the center's most spectacular projects. Through his research, he hopes to develop efficient computerized methods for bringing population control to underdeveloped areas.

From Thomas' viewpoint, the greatest benefit from applying computers to large socioeconomic problems like overpopulation lies in their ability to consider a vast number of background factors in terms of an equally large array of alternative actions. A tremendous backlog of information on actual socioeconomic

conditions in different areas has to be acquired before a computer model for development can be produced. Presently, the center is operating one field station in Egypt; Thomas hopes to establish other outposts in Sweden, India, the Pacific islands, Latin America, and Africa.

The project in Egypt is sponsored by the Ford Foundation as a pilot study to determine the best of the water from the high Aswan Dam and its subsequent effects on Egypt's population crisis. The water could be used as irrigation for expanded agriculture or as hydroelectric power for industrialization. If it were used to industrialize—the course Thomas favors—a general immigration from farms to cities would be started. Past experience has shown that populations are most amenable to birth control techniques during this period of transition. Also, Thomas said, throughout history, whenever a new water technique was introduced, a population change accompanied it.

The industry resulting from the utilization of water power can also be planned to reduce the population problem. For instance, Japan helped to stabilize its birth rate by drawing women into the working community. Industries can thus be created that use techniques which appeal to women's special abilities. So if planners have a choice, they should build an electronics industry, which makes use of the sustained precision effort for which women have an aptitude.

The computer model which Thomas envisages would make analyses of this sort but on a fantastic scale. Even for small nations, several man-years of effort would be necessary to incorporate all the fine-grained statistics needed for an effective plan. Although each nation requires a different population policy in accordance with its particular development program, the computer could easily adapt its core of hard knowledge gained from research in the field.

The varying factors which determine the population structures of different countries are also the subject of two research projects conducted by David MacA. Heer, 1950, assistant professor of biostatistics and demography. In the first study, Heer is concerned with the Soviet Union's demographic transition from an underdeveloped nation with high birth and death rates to an industrial society with low vital rates.

One significant fact which Heer has discovered in his research is that although birth and death rates in the U.S.S.R. and the United States are approximately equal, total births per woman of child-bearing age in Russia are somewhat lower than in the United States. This paradoxical situation occurs because there are more Russians than Americans in the prime fertility age, between 20 and 29 years old. The great depression drastically reduced the prime fertility age group in America today.

ETHICS AND PHYSIOLOGY EXPERTS PROBE ISSUES OF BIRTH CONTROL

But there are other factors contributing to Russia's low fertility. The terrific strain of its rapid socialization is partially responsible. Although party propaganda has always encouraged a high birth rate, the use of women in the work force and the extended period of inadequate overcrowded housing have depressed the birth rate. In addition to these natural causes of a low rate of birth, there are, in fact, indications that a majority of the Soviet population favors birth control, either through conventional techniques or abortion. Heer believes the Government legalized abortions in 1955 only because doctors were already handling a great many illegal abortions and because the flaunting of the law threatened party morale. No matter what the party dogma says, Heer sees a definite change in the Soviet leadership's attitude toward population limitation: "It appears that they've decided it's just too expensive to raise their birth rate."

Heer has discovered other factors that mark a decline in the birth rate of a nation which are common to both Russia and the United States. They are concurrent with industrialization and improved medical techniques. Just as the Soviet birth rate has declined since the great industrial push in the early thirties, so the United States has shown a steady decline from the 1970's to the late 1930's. Decreasing child mortality has played a major role. For example, figures reveal that the interval between births when a child lives is substantially greater than when the child dies at birth: breast nursing causes sterility for 11 months, while death at birth causes only 2 months of sterility.

The second factor common to both countries is the shift from dependence on the family as a source of support in old age to a reliance on support from the government. It used to be that the more children parents had, the more assistance they would receive when they could no longer support themselves. Today, measures like social security, which are part of modern industrialization, make family dependence unnecessary.

In his second project, Heer is making a statistical analysis of the social factors which differentiate fertility of nations. He has approached the problem of the effects of economic development on fertility in a unique way. Although experts have always known that economic development means a lower birth rate, Heer claims the direct result of economic development is an increase in fertility. An example is the large increase in the American birth rate in the prosperous post World War II period.

It is only the indirect effects of development according to Heer which lead to an eventual depressing of the birth rate. Heer points to the increased cost of children in an industrial urban society where parents have to pay for the space children take up and the food they eat. In an agricultural society children may be used productively in the farmwork, and there is no crucial space problem.

Other indirect effects of development are reduced child mortality, perhaps the most important single factor, and increased literacy. The latter is usually accompanied by delayed marriage and a more sensitive sophistication which leads to greater acceptance of family planning. Heer thinks that another indirect result of economic development, increasing technology, caused an 8 percent decrease in the U.S. birth rate over the last year with the acceptance of oral contraceptives.

Heer is also beginning a third survey to determine the effects which reducing mortality will have on the population rate. The study centers on determining how many offspring a couple will need to assure themselves a 95-percent certainty of one surviving son when the father has reached his 65th birthday. Using a computer, the probability of having one surviving son will be determined at 24 levels of mortality, ranging from average life expectancies of 20 years to 73.9 years. The study assumes no couple can produce more than 12 children. Preliminary results reveal that population growth is greatest in the middle range of mortality. In periods of high mortality, couples will certainly produce many children, but most will not produce as many as they need to assume the survival of at least one son.

In societies where the mortality is so high that a couple must produce 7 to 9 sons to insure 1 surviving, the population growth will not achieve its maximum because the limit of children per family is 12. This also means that contraception would be useless in societies at this level, for mothers would try to have as many children as possible.

The population growth peaks at middle mortality where only five or six sons are needed. At this point, the couple would be producing close to the maximum number of children and the ratio of birth rate to death rate will be highest at this level.

The preliminary results of the study are revolutionary because they indicate that contraception cannot curb the population rate in societies with high mortality, and that it becomes really effective only in societies of very low mortality. Thus Heer concludes that "progress in curbing the population explosion may best be brought about through further reduction in mortality," rather than increased contraception.

Still, birth control is being studied in detail in both its ethical and biological aspects, by other members of the center. Assistant Professors Ralph B. Potter and Arthur J. Dyck, both of the divinity school, teach and do research on the relationship between ethics and population control. Dyck justifies the inclusion of ethics in population studies by pointing out that the real problem in controlling birth rates is not the acceptance of birth control techniques. This often results only in a more even spacing out of a large family, he explained. The real variable is whether people want a large or small family or, as Dyck put it "what one wants out of a family." At this level, the influence of religion becomes crucial.

The seminar Dyck and Potter are giving on religious ethics and population control exemplifies their research at the center. It covers three areas. First, it surveys the writings and pronouncements of religious groups to determine their attitude toward family planning and the population crisis. Research thus far has revealed a subtle yet significant difference between Protestant and Catholic attitudes.

Although the Catholic Church is not opposed to the idea of family planning, it still outlaws the use of any specific techniques except the rhythm method. Also, powerful elements within the Catholic Church still are not convinced that a real population danger does exist. The only books which receive official church sanction, Dyck noted, are those which assert that by improving techniques of utilizing resources, undeveloped countries will achieve industrialization, which will be enough by itself to halt the soaring population growth.

Juxtaposed to Catholic teaching, Protestant thought today recognizes the situation as a crisis and recommends mitigation of it through family planning.

It allows the conscience of the couple to decide upon a proper birth control device.

The practical value of this part of the study will appear when the seminar determines what influence religious factors have on fertility rates. Dyck and Potter believe the effects are direct. The seminar's report on this relationship will combine a summary of the most accurate studies with some empirical research by the seminar itself. Dyck and Potter feel the seminar's study of differential fertility is unique for two reasons. First, it takes into account that the influence of a certain religion on the fertility of its followers is dependent as much upon the consistency with which it is practiced as the doctrines it teaches. Previous studies have been superficial because they have neglected the consistency factor.

A second factor which is not usually considered in studies of religion's effects is that religious attitudes often become so absorbed into a culture that aspects of the society which once resulted from religious doctrines are no longer recognized as such.

To determine whether these different religious teachings are sound becomes the final task of the seminar. The doctrines will be judged in two ways: (1) Is the position taken by the religion consistent? (2) Is it morally correct? Through the seminar and in their own private research, Potter and Dyck hope to provide a sound basis for individuals to think critically about population while remaining within the context of their religion. "We are trying to lead the seminar members to explore the latent resources in their own religions which might be used to interpret * * * the problems of the sudden increase in population in recent years," Potter said.

While Dyck and Potter concern themselves with the ethical aspects of birth control, the biological aspects are being studied by Dr. Hilton A. Salbanick, professor of obstetrics and gynecology. He conducts his basic research in the laboratory of human reproduction, which was established at the school of public health in July 1965 as one liaison between the center, the school of public health, and the medical school.

The research, which is just beginning, will concentrate on two projects. In the first, Salhanick and his associates will try to discover exactly "the mode of action" of birth control pills. "There are 5 million women taking them and we still don't know their basic mechanism of action," Salhanick said. It is hoped the research will lead to improvements in the pill.

The purpose of the second project is to develop a method by which a woman will be able to determine the exact time of her ovulation each month by a simple home test. At present there is no such convenient way to determine ovulation. By allowing a couple to know with certainty the exact date of ovulation, the research could lead to a method of birth control uncomplicated by use of pills and devices. Such a new method of birth control, Salhanick said, is desirable because "a large segment of people won't accept anything else and others don't have any access to the more expensive devices."

Most of the center's projects are geared for long-range goals. But given the worldwide rapid rate of population growth, the need for action is becoming increasingly immediate. According to Thomas, the difference between instituting "moderate" birth control measures in underdeveloped countries now and 15 years from now would amount to a 25-percent difference in the population of those countries by 2025.

EXHIBIT 202

HARVARD UNIVERSITY CENTER FOR POPULATION STUDIES

(Report for Oct. 1, 1964, to Sept. 30, 1965)

After a gestation period of several years, the universitywide center for population studies became a reality in October 1964.

OBJECTIVES

The center was established to help scholars and scientists in different fields join in a common attack on human population problems. The first task was to define its scope and objectives. It will attempt to enlist faculty and research staff members who are concerned with the history, dynamics, and means of

control of human population changes; the physiology of reproduction; the psychology and sociology of human fertility; and the relations between resource development and population growth. Future research and teaching programs will include, in addition, questions of health, nutrition, education, and moral values, as related to population problems, and the ways in which both the natural and the social environments can be better fitted to human beings.

STAFFING

Roger Revelle began his duties as director of the center, and Richard Saltonstall, professor of population policy, on October 1, 1964.

New staff appointments in the center and in the associated department of demography and human ecology of the school of public health (this department was established in 1962, several years before the center) included four faculty members and eight reseach and senior administrative staff members. Five of the latter were temporary or visiting appointments.

In October 1964, Dieter Koch-Weser, who had worked for a number of years in Latin America, was appointed associate professor of tropical health and human ecology, and assistant to the dean of the school of public health for Latin American programs. He will devote approximately half time to the population program.

In June 1965, Hilton A. Salhanick, formerly head of obstetrics and gynecology at Beth Israel Hospital, was appointed a member of the center and began the transfer of his laboratory research activities from Beth Israel to the center's headquarters in research building 2. Dr. Salhanick will continue as professor of obstetrics and gynecology in the Harvard Medical School, and will have his clinical affiliation with the Boston Lying-In Hospital. He is conducting basic research in human reproduction, and is developing and expanding a program of clinical research and teaching in problems of human fertility control. One of the ultimate practical goals of the research by Dr. Salhanick and his colleagues is to obtain the knowledge needed to devise more direct and less drastic methods of fertility control than those now commonly used. He is studying the menstrual cycle of normal women, the combined hormonal and neural communication systems that control the cycle, and the mechanisms of action of the hormones that prevent ovulation or conception.

At the beginning of the 1965–66 academic year, two young specialists in social ethics, Ralph E. Potter and Arthur J. Dyck, were appointed as assistant professors of social ethics in the Harvard Divinity School and members of the center. They will divide their time about equally between teaching in the divinity school and research in the center on moral values in family life and on religious and social attitudes toward family planning and fertility control. Among the questions they will seek to answers are:

How much do religious beliefs and moral values influence individual human beings in controlling the number and spacing of their children, and vice versa? How do these beliefs and values affect social attitudes and sanctions (political and otherwise) toward fertility control?

Can overt religious and moral beliefs be used to gain understanding of unstated values and unconsciously held beliefs about family relationships and fertility?

How can we foster an ethical position that will insure to men and women at the bottom of the social ladder the help they need to control their fertility, and yet avoid any taint of racism or class discrimination?

What religious and ethical structures can be used to arouse greater self-confidence and family responsibility among depressed social groups?

Beside these new faculty appointments, Prof. Harold A. Thomas, Jr., Gordon McKay professor of civil and sanitary engineering and acting head of the department of sanitary engineering, has focused his research in the center. He is studying the relationships between resource utilization and human population changes, and the application of new statistical methods, using large computers, to population problems. He has started to use these methods to analyze the complex range of relationships in different countries among birth rates, numbers of children in individual families, and rates of infant and child mortality.

In October 1964, Mrs. Pauline S. Wyckoff was appointed executive secretary of the center and administrative assistant to the dean. Later in the year, Miss Wilma E. Winters became librarian and research assistant. Dr. Rose Frisch

was appointed senior research assistant in January 1965. She is undertaking a comprehensive review of present and probable future food needs and supplies in the less developed countries.

Early in September 1965, Prof. Laila Shukrey El Hamamsy began a 6-month visit as senior research fellow in population studies. Professor Hamamsy is director of the Social Science Research Center of the American University in Cairo. She is studying the ways in which sociological fieldwork can be used to improve the effectiveness of family planning programs. A principal purpose of her visit was to plan a cooperative research and teaching program on Egyptian population problems between the Harvard Center for Population Studies and her own Social Science Research Center of the American University of Cairo.

In July 1965, Walter O. Spofford was given an 8-month appointment as research fellow in population studies under the sponsorship of the Ford Foundation office in Egypt. His task was to initiate a detailed study of possible alternative paths to resources development in Egypt, under the impact of the Aswan High Dam, and the needs resulting from rapid population growth.

A term appointment as research fellow in population studies was also given to Miss Irene Petritsi, beginning in September 1965. Miss Petritsi has been analyzing Greek census data in an attempt to gain a background of understanding of the recent remarkably low rates of population growth in Greece.

During the 1965–66 academic year, two faculty members of medical schools in Taiwan, Chieh Lu and Hsing-Ying Wu, have been appointed as research fellows in demography and human ecology. On their returns to Taiwan, they will have responsibility for developing population programs for their schools.

A complete list of the members of the center for population studies and of the department of demography and human ecology is given in appendix I.

FACILITIES

The present Boston headquarters of the center are on the top floor of research building 2 of the school of public health, at 665 Huntington Avenue. The facilities there consist of a library-conference room, offices, classrooms, and laboratories, constructed and equipped with support from the Ford Foundation and the Rockefeller Foundation. In the spring of 1965, additional office, classroom, and conference space was occupied in Cambridge, in an old but newly refurbished frame building at 9 Bow Street, adjacent to Harvard Yard. A shuttle service for faculty, staff, and students, using a "minibus," has been established to link the Boston and Cambridge offices. This avoids a lengthy trip by public transportation and minimizes parking problems at each location.

The Boston headquarters at the school of public health, in the midst of the Harvard medical area (which includes a number of hospitals) will facilitate the center's work on medical and public health aspects of population problems, including clinical work as well as teaching and research. The principal library of the center is in Boston. A working and reference collection is being assembled, consisting of books, periodicals, reprints, reports, and compilations of data on population problems, economic growth, social development, and reproductive physiology and psychology.

The Cambridge headquarters will be the focal point for the center's activities in other parts of Harvard University—the faculties of arts and sciences, public administration, education, and divinity, and the centers for middle eastern studies, international affairs, and urban studies.

TEACHING AND PUBLIC SERVICE

During the 1964–65 academic year, the faculty of the department of demography and human ecology taught courses for 24 physicians and other health professionals enrolled in the school of public health. The instruction dealt with problems of human population ecology, rapid population growth, fertility control, and materials and techniques of demographic analysis. In addition, Assistant Professor Heer gave a new course for the department of social relations of the faculty of arts and sciences, entitled "Problems of Population Growth." This was open to both Harvard and Radcliffe undergraduates. The courses are being repeated in the current academic year.

Modification of the birth control law of Massachusetts was being considered by the legislature in the spring of 1965, and consequently the staff of the center for population studies developed an intensive course of instruction on fertility control problems for Massachusetts physicians, nurses, social service workers,

and welfare personnel. The course was tested in June 1965 on about 40 persons from these different fields. It is planned to give this course and the accompanying instructional material to a series of different groups immediately after favorable action by the legislature, which again this year is considering a bill to repeal the law. Development and testing of the program was assisted by a grant from the Charles E. Merrill Trust.

Faculty and research staff members gave numerous public and professional lectures within and outside the university, and attended a large number of committee meetings and conferences, both in the United States and abroad.

Professor Revelle was a member of the U.S. delegation to the 13th general conference of UNESCO in November 1964. He represented the United States in the conference subcommission on science, where he introduced a recommendation that UNESCO develop a program of assistance to developing countries in population studies.

Revelle is also a member of the Education Commission of the Government of India, and in this capacity he spent 6 weeks in India during the spring of 1965. The commission has held hearings in each Indian State in which teachers, students, politicians, and civic leaders have testified about the problems and needs of Indian education at all levels from preprimary schools to postgraduate research. The rapid growth of the Indian population, with the resultant high proportion of children, presents an especially serious problem for Indian education, and this has led to a research project in the center on the interrelationships between education, population growth, and fertility control.

Two other areas closely related to population growth are the present and future food supply in the poorer countries of the world, and problems of pollution of air, water, and soil in the United States and other advanced countries. During the summer of 1965, Dr. Revelle was cochairman of a week-long conference supported by the Rockefeller Foundation on the future of the U.S. food-for-peace program. Throughout the period covered by this report, he was one of the members of the Panel on Pollution of the President's Science Advisory Committee, and was chairman of two of the task forces which prepared sections of the Panel's report.

During the fall of 1964, Dean Snyder conferred with health officials, medical faculty members, and representatives of foundations and international organizations in Pakistan, India, Thailand, Taiwan, and the Philippines on population control and family planning programs, and explored the possibilities of research related to these programs by the center for population studies. Similar explorations were carried out by Professors Koch-Weser, Plank, Revelle, and Thomas in Chile, Colombia, Brazil, and the United Arab Republic. Dean Snyder also advised on the initiation of a family planning program in cooperation with the Colonial Research Institute in the Bahamas.

RESEARCH

From 1953 through 1959, Prof. John E. Gordon and his associates of the Harvard School of Public Health conducted a field investigation of factors affecting fertility, population growth, and family planning in the northwestern part of the Punjab in India. This investigation was carried out in collaboration with the Government of India, the Ludhiana Christian Medical College, and the Rockefeller Foundation. For the past several years, the large quantity of significant and varied data from this investigation have been studied and analyzed by Professor Gordon, Assistant Prof. John B. Wyon, Dr. Robert G. Potter, and their associates, with financial support from several sources. Some 24 scientific papers have been published or are in press, and a book summarizing the entire work is in the final stages of preparation. These analytical studies were one of the major research projects during the period covered in this report.

Assistant Professor Heer carried out a variety of demographic analyses. Among these were studies of the significance of abortion in the Soviet Union, and of the time constants of racial interbreeding in the United States. He began a comprehensive statistical investigation of the relationships between different rates of infant and child mortality and the willingness of parents to limit the numbers of their children. What degree of assurance do parents require that one of their sons will grow up to manhood before they will accept family limitation?

Professors Thomas and Revelle initiated a program of research, in cooperation with the office of the Ford Foundation in the United Arab Republic, of possible alternative ways in which irrigation water and hydroelectric power from the Aswan High Dam could be used in developing the economy of Egypt, and perhaps

in relieving the pressure of rapid rates of population growth. Dr. Spofford (whose appointment was described on p. 1458) is continuing this work.

Other research projects and programs under the auspices of the center have been described in previous sections of this report. A list of publications from October 1964 through September 1965 is attached as appendix II.

FINANCIAL SUPPORT

Operating support for the center was provided by a grant from the Ford Foundation of $250,000 for facilities and $300,000 for planning, staffing, and vital operations during a 2½-year period from October 1964 to March 1967.

Continuing efforts were made to raise funds for the center during this period. The endowment of the Richard Saltonstall Professorship of Population Policy was completed; further gifts were made to the endowment of the John Rock professorship; the Andelot endowment was increased by a pledge almost sufficient for a third professorship; and the general endowment fund (the center for population studies endowment (1963)), was increased by several gifts totaling approximately $120,000.

The major immediate need is to obtain funds to match a Federal grant for construction of permanent quarters for the center, including laboratory space for the research program in reproductive physiology being undertaken by Dr. Salhanick and his associates, at the school of public health.

APPENDIX I

MEMBERS OF THE HARVARD CENTER FOR POPULATION STUDIES,[1] OCTOBER 1, 1964, TO SEPTEMBER 30, 1965

FACULTY

Arthur J. Dyck, A.E., A.M. (Psyc.), A.M. (Phil.), Ph. D., assistant professor of social ethics and member of the Center for Population Studies.

William H. Forbes, A.B., A.M., Dr. Phil., M.D., lecturer on physiology, assistant to the dean of the school of public health, and faculty adviser to foreign students.

David M. Heer, A.B., A.M., Ph. D., assistant professor of biostatistics and demography.

Dieter Koch-Weser, M.D., S.M., Ph. D., associate professor of tropical health and human ecology, and assistant to the dean of the school of public health for Latin American programs.

Stephen J. Plank, Ph. B., A.B., M.D., M.P.H., Dr. P.H., assistant professor of population studies.

Ralph B. Potter, Jr., A.B., D.B., Th. D., assistant professor of social ethics and member of the Center for Population Studies.

Roger Revelle, A.B., Ph. D., Sc. D. (honorary), A.M. (honorary), Richard Saltonstall professor of population policy and director of the Center for Population Studies.

Hilton A. Salhanick, A.B., A.M., Ph. D., M.D., professor of obstetrics and gynecology and member of the Center for Population Studies.

John C. Snyder, A.B., M.D., LL.D., Henry Pickering Walcott professor of public health, dean of the school of public health, and acting chairman of the department of demography and human ecology.

Harold A. Thomas, Jr., S.B., S.M., S.D., Gordon McKay professor of civil and sanitary engineering, and acting head of the department of sanitary engineering.

John B. Wyon, B.A., M.B., B. Ch., M.P.H., assistant professor of population studies.

RESEARCH AND SENIOR ADMINISTRATIVE STAFF

Robert P. Burden, S.B., S.M., S.D., assistant to the dean of the school of public health.

Rose E. Frisch, A.B., A.M., Ph. D., senior research assistant.

Laila Shukry El Hamamsy, A.B., M.S.S., Ph. D., senior research fellow in population studies.

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[1] Including members of the department of demography and human ecology in the School of Public Health.

Chieh Lu, M.D., M.P.H., research fellow in demography and human ecology.
Irene Petritsi, A.B., M.P.H., research fellow in population studies.
Robert G. Potter, Jr., A.B., A.M., Ph. D., research associate in demography.
Walter O. Spofford, Jr., S.B., S.M., Ph. D., research fellow in population studies.
Wilma E. Winters, A.A., S.B. Ed., A.M., librarian of the Center for Population Studies.
Hsing-Ying Wu., M.D., M.P.H., Dr. M. Sc., research fellow in demography and human ecology
Pauline S. Wyckoff, A.B., administrative assistant to the dean of the school of public health, and executive secretary of the Center for Population Studies

APPENDIX II

PUBLICATIONS, OCTOBER 1, 1964, TO SEPTEMBER 3, 1965

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EXHIBIT 203

THE PROBLEM OF PEOPLE

(By Roger Revelle;[1] reprinted from Harvard Today, autumn 1965)

CAN MAN DOMESTICATE HIMSELF?

Present rates of human population growth confront us with a problem that is unique in the long history of our species.

Hundreds of thousands of years were required to produce, by 1850 A.D., a living population of 1 billion people. The second billion took 75 years more, from 1850 to 1925, but only another 35 years until 1960 were needed for the third billion. The fourth billion will be here by 1980, and the fifth 10 years later, by 1990. Unless drastic changes in birth or death rates occur, the population increase between now and the year 2000 will be larger than the entire present population of the earth.

Bringing down rates of population growth to a manageably low level will require far more knowledge and experience than we now possess. Economic, sociological, medical, and educational research on a large scale and a wide front are urgently required. The problem may well be the most difficult mankind has ever faced, for its solution lies in controlling one of the basic drives of all living things—to reproduce.

When we try to bring down death rates, every human instinct is on our side. Nearly everyone wants to live longer. Everyone thinks other people should live longer. When we try to bring down birth rates, most human instincts work against us. It is not merely a question of the sex instinct; it is a question of the meaning of life—the joy of having children, the feeling that one is a complete human being only if he has children.

The number of human beings on the earth may ultimately be limited by one or more of many factors—the total energy available for food and material production, the biological and psychosomatic results of crowding, or more hopefully, the conscious and deliberate decisions of individual men and women.

At least a temporary check on population growth could come from the increased area of cities. During the next century, most people will live in cities. The farm population of the world will not increase very much, because we are approaching the limit of the number of farmers who can be effectively employed. At present rates of increase city populations would multiply perhaps 40 times within the next 100 years. Even in the next 50 years, the Indian city of Calcutta could grow to 60 million. Calcutta today is a house of misery. What would it be like with 60 million people? Our own cities in the United States might reach sizes that we can hardly imagine.

As a city becomes bigger, the density of population within it tends to diminish; consequently the total area covered by cities in the middle of the 21st century could be 100 times larger than today, and equal to perhaps one-fifth of the entire land surface of the earth. The problems of supplying the wants and removing the waste of such sprawling monster cities would require wholly new levels of technology.

Although population growth clearly cannot continue indefinitely, it is equally clear that given the right social and economic conditions, and a sufficiently high technology, the resources of the earth could support a much larger number of human beings than are now alive. The real and present question is not population size in the future but the rate of increase today. How shall we provide

[1] Dr. Revelle is the Richard Saltonstall professor of population policy in the School of Public Health and director of the universitywide Center for Population Studies. Prior to coming to Harvard, Dr. Revelle had been director of the Scripps Institution of Oceanography in California, and this fall a new college was named in his honor at the University of California campus in San Diego.

decent conditions of life for the living generation, conditions in which men and women can live, and children can grow up, free of the desperate want experienced by the majority of human beings in this century? This is the urgent thrust of the population problem.

Present rates of population growth in India, Pakistan, and Egypt are probably between 2½ percent and 3 percent per year. In Brazil and some other South American countries, annual rates are more than 3 percent. The populations of Costa Rica and the Philippines are growing by perhaps 4 percent per year. A 3-percent growth rates means a doubling of population in 23 years; with a 4-percent rate the doubling time is 17 years. These figures are typical of many of the underdeveloped countries. They underlie the fact that the world population, which increased by 1 percent a year in 1940, is now increasing by 2 percent. Although total national incomes are rising, the increased production must be divided among ever larger numbers of people, and standards of living remain nearly static. Men have to run faster and faster just to stay where they are.

In the two American Continents today, about as many people live north of the Rio Grande as south of it. But by the year 2000, there will be twice as many people in Latin America as in the United States and Canada. In the world as a whole, unless a drastic change occurs, people who live in desperate misery and poverty will constitute the overwhelming fraction of the human population.

Compared with 1935, food production in many countries has barely kept up with population growth, and in some cases has fallen behind. Average food production per capita for Latin America is less now than it was before World War II. Were it not for food imports from the United States and other Western countries, the diets of the people of India and Pakistan would be even more deficient today than in 1935. The average person in the subcontinent is getting less food than he needs, by perhaps 20 percent. His diet is particularly deficient in high quality protein. Without sufficient protein of the right kind, the health of adults is worsened and their lifespan shortened, but, what may be even more disastrous, the mental development of children probably is retarded.

Egypt is a large country in terms of area but nearly all of it is a lifeless desert. Only the delta and the flat flood plain of the Nile are suitable for agriculture. This arable region covers about 6 million acres, approximately equal to the area of Massachusetts. Today theer are 30 million Egyptians, most of whom are trying to make a living on these fertile acres. This is the highest density for a rural population anywhere in the world, about 3,000 people per square mile.

The population is increasing at such a rate that there will be 60 million Egyptians by the year 1988—just 23 years from now. One dreads the possibility that the population will become stabilized at some figure short of this by malnutrition and disease, that situation of "misery and vice" foreseen by Thomas Robert Malthus, the prophetic 18th-century demographer. The Aswan High Dam will provide about a 40-percent increase in agricultural production, which means that unless they can halt their population increase Egyptians will be able to feed themselves at present levels only for another 10 to 12 years.

In India, with a growth rate of around 2½ percent per year, the number of children below 15 years of age is 45 percent of the entire population. Nearly 1 person in 2 is a child or younger adolescent, whereas with a slowing growing population under modern conditions of life expectancy, this proportion is less than 25 percent. The high proportion of children and adolescents to adults means that the nation cannot save for capital investment without great difficulty, because most of what the adults produce is needed for immediate consumption. Yet the ability to invest savings in order to increase the means of production is an essential requirement for economic development.

We in the United States need to examine more closely the social and economic costs of rising numbers of people in our own country. Our population is increasing at about 1½ percent a year, considerably less than the rate in the less developed parts of the world. Yet even this rate of growth brings many problems. Increases in per capita costs of pollution abatement, municipal water supplies, outdoor recreation, and urban transportation are all consequences of our increasing numbers. Perhaps more serious is the decline in the quality of life; the crowding and dangers in our parks; the fact that our water does not taste as good as it used to; that many of our fellow citizens waste 1 or 2 hours each day driving to and from work under what can only be described as miserable conditions. One has to ask whether juvenile delinquency, student alienation in the universities, and unemployment among untrained youth, are not also partly related to our rapid

population growth and, if so, how should this affect our national thought and action?

During the past two decades our rate of population growth was considerably higher than it is today. As a result the number of high school students will increase from 10 million in 1960 to 15 million in 1970. Within these 10 years we must build new high schools equal in capacity to half of all those now in use in the United States. This is a hard thing for the taxpayers to face, and in general they do not seem really willing to face it. In many communities the quality of our high school facilities is going down.

The number of college and university students is growing from about 4 million in 1960 to about 12 million in 1980. Everybody who has children of college age realizes how hard this is on young people. It is equally hard on the colleges. Both the necessary construction of facilities and the required increase in the numbers of able teachers seem to be almost insoluble problems.

In the first edition of his famous "Essay on Population," published in 1798, Malthus reached the pessimistic conclusion that an equilibrium between human births and deaths could be established only at a relatively high death rate. That is, war, famine, and disease, or "misery and vice," as he put it, would kill people off as fast as others were born. Man's fate was to reproduce himself right up to the limit of disease and starvation, and he had no control over what would happen to him.

Some modern "Neo-Malthusians," who share Malthus' early views, claim that the population of any organism will continue to increase until it reaches the edge of subsistence or of control by enemy organisms. They believe this is as true of men as it is of mice or elephants—the only difference being that with different organisms different amounts of time might be required.

History and experience show that this doctrine is bad sociology, recent biological research shows it is bad biology. Experiments with laboratory rats demonstrate that when too many of these animals are forced to live together in too small a space, their behavior patterns become radically abnormal and they effectively cease to reproduce themselves. Wild animals, particularly predators, seem to limit their own numbers in various ways. Some species do this by exercising territoriality: each dominant male controls an area of a certain size, on which he will not allow other males of the same species to encroach, even though he may be indifferent to the presence of males of a different species.

Malthus himself changed his mind before he published the second edition of his "Essay" in 1803. In gathering data for the second edition, he observed that the population of Switzerland had remained nearly static for several generations, even though death rates had substantially declined. He concluded that birth rates must have decreased in proportion to the decline in death rates, and that this was due to the postponement of marriage by Swiss couples until they could inherit or buy enough farmland to support a family. He then added a third process, "moral restraint," to the dismal duo, "misery and vice," which he had previously believed were the only causes of population limitation. His new edition concluded with these (for Malthus) optimistic words:

"* * * it is hoped that the general result of the inquiry is such as not to make us give up the improvement of human society in despair. The partial good which seems to be attainable is worthy of all our exertions; is sufficient to direct our efforts, and animate our prospects. And although we cannot expect that the virtue and happiness of mankind will keep pace with the brilliant career of physical discovery; yet, if we are not wanting ourselves, we may confidently indulge the hope that, to no unimportant extent, they will be influenced by its progress and will partake in its success."

In both ancient and medieval times, there were occasions when human beings exercised control over their own populations, though the aggregate of the individual decisions of many couples.

During the last two or three centuries before the fall of the Roman Empire (A.D. 476) the population of Italy steadily declined. Despite governmental attempts, by means of penalties and rewards, to increase the population, the people just did not reproduce themselves in sufficient numbers.

In Tuscany, between A.D. 1200 and A.D. 1400, the population decreased by nearly 75 percent. The tax rolls and other sources of vital statistics are very good for this period in Tuscany, and they show that throughout most of these two centuries the average number of children per household was two or less. We do not know what kept the people from reproducing, but a factor that may have strongly influenced them was a decline in the prices of farm products compared to

interest rates on farm mortgages. This brought increasing poverty and misery to the countryside.

Throughout the 19th century, there was in Europe and North America a steady fall in death rates from disease, due perhaps primarily to the introduction of such public health practices as smallpox vaccination and improved sanitation. The excess of births over deaths was eventually succeeded by a decline in birth rates. As both birth rates and death rates diminished they grew closer together, so that rates of population growth, especially in certain European nations, gradually but markedly decreased during the 100 years before World War II. Demographers have called this series of events the "demographic transition."

Several developed nations in our own time, notably Japan, Hungary, Sweden, and Italy, have essentially stabilized their populations. For example, in Japan the birth rate is not much more than 15 per thousand per year, while the death rate is about 7 per thousand, so that the population is growing at around 0.8 percent a year. But a moment's thought will show that an annual death rate of seven per thousand cannot continue for very long. Otherwise people would live to be 150 years old. The death rate must rise to around 15 per thousand if the human lifespan is to remain at about 70 years.

Today we know something that Malthus did not: Nearly all societies attempt some population control, though the methods used may be relatively ineffective. Among the most effective of the traditional methods is abortion.

In some countries, such as Japan, Hungary, and the Soviet Union, that have legalized abortion and have introduced new, comparatively safe techniques, the number of abortions each year is believed to be about the same as the number of live births. We know less about the ratio of abortions to live births in countries where abortions are illegal. In Chile and Colombia, and perhaps in other South American nations, a high percentage of all hospital admissions in the obstetric wards is of women suffering from infections or injuries as a result of illegal abortions.

In the last few years, two very effective contraceptive methods have been introduced—the steroid pills and the intrauterine loops or coils, commonly called IUD's. IUD's can be manufactured very cheaply, since they are simply small pieces of polyethylene plastic, and they can be inserted fairly inexpensively. These devices are already being widely used in Taiwan and South Korea. The Indian Medical Council has accepted them as a safe and effective contraceptive method, and plans are now underway for nationwide programs of introducing the devices in both India and Pakistan. Although IUD's can be retained by only about four out of five women who attempt to use them—the other 20 percent involuntarily expel them or the devices have to be removed for medical reasons—it should nevertheless be possible with their use to bring about a significant reduction in birth rates throughout the subcontinent during the next 15 years.

One must not be too optimistic, however, concerning the resulting decline in the rate of population growth, because the death rate can be expected to fall during this time from the present 17 to 25 per thousand to perhaps 10 or below, which would mean that for some time to come the rate of population growth would still be more than 2 percent, or a doubling within one generation.

In ancient Rome, medieval Tuscany, and 18th-century Switzerland, death rates were high, and only a slight pressure for population control was needed to tip the balance between births and deaths. In 19th-century Europe and North America, the early stages of the demographic transition took place in an environment of increasing prosperity and rapidly spreading literacy. The 20th-century countries that have stabilized their populations are comparatively well developed both educationally and economically.

But none of these conditions exist today in the countries where rapid rates of population growth are a tragically serious problem. Most of their people are illiterate and nearly all are desperately poor. Their death rates are actually or potentially lower than were death rates in any country prior to the last few decades. Consequently, population control methods must be much more effective than in the past, if population growth is to be sufficiently diminished. On the positive side, there is evidence that significant numbers of village women and their husbands strongly desire not to have more children, and are eager to use effective birth control methods that are within their physical and educational capabilities.

Although there are great differences between the problems of death control and birth control, a direct relationship exists between birth rates and death rates, particularly rates of infant and child mortality. In many countries,

67-785—67—pt. 5-B——10

grownup children who will support their aged parents are the chief form of social security. If a man and his wife do not have at least one adult male child, they have little to look forward to when they can no longer work to support themselves. Under conditions of high child-mortality, the average married couple needs to produce many children to be sufficiently certain that at least one boy will survive to become a man. Only in this way can they insure their own future security. Whenever infant and child mortality can be brought down to a low level, the probability in an individual family that a male child will survive becomes very much greater, and the pressure for large numbers of children will correspondingly lessen. This is one of the principal reasons the profession of public health needs to be deeply involved in programs of family planning and population control.

In some less developed countries, rates of population growth might be reduced by the introduction of a social security system, whereby the government helped men to be their brothers' keepers. Here we come up against a moral problem—public versus private morality. In the Western World we believe we have a responsibility toward society as a whole, toward all men and all women in our society. In many less developed countries, the individual's responsibility toward other human beings is just as intense, but it does not extend beyond the family or the blood relations.

These are problems that universities may be able to do something about. One reason for thinking so is that universities have in the past helped to solve other problems that look somewhat like these: problems in medicine and public health, sanitation, human behavior, and social structure.

Accordingly, Harvard has established during the past year a new university-wide center for population studies, under the leadership of the school of public health.

The need to reduce rates of population growth is so urgent in many countries that immediate action on a large scale should be undertaken. Yet we in the university must try at the same time to deepen our understanding and improve our practice. We need to work in real societies with all their environmental and cultural differences, not only to discover underlying generalities, but also to learn how to adapt our actions to fit the range of human conditions. Much of the needed understanding will come from experience gained in birth control and family planning programs; members of the university should participate in these programs if they are to learn as much as possible from them. Because of its long experience and broad involvement in field projects throughout the world, the school of public health is uniquely fitted to work out appropriate means of participation.

Within the university, the principal strategic problem is to find ways whereby scholars and scientists in different fields can join in a common attack on population problems. One way is through joint appointment of faculty members in existing departments and in the center for population studies, and some promising starts have been made in this direction.

Two young specialists in social ethics, Ralph B. Potter and Arthur J. Dyck, have been appointed assistant professors in the divinity school and in the center. They will teach and do research on moral values in family life, and on religious and social attitude toward family planning and fertility control. Among the questions they will ask is: Why does the number of children desired by married couples vary widely at different times in the same society?

An alliance with the medical school has been formed through the appointment of Dr. Hilton A. Salhanick as a member of the Center for Population Studies, as well as professor of obstetrics and gynecology. Dr. Salhanick will conduct basic research in the laboratory for human reproduction which is being established in the medical school, and he will also develop a program of clinical research and teaching in problems of human fertility control.

The object of a birth control method is simply to prevent the union of the male and female reproductive cells. Yet in one of the most certain methods developed to date, the use of the steroid pills, fertility control is accomplished by suppressing the entire normal menstrual cycle and substituting an artificial one. In effect, we are using a cannon where a .22 rifle should do. One of the ultimate

practical goals of the research by Dr. Salhanick and his colleagues will be to obtain the knowledge needed to devise more direct and less drastic methods of fertility control. He is studying the menstrual cycle of normal women, the combined hormonal and neural communication systems that control this cycle, and the mechanisms of action of the hormones that prevent ovulation or conception. Our knowledge of all these phenomena is very incomplete.

In the faculty of arts and sciences, Prof. Harvey Leibenstein of Berkeley has received a joint appointment as visiting professor in the department of economics and in the Center for Population Studies to continue his theoretical studies of the effects of population increase on economic growth at different levels of economic development. Prof. Harold Thomas of the division of engineering and applied physics has focused his research in the center. He is studying the relationships between resource utilization and human population changes, and the application of new statistical methods, using large computers to population problems. He has recently used these methods to analyze the complex range of relationships in different countries among birth rates, numbers of children in individual families, and rates of infant and child mortality.

In the School of Public Health, teaching of physicians and public health specialists is being carried out by the department of demography and human ecology, which was formed prior to the establishment of the center. Faculty members and research fellows in the department are involved in a variety of research projects, both in the university and in the field, including work on problems of illegal abortion in Chile and studies of physiological factors affecting fertility in villages of the Indian Punjab. In cooperation with the Ford Foundation, the center is undertaking a study of resources development in Egypt and its potential effect on population problems. It is hoped that this study can be expanded to include a cooperative research program on sociological factors involved in family planning. Prof. Laila Shukry El Hamamsy, director of the Social Science Research Center of the American University of Cairo, is at present a visiting member of the Center for Population Studies in order to work out plans for this program.

Greece is one of the relatively poor European countries in which the population is nearly stable. The center is beginning a field investigation, in cooperation with the University of Athens, of the reasons for low human fertility in Greece.

Our immediate concerns are family planning, population control, and the balancing of resources development against population growth, but the members of the center will also inevitably be interested in some long range questions. Among these are: How many human beings would it be good to have on the earth?

We have little information and less understanding about the psychosomatic results of crowding among human beings, but at present it appears that a population density as high as that in Harlem today is simply not good for people. Possibly we could devise some way to make it good, but the prospect does not look very promising.

In essence, we are dealing with qualitative and not quantitative questions, with the quality of human life, and only incidentally with the quantity of people. In the long run, the Harvard Center for Population Studies will focus on the drama of living human beings, rather than on their entrances and their exits on the stage of life. We will be concerned with the physical health of human populations, with improvement of nutrition, reduction of vitality-sapping disease, and amelioration of genetic burdens. We will be concerned with relating the education of human populations to the changing needs of individuals and their societies. We will want to find better ways to fit environments to human beings—not only the earthly environment of air, water, and land, but also the social environment created by interactions among men.

It is sometimes said that man is a wild animal. Though he has domesticated many other animals, he has never been able to domesticate himself. The underlying question for the Center for Population Studies is, "Can man domesticate himself?" Throughout most of his existence, man was simply one among many species on the earth. But during the last few millenia he has preempted the planet, its space, and its resources. Of far greater importance, we are perhaps the first form of matter in the 20 billion years of the lifetime of our galaxy that has had the ability to understand not only the world but itself. It does not seem too large a step from self-understanding to self-control.

Senator GRUENING. Earlier this year I had an opportunity to visit with family planning experts in Japan and Korea and be briefed by them. Accompanying me were two staff members of this subcommittee, Mr. Herbert W. Beaser, chief counsel, and Mr. Joseph Lippmann, staff director. Therefore, I direct that there be placed in the hearing record at this time information pertinent to this worldwide population problem given to me then. It includes a "White Paper on Family Planning" issued by the Government of Singapore, a "1964 Progress Report on Family Planning in Korea" along with statistical data updating the report, and a report by Paul Hartman, Population Council representative, Korea, dated August 1965.

(The above-mentioned material follows:)

EXHIBIT 204

WHITE PAPER ON FAMILY PLANNING: SINGAPORE

(Presented to the Legislative Assembly by Command of His Excellency the Yang di-Pertuan Negara; Ordered by the Assembly to lie upon the Table: Sept. 27, 1965)

1. FAMILY PLANNING FOR ALL

1.1 It is the intention of the Singapore Government, under its second 5-year development plan (1966–70), to bring the message to every married woman (within the fertility range) in Singapore that family planning brings her immeasurable benefits. And, at her request, to advise her on the best available methods of family planning which will be simple, inexpensive, and safe.

1.2 Singapore's present population is over 1.8 million and each year about 60,000 babies are born. Our annual crude birth rate of over 30 per 1,000 is too high. For too many mothers are bearing too many children, at the cost of their health and too many breadwinners of families are hard put trying to earn enough to feed the many hungry children that are being brought into the world each year. There is too much unnecessary human misery in Singapore and this can be effectively stopped through a determined effort on the part of government to provide family planning on a mass basis. This we propose to do.

1.3 If we look at Singapore society itself or any sophisticated society for that matter, it is clear that the more well-to-do and better educated strata of society generally have small families of 2 or at most 3 children. This must be one of choice because they know the value and benefits of small happy families through family planning. They either have the knowledge or the financial means to consult their private doctors and of obtaining regular supplies of family planning materials or devices.

1.4 On the other hand, we find the tragic situation whereby the large majority of our poor workers who earn the least take-home pay are instead having very large families, with mothers bearing no less than 8, 10, or even 12 children; that is, the people least able to provide the minimum basic necessities of life for the many growing and hungry children are begetting more and more. Worse still, even the 26,500 families now receiving social welfare assistance (which is costing the state $12 million per annum in 1965 to sustain them) are still raising children at an estimate of 1,500 per annum or 120 per month or 4 per day. Citizens who are unemployed and unable to look after themselves are therefore bringing forth more newborn babes into a world with little hope or happiness.

1.5 Family planning does not prevent those who desire large families from having them, if so inclined, provided that the mother's health permits such frequent child-bearing and the family breadwinner is in the position to earn enough to provide his children and family with a reasonable standard of living in basic necessities of life, ability to see them through school and other things which make a comfortable and happy home. It can reasonably be assumed that the large majority of those with large families if given the choice would not have such large families, but many parents are ignorant of family planning methods. Many of those who are aware of the benefits of family planning may yet be unable to take advantage of it, because of the high cost of purchasing monthly or regular supplies of family planning materials or devices.

1.6 In view of the great successes already achieved, in other parts of the world, with 2 new types of family planning methods (both of which are available at relatively lower cost compared with older methods) ; namely (*a*) intrauterine contraceptive device (IUCD) and (*b*) contraceptive pill (CP) ; besides being safe and practically 100 percent effective, the time has come for the Singapore government to launch a bold and imaginative program for family planning for the next 5 years. The slogan—"Family Planning for All" is to be the cry hereafter. How we propose to launch this mass campaign will be explained in subsequent paragraphs.

2. HISTORY OF FAMILY PLANNING IN SINGAPORE

2.1 The Singapore Family Planning Association (SFPA) came into existence in 1949 or 16 years ago and has been a voluntary association largely run by dedicated social workers. In time, its activities were extended into various government institutions and later, it was subsidized by an annual grant from government. Since 1959, the annual government grant remained at $100,000.

2.2 For the last 6 years, the number of new cases handled by SFPA were as follows:

1959	5,938
1960	7,472
1961	8,070
1962	7,189
1963	8,429
1964	9,339

The number of old cases claimed to be serviced by SFPA in 1964 was 16,243, and therefore the total number of cases in their books exceeded 25,000, of which 9,857 were stated to be given free service while the rest were subsidized.

Singapore government family planning campaign 1960

2.3 At the end of 1960, the P.A.P. government organized a very successful 3-month family planning campaign, as part of its mass health education program. It was the first of its kind, and nearly 100,000 people visited the exhibition held at the Victoria Memorial Hall, which was opened by Toh Puan Noor Aishah. The activities of SFPA were given an impetus as a result of this campaign.

International Planned Parenthood Federation

2.4 The International Planned Parenthood Federation (IPPF) was founded in 1952 and SFPA is affiliated to this international organization. The regional office of IPPF for southeast Asia and oceanic region is located in Singapore and the territories under its control include Australia, Burma, Cambodia, Fiji, Indonesia, Laos, Malaysia, New Zealand, Philippines, Thailand, and Vietnam.

The 7th International Conference of IPPF was held in Singapore in February 1963 on the theme "Changing patterns of fertility" and the official opening was inaugurated by our Prime Minister.

Government grant of land for SFPA

2.5 In September 1963, government approved a grant of a valuable piece of land to SFPA at the junction of Dunearn and Gilstead Roads of over 1 acre at a nominal fee of $1 per acre for 99 years. This is to assist the SFPA to carry out its building program, which has been bolstered by a generous grant of $540,000 (U.S. $180,000) from Ford Foundation for the following purpose:

Toward building costs, $270,000,
For training and employment of professional staff, $240,000,
For equipping a laboratory and a library, $30,000.

Transfer over of responsibilities from SFPA to government

2.6 In November 1964 and again in January 1965, the SFPA requested the Ministry of Health to take over all family planning activities that are being conducted by SFPA in government institutions, at present.

In compliance with this request, the Minister for Health announced the establishment of a review committee in March 1965, with the following terms of reference:

(i) To determine which exactly of the present family planning activities are to be transferred over from the Singapore Family Planning Association to the Minister of Health, and when.

(ii) What quantum of the $100,000 grant for 1965 may reasonably be allocated to the Singapore Family Planning Association for this year taking into account its desire to be relieved of the responsibility to carry on such activities inside government institutions.

(iii) The quantum of future government grants, if any, to the Singapore Family Planning Association for 1966.

(iv) The disposition of present staff now employed by the Singapore Family Planning Association and how they are to be resolved, etc.

The composition of the committee was as follows:

Chairman: Mr. Reginald Quahe, Dy., vice chancellor, University of Singapore.

Members: Dr. K. Kanagaratnam, Dy., director of medical services (health); and Mr. A. D. Fraser, president, SFPA.

Secretary: Mr. Leo Lian Lim, assistant secretary, Public Health Division, Minister of Health.

3. REPORT OF REVIEW COMMITTEE ON TRANSFER OVER OF RESPONSIBILITIES

3.1 The review committee submitted its unanimous report to the Minister on June 29, 1965, and it appears as an appendix to this paper.

Recommendations of Review Committee

3.2(i) Government accepts the recommendation for assumption of full responsibility for clinical work, research, and publicity in the field of family planning in Singapore.

As the review committee, in effect, recommended that Government should take over 90 percent of SFPA's present work, and as a consequence, considerable administrative work would be involved to insure the smooth handover of over 20,000 case records, etc., for followup and servicing, it is considered desirable that the date of takeover should be deferred to January 1, 1966, instead of October 1, 1965, as recommended.

3.3(ii) With Government's decision to take over responsibilities from SFPA as from January 1, 1966, as indicated above, the question of ascertaining what proportion of the 1965 grant of $100,000 should be made available to SFPA will not arise. The whole sum of $100,000 will therefore be made available to SFPA for 1965, subject, of course, to SFPA satisfactorily transferring over of records to Government, before 1966, of all those cases which are to be serviced by Government as from 1966.

3.4(iii) Government accepts the recommendation that SFPA be given a grant of $10,000 for 1966 and that Government will review this grant if so requested by SFPA.

3.5(iv) As SFPA wishes to dispense with the services of 26 out of 42, or 60 percent of their staff (SFPA retaining the services of only 16), arising out of the reduced scope of their activities, from next year, the Government will, of course, sympathetcally consider ways and means to retain the services of redundant workers, especially those who have not yet found alternative employment in the meantime.

3.6 In case redundant SFPA workers may not have the usual qualifications for recruitment into relevant grades in Government service, the Government proposes to establish a family planning and population board (FPPB), so that the redundant but satisfactory ex-SFPA workers may thus be employed, temporarily, by the new FPPB, which is expected to be established before January 1, 1966.

4. THE 5-YEAR PLAN

4.1 The aim of the 5-year plan is to bring the benefits of family planning to every married woman in Singapore, within the fertile age range of 15 to 44 years. With a present population of over 1.8 million and an extremely young population, where one-half of its population is under the age of 18, it is estimated that about one-sixth, or 300,000, of married women would fall within this fertile age group.

4.2 According to table 15 (nearest thousand) of the 1957 census of population in Singapore, there were 285,000 females in the fertile age range of 15 to 44 years. Of these 192,000 or about 67 percent were married.

4.3 If we make the following two assumptions:

(1) That the pattern of fertility and mortality existing in 1956–58 also apply in 1967 and 1972; and

(2) That the number of married women to total females in the fertile age range 15 to 44 years remain the same as in 1957, the projected figures will be as follows:

Year	Total females, 15 to 44 years	Married, 15 to 44 years
1967	382,000	256,000
1972	467,000	313,000

As our proposed 5-year plan is for the period 1966–70, the round figure of 300,000 married women may therefore be accepted as a reasonable target for our present calculations.

4.4 It is important to recognize, however, that at any given time, a substantial proportion of married women in this fertility range will not be "currently eligible" for family planning on two counts:

Family planning	*Estimated (percent)*
(*a*) Already practising satisfactorily	20
(*b*) Currently pregnant, lactating, or sterile	20
Total	40

Therefore, our target of "currently eligible" married women for our plan would be 60 percent of 300,000 or 180,000.

4.5 To achieve this target, we propose to tackle the problem over the next 5 years, as follows:

1966	25,000
1967	30,000
1968	35,000
1969	45,000
1970	45,000
Total	180,000

1966 (first year)

4.6 The objective for the first year of the plan is to concentrate on 2 priority groups, totaling 25,000; namely—

(*a*) 10,000 (say) out of 26,500 families now in receipt of social welfare assistance.

(*b*) converting 15,000 (say) of ex-SFPA cases from old to new family planning methods.

1967–70 (next 4 years of plan)

4.7 According to the 1964 statistics of births in Singapore the following pattern was revealed:

(*a*) KKM Hospital	39,598
(*b*) Government midwives	5,365
	[1] 44,963
(*c*) Private midwives	8,942
(*d*) Private doctors	2,486
(*e*) Other hospitals	1,574
(*f*) Unknown attendance	159
(*g*) Self attended cases	93
Total	[2] 85,217

[1] Say 45,000.
[2] Say 60,000.

It will be noticed that 45,000 out of 60,000 births were handled through Government institutions, of which Kandang Kerbau Maternity Hospital alone accounted for 40,000 or 70 percent! Therefore, the campaign from 1967 onward will be one of concentration on expectant mothers who turn up at our 66 maternal child health centers for antenatal treatment and ultimately ending up with confinement either at KKMH or using Government's free midwifery services.

4.8 Naturally, all the 103 Government institutions (11 hospitals, 26 outpatient dispensaries and maternal child health centers) will serve as publicity and referral centers for the 5-year family planning campaign and thereafter.

5. CHOICE OF FAMILY PLANNING METHODS

5.1 According to the 1964 annual report of SFPA, an analysis of the choice of FP methods opted by the 9,339 new cases were stated as follows:

	Percent
(*a*) Condom	46
(*b*) Contraceptive pill	20
(*c*) Vaginal tablet types	24
(*d*) Diaphragm and paste, etc	10
Total	100

Clearly, this pattern of approach in family planning cannot possibly succeed on a mass basis, as envisaged in this plan.

5.2 It is the aim of this plan, therefore, to be both bold and imaginative by offering all who want family planning a "menu card" as it were, of choices in the following order of preference:

(*a*) Intrauterine contraceptive device (IUCD).
(*b*) Contraceptive pill (CP).
(*c*) Surgical sterilization through ligation, etc. (for those with 6 or more children).
(*d*) Diaphragm with paste.
(*e*) Vaginal tablet types.
(*f*) Condom.
(*g*) Rhythm method.

But the whole emphasis of the plan is to offer IUCD.

IUCD

5.3 The clearest explanation of IUCD can best be done by reproducing relevant extracts from the authoritative International Planned Parenthood News (IPP News)—January 1965 issue, which reported a lecture on IUCD given by Dr. Alan Guttmacher, medical director of IPPF and president of Planned Parenthood/World Population Council—U.S.A., at the London School of Hygiene and Tropical Medicine in November 1964.

"The insertion of a foreign body into the uterus to prevent conception, said Dr. Guttmacher, was no new practice. For several centuries natives in the Dutch East Indies had inserted an elastic filament-like object into the human uterus temporarily to prevent conception.

"Modern medical attempts on similar lines date from 1878 but the method, except in a few hands, fell into abeyance and even disrepute until 5 years ago when devices constructed of plastic materials and of stainless steel became available. These nonreactive materials have made the practice a safe one.

"The devices can be inserted by a doctor in a clinic or consulting room employing the usual aseptic technique, without anesthesia and without pain.

"Once inserted, the device can be left in situ for a year or longer and offers a high degree of protection against pregnancy, the risk of failure varying from 3 to 6 percent, according to the particular device used. Frequent medical surveillance is not required.

"Should pregnancy supervene it usually progresses normally to term with the device in place and the infant is in no way marked or damaged.

"There are certain drawbacks to the use of the method. About 10 percent of patients extrude the device often without knowing that they have done so. Another 5 to 10 percent have symptoms sufficiently unpleasant to warrant the removal of the device.

"The IUCD technique seems peculiarly suitable for mass reduction of population increase. One skilled in the technique can insert from 60 to 75 devices

a day. In the next 5 years it is planned to insert 1 million in Korea and another 600,000 in Taiwan.

"At Dr. Guttmacher's lecture the chair was taken by Lord Brain, president of FPA (UK)."

5.4 Another advantage of the IUCD as a method for FP is that it is reversible, i.e. anytime the woman decides to have a child, all that is needed is an appointment with the doctor for the IUCD to be taken out, without anesthesia and without pain.

Singapore

5.5 According to the 1964 annual report of SFPA, 200 "trial cases" of IUCD insertions (Marguiles spiral) was reported. As from April 1965, the first 32 IUCDs (Lippes loop) insertions became part of the service of SFPA.

Hong Kong

5.6 On the other hand, Hong Kong FPA under the leadership of Professor Daphne Chun of the Department of Obstetrics and Gynecology, University of Hong Kong, have successfully done 20,000 IUCD insertions (Lippes loop) and according to May 1965 IPP News, Hong Kong is now aiming at 30,000 IUCD insertions per annum.

United Kingdom

5.7 A Reuter report from London (Malay Mail, May 28, 1965) stated that "as from yesterday mass use of (IUCD) became standard procedure in Britain's family planning clinics."

Pakistan

5.8 According to May 1965 IPP News, it was reported that:

"An official statement from the FPA Pakistan announces that family planning will be a 'mass activity' during the third plan period (1965–70). In December 1962, an IUCD research project was started in Pakistan. Eleven clinics in different parts of the country participated. The major objectives of the study were to determine family size among Pakistani women using the device, the continuity of use, and the reasons for discontinuance. No alternative methods of contraception were offered.

"At first, no effort was made to increase the number of centers working with IUCDs. The pressure came the other way, from medical centers requesting IUCDs which were obtainable only through Government channels.

"The Government approves the method, has now started work with IUCDs in 35 clinics, and had decided to expand the use of these devices on a nationwide scale.

"In the revised third 5-year plan of family planning the family planning commissioner, Mr. Enver Adil, proposes to cover no less than 20 million fertile couples in Pakistan by 1970. The minimal aim has been defined as the reduction of the present annual growth rate from 30 to about 25 per thousand."

India

5.9 According to March 1965 No. 6 issue of Studies in Family Planning—publication of the Population Council of New York: "On January 5, 1965, the Indian Council of Medical Research recommended the widespread use of IUCDs (Lippes loop) in the national (family planning) program."

An AP report from New Delhi (Straits Times, July 14, 1965) stated that India's Health Minister, Dr. Sushila Nayar, had announced plans for a massive attack against population explosion and "the main aim was to convince women that the use of IUCD was a safe and easy way to stop having children and it was hoped that 1 million women would be using them, within 8 months." A Reuter report 3 days later stated that India's Prime Minister, Mr. Lal Bahadur Shastri, had launched "Family Planning Week" in order to popularize IUCD.

5.10 Suffice to say that many other countries have reported successful use of IUCDs like Chile, Egypt, Jamaica, Japan, Puerto Rico, and the United States.

5.11 If our plan for 180,000 IUCD insertions over 5 years may appear insignificant when compared with massive efforts being made elsewhere, it is still an ambitious plan because we seek to reach every "currently eligible" married woman in the fertile age group in Singapore.

Contraceptive pill (CP)

5.12 As between 15 percent to 20 percent women, from experience elsewhere, may find IUCD to be unsuitable, our plan is to offer such women use of contracep-

tive pills. These CP's, if taken regularly, each day, are almost 100-percent effective against pregnancy and according to SFPA, they already have 6,000 cases using CP's at present.

Here again, some women may have severe side effects when taking CP's, and it will be necessary to offer other methods of FP down the line to meet their individual needs.

Older traditional and sophisticated methods of FP

5.13 As our massive FP campaign is to be one of concentration on IUCD with CP's as an alternative for those who cannot retain IUCD, it is not proposed to go into detail into the older traditional and sophisticated methods of FP in this paper. These methods are either more expensive or more troublesome to operate and therefore unsuitable as main weapons for purpose of the plan.

6. ITS COST

IUCD

6.1 It is proposed to charge a nominal subsidized fee of $10 for IUCD insertion for the first year, including servicing, if needed, and at $5 each subsequent year thereafter (i.e. for annual checkup to see that all is well or for refitting, if required, etc.). This means a cost of about 80 cents per month for the first year and about 40 cents per month for subsequent years—a charge which should be well within the reach of every considerate breadwinner in Singapore.

Contraceptive pills (CP)

6.2 The sale of CP's will be at a reduced and subsidized rate of $1.50 for monthly supplies or $18 per annum. A charge which again should be well within the reach of every considerate breadwinner.

Surgical ligation

6.3 A nominal charge of $25 will be made for this simple operation, under local anesthesia, as an outpatient procedure.

Social welfare cases

6.4 All family planning services for social welfare cases will be given free of charge, but it is proposed to seek reimbursement for these services from the Social Welfare Department of the Ministry of Social Affairs which controls the vote for public assistance.

Non-Singapore citizens

6.5 Non-Singapore citizens may be considered for FP, but the charges will be at nonsubsidized rates:

(*a*) IUCD: $50 for first year; $25 for subsequent years.
(*b*) C pills: $4.50 p.m. or $54 p.a.
(*c*) Surgical ligation: $100.

$1 million 5-year plan

6.6 The present allocation of Government funds for family planning is $100,000 p.m. of which $10,000 will be set aside for SEPA from 1966 (as stated in para. 3.4). In view of this ambitious 5-year plan, it is proposed to increase the annual vote for FP by 100 percent to $200,000 p.a. or $1 million for the 5 years 1966–70.

7. ITS ORGANIZATION

7.1 As stated earlier, it is proposed to establish a Family Planning and Population Board (FPPB) and a bill is to be introduced at the next sitting of the Legislative Assembly for its establishment.

It is the intention of the Minister for Health to appoint the following 11 as members of the first FPP Board:

Chairman:

1. Deputy Director of Medical Services (Health), (Dr. K. Kanagaratnam, M.B., B.S., D.P.H.)

Members:

2. Prof. B. H. Sheares, M.D., M.S., S.A.C.S., F.R.C.O.G. Honorary Consultant in Obstretrics and gynecology to the Ministry of Health.
3. Medical superintendent, Kandang Kerbau Maternity Hospital (Dr. Goon Sek Mun, M.B., B.S., M.R.C.O.G.).

4. Senior obstetrician and gynecologist, Kandang Kerbau Maternity Hospital (Mr. Lean Tye Hin, M.B., B.S., F.R.F.P. & S., F.R.A.C.S., F.R.C.O.G.).
5. Senior Health Officer/Maternal and Child Health (Dr. Maggie Lim, M.R.C.S., L.R.C.P., D.P.H.).
6. Head, department of obstetrics and gynecology, University of Singapore (Dr. Tow Siang Hwa, M.D., F.R.C.O.G.).
7. Head, department of social medicine and public health, University of Singapore (Prof. M. J. Colbourne, M.B., Ch. B., D.P.H., M.R.C.P.).
8. President, Singapore Family Planning Association (Mr. A. D. Fraser, M.I. Mar. E.).
9. Deputy Chief Statistician, Statistics Department (Mr. Tan Cheow Khoo, B.A. (Hons.), A.A.S.A., F.I.S.).
10. Assistant Director (Public Assistance), Social Welfare Department (Inche Abdul Aziz bin H. M. Noor, Dip. Soc. Stud.).
11. Senior Health Officer/Training and Health Education (Dr. Thong Kah Leong, M.B., B.S., D.P.H.). (Also as Executive Secretary).

Administrative headquarters

7.2 The administrative headquarters of the FPPB will be located, for the time being, at the office building of the Training and Health Education and Special Services (THESS) Department of the Public Health Division of the Ministry of Health which is situated at College Road, General Hospital, Outram Road. The THESS Department will, in fact, regard the FPPB and its 5-year plan as one of its major special services projects.

Operation of FP clinics

7.3 The main base of clinical operations will be located at Kandang Kerbau Maternity Hospital. For 1966 (1st year) it is proposed to establish only one center at KKMH with two FP clinics (each FP clinic to be staffed by a team of five women; namely, one doctor (trained for IUCD work), two assistants (nurses or midwives), one clerk for registration and collection of charges and one servant). Each FP clinic is expected to deal up to 12,500 IUCD insertions per annum and therefore the two FP clinics in KKMH Center should be able to cope with the 25,000 target set for 1966.

7.4 For 1967 (2d year), three centers are envisaged, the main center at KKMH is to be increased by a third FP clinic and another two centers (with one FP clinic each) will be established at the Maternal Child Health Centers of two Polyclinics at Queenstown and Still Road. These three centers with five FP clinics should be adequate to cope with the target of 30,000 new IUCD insertions for 1967 besides servicing annual rechecks of 1966 cases.

7.5 For 1968 (3d year), to deal with an expected 35,000 new IUCD insertions per annum and servicing of annual rechecks of 1966 and 1967 cases, another 5 centers (each with 1 FP clinic) will be established, making a total of 8 centers with 10 FP clinics. These five new centers are to be spread out over the island (say) Bukit Panjang, Jalan Kayu, Lim Ah Pin (Paya Lebar), Pasir Panjang and Sembawang.

7.6 For 1969 and 1970 (last 2 years), 2 additional centers (of 1 FP clinic each) will be established so that there will be 10 centers with 12 FP clinics and 12 centers with 14 FP clinics respectively.

7.7 From 1971, when the plan is over, 12 centers with 14 FP clinics will continue to service all cases.

Cooperation of private doctors welcomed

7.8 The current 1965 register of doctors in Singapore stands at 953, of which about 500 are in private practice. If we refer to paragraph 4.7 earlier on, private doctors handled 2,500 births and private midwives 9,000 or a total of 11,000 births per annum in the private sector.

7.9 There are two ways in which it is hoped the valuable services of private doctors may be utilized to make our 5-year plan a greater success:

(1) If private doctors would offer themselves for training in IUCD work by FPPB and to perform part-time service with FPPB for a 3-hour session at a standard fee to be agreed upon; or

(2) after training in IUCD work by FPPB, be prepared to charge the same FPPB rates for IUCD insertions, in their own clinics, and for FPPB to subsidize them extra per insertion, the sum to be agreed upon.

8. PURPOSE OF THE 5-YEAR PLAN

8.1 The chief purpose of the plan is to liberate our women from the burden of bearing and raising an unnecessarily large number of children and as a consequence to increase human happiness for all.

8.2 It should not be forgotten, that many women in desperation over innumerable childbearing, are resorting to illegal abortion as a way out. Every year nearly 500 patients are being admitted to KKMH in serious condition, and their cases are clinically diagnosed as being "abortions with sepsis," and these could well have been the result of unsuccessful attempts at induced abortion. It is estimated that for every one who is hospitalized there may be as many as five going undetected. This yearly tragedy of suffering and exploitation of thousands of women which sometimes result in death must be stopped.

8.3 We are already spending hundreds of millions of public funds each year, to provide better social services for our people in education, housing, health, etc. It will be almost impossible to maintain this standard in the future, if our present rate of population growth continues unchecked. As it is the intention of our Government not only to maintain but even to improve on these social services for our people, the only way out is a mass campaign for family planning as outlined above. By restricting the number of babies born each year, there will not only be increased happiness for mothers but also for their families and we can at the same time, improve the general welfare of our people by raising living standards, through channelizing millions more of public funds into productive economic development of Singapore and thus to increase more job opportunities and prosperity, all round.

8.4 If our FP plan succeeds, the present crude birth rate of over 30 per thousand in Singapore could be reduced to around 20 per thousand and with our death rate remaining constant around 6 per thousand, Singapore's future annual net increase in population in the 1970's could be brought down to around 15 per thousand—which will bring Singapore in line with prevailing rates of population increase applicable to prosperous and advanced countries elsewhere.

8.5 When this happens, the future drawing up of Singapore's third and subsequent 5-year development plans will be less an exercise of nightmarish proportions because of galloping figures, for social development for with a lessening of population pressure, plans for economic development can then proceed on an even more ambitious basis than has been possible hitherto under the two previous development plans. The end result of which can only bring increased welfare and happiness for all in Singapore.

APPENDIX A

REPORT OF THE REVIEW COMMITTEE ON TRANSFER OF RESPONSIBILITIES FROM THE FAMILY PLANNING ASSOCIATION TO GOVERNMENT

The Honorable MINISTER FOR HEALTH,
Ministry of Health,
Singapore, 2.

SIR: We were invited by you on March 13, 1965, to review the question of transfer over of responsibilities on family planning activities now operating in government institutions from the Singapore Family Planning Association to government. The terms of reference of this review:

(i) To determine which exactly of the present planning activities are to be transferred over from the Singapore Family Planning Association to the ministry of health, and when.

(ii) What quantum of the $100,000 grant for 1965 may reasonably be allocated to the Singapore Family Planning Association for this year taking into account its desire to be relieved of the responsibility to carry on such activities inside government institutions.

(iii) The quantum of future government grants, if any, to the Singapore Family Planning Association for 1966.

(iv) The disposition of present staff now employed by the Singapore Family Planning Association and how they are to be resolved etc.

2. The committee first met on April 8, 1965. Since then, the committee has met on April 13, 1965; April 20, 1965; April 26, 1965; May 7, 1965; May 26, 1965; and June 9, 1965. At the final meeting, the committee's report was unanimously approved.

3. We propose to deal with the terms of reference in the order given below.

To determine which exactly of the present family planning activities are to be transferred over from the Singapore Family Planning Association to the ministry of health, and when

4. The activities of the Singapore Family Planning Association comprised (*a*) clinical work, (*b*) research, and (*c*) publicity. Clinical work constituted 90 percent of the activities of the association and they were carried out in 29 centers in the state, of which 26 of these centers were in government institutions; namely, 25 in maternal and child health centers of the public health division, and one at the government Kandang Kerbau Maternity Hospital. The volume of clinical work done by the association for the past 3 years is given below:

	1962	1963	1964
Number of family planning patients seen:			
At 26 government centers	42,398	50,611	64,423
At 3 nongovernment centers	6,518	9,583	13,945
Total, 29 centers	48,916	60,194	78,368

5. The review committee was informed by the association's representative that it was the desire of the association that responsibility for clinical work (except at the association's two centers) be taken over by the ministry of health. This was in pursuance of the intention of the association to give up activities at all centers other than the two centers (at the association's headquarters in Cuppage Road and at rented premises in Tiong Bahru). These two centers, together with the new Family Planning Association Building (under construction) will remain as the only centers for the clinical work of the association.

6. The review committee, after discussing various aspects of the clinical work of the association, wish to state that once the association's activities were ceased in government centers, it would be a matter for the ministry of health to determine the exact nature and manner in which the clinical work in government centers is carried out. The review committee was of the opinion that the ministry of health may feel that they would like to examine details of the present schedule of clinical work done by the association in government centers and determine whether this program should be adopted or modified or replaced by a new program. The committee noted that family planning clinic sessions of a limited nature were already done by government staff in 13 maternal and child health centers.

7. Having considered the wish of the Singapore Family Planning Association and the resources and scope for broad-based clinical activities by government, we recommend that as from a date to be appointed by the minister, the association's clinical work in all government centers be ceased. It is further recommended that from this date, the ministry of health should make available family planning services of a nature to be determined by them at government centers. (A separate recommendation on the effective date is given in paragraph 15 of the report.)

8. The research work of the association was mainly on birth control methods, subfertility investigations and advise, and contraceptives and other work of an ad hoc and limited nature. The committee was further informed that this work was based on patient information of those attending government centers, as well as nongovernment centers.

9. It appeared to the committee that valuable research in the family planning field must be centrally coordinated and the limited resources of personnel and funds, from local as well as oversea sources, must be effectively used. The broad program of family planning service which will result from the takeover of family planning responsibilities will provide an excellent source of clinical material and scientific data for applied research.

10. The committee was informed that the minister for health desires to establish a family planning and population council for Singapore. We note that such a council will become the principal agency for family planning work in the state and for other aspects of population control. It would appear proper that such a council could be charged with responsibility for coordination of research on family planning and population control in Singapore. We see no objection to research work being carried out by the association but because of the changed circumstances, the work done by the association should not, in any sense, attempt to compete (but rather complement) the work done by government and the proposed family planning and population council.

11. The publicity work of the association was in the form of visits by mobile vans for distribution of pamphlets and for talks, principally in some community centers and to Kampong residents. Some of the publicity work was done in conjunction with the International Planned Parenthood Federation's office in Singapore. The preparation of publicity matter, talks to selected groups, and discussions over radio and television complete the publicity work of the association.

12. The committee after a closer examination of this aspect of the association's work was of the view that effective publicity would require adequate organizational facilities and substantial outlay. Much use will be required of various mass media.

13. It would appear to the committee that the Ministry of Health, as a component of the state government, could be in a position to obtain full assistance and cooperation of the resources of other government departments and statutory bodies. In particular, the assistance of the ministries of culture, education and social affairs, and of other government agencies is essential for carrying out a broad-based family planning publicity program. The ministry of health, itself, has in its Kandang Kerbau Maternity Hospital and in the maternal and child health centers convenient and effective contact points. At these contact points, personal contact can be made with mothers, and family planning put over to them.

14. In consideration of all these factors, which indicate the extensive dependence on governmental resources, we recommend that publicity work be, in the main, transferred to government. The committee has noted, in making this recommendation, that the association has two vans and one mobile clinic at its disposal which may be used to popularize family planning. The committee sees no objection to this, but would emphasize that the intention underlying our remarks in paragraph 10 on research activities should apply to publicity work also.

Date of transfer responsibilities

15. The committee has discussed the various administrative measures which may be necessary to effect the transfer of activities of the Singapore Family Planing Association to Government. A time lag is necessary to enable consideration to be given by the minister to this report and for the consequential administrative and financial arrangements, and for the setting up of the proposed Family Planning and Population Council. In view of these considerations, we recommend that the date for the transfer of responsibilities be October 1, 1965.

What quantum of the $100,000 grant for 1965 may reasonably be allocated to the Singapore Family Planning Association for this year taking into account its desire to be relieved of the responsibility to carry on such activities inside Government institutions

16. The committee was informed that it had been the practice of the Government of Singapore to make a substantial annual grant to the Singapore Family Planning Association. These grants were made to assist the work of the association which carried out a public service that merited Government support. The quantum of the grant was a proportion of the association's expenditure. The following table shows the grants received and the expenditure of the association for the past 6 years:

	Gross expenditure	Net expenditure	Government grant
1959	$158,927.77	$158,927.77	$100,000
1960	120,893.45	102,925.47	100,000
1961	126,947.42	109,629.18	100,000
1962	146,613.66	115,968.19	100,000
1963	155,931.97	129,701.34	100,000
1964	215,479.56	155,751.00	100,000

17. The Review Committee's task was to arrive at an acceptable formula for the determination of the Government grant for 1965 and for future years. The proposed transfer of responsibilities from the association to Government will result in a substantial reduction of the service provided by them to the public. It would follow that there should be a corresponding reduction in the quantum of the grant.

18. We have recommended in paragraph 15 of this report that the date for the transfer of functions from the association to Government be on a date to be determined by the Minister and have further suggested that this date be October 1, 1965. Until this date, the association would continue to provide the service it has done in the past. The association's representative stated that full payment of the grant for the period prior to the transfer of functions (on a pro rata basis of the annual grant) would be a reasonable request. The ministry of health representative expressed the view that the extent of Government assistance during 1965 must be considered in the context of the policy to transfer responsibilities from the association to Government; the subsidy should be based on the quantum actually involved in the provision of a family planning service.

19. After an examination of both these viewpoints, the committee recommends, on grounds of equity, that the grant be based on the audited net expenditure for the 9 months' period ending September 30, 1965; and that such a grant should not exceed $75,000 (i.e. 75 percent of the 1965 grant of $100,000) or the audited net expenditure, whichever is lower. This recommendation is subject to two provisos:

(i) That if the date of transfer of responsibilities is not October 1, 1965, but some other date determined by the Minister, the quantum of the grant be adjusted correspondingly on a pro rata basis;

(ii) That the expenditure pattern and commitments of the association in respect of salaries, and so forth, shows no significant changes compared with previous years.

20. The determination of criteria for the grant after the transfer of responsibilities is, however, much more complex. The committee examined this matter in much detail to arrive at an equitable formula.

21. It became apparent to the committee that any method of computation of the formula for future grants involved a number of variable factors. These variable factors included differences in the methods in use in different centers, variations in staffing pattern in different centers variations in the cost per patient, and variations in intensity of use of different centers.

22. Two possible methods of determining the grants were discussed at some length. One method was to determine future grants on a ratio of the number of centers run by the association after the transfer of responsibilities compared with the total number of clinics in operation. This would give a ratio of 2:29, which factor multiplied by the present grant of $100,000 would give the possible quantum for future grants.

23. The second possible method examined was on the ratio of the number of patients seen at the two centers to be retained by the association (at Cuppage Road and Tiong Bahru) to the total number of patients seen in 1964. Paying patients would have to be excluded from this calculation and weightage given to assisted patients who pay for family planning services at cost.

24. It was agreed that neither of the two methods outlined were satisfactory. The quantum of the grant by the first method in paragraph 22 would be $6,800, and by the second method in paragraph 23 would be $14,000.

25. The committee noted that the expenditure of the Singapore Family Planning Association in 1964 was $155,751; the government grant of $100,000 was equivalent to 64 percent of the total expenditure. The accounts of the association for that year would show that the association has a carry forward of $54,742 for the year.

26. In consideration of all the factors described, the committee finally agreed that the grant be fixed at $10,000 per annum after the transfer of responsibilities; this represents a compromise midfigure. We recommend, therefore, that the grant for the rest of the year, from October 1, 1965 (suggested date of transfer of responsibilities), be $2,500.

The quantum of future government grants to the Singapore Family Planning Association for 1966

27. The criteria for future government grants were given in paragraphs 20–26. On the basis of the quantum referred to, we recommend that the annual grant for 1966 be $10,000. This recommendation is subject to the following provisos:

(i) that the grant be subject to review;

(ii) the review shall take into account Government's general policy on family planning activities, and on the scope and activities of the proposed family planning and population council;

(iii) that the Singapore Family Planning Association may request such review when the number of free and assisted patients so warrant.

The disposition of present staff now employed by the Singapore Family Planning Association and how they are to be resolved, etc.

28. The committee was informed by the association's representative that it will be necessary to retrench 26 of their present staff. Details of the present staff and the decision of the association on their services on the transfer of functions are given in appendix A.

29. The employees who are to be retained by the association will be for the association's centers, and in view of their continued employment with the association, present no problem.

30. The committee discussed at length the future employment prospects of those whose services would not be required by the association. The Ministry of Health representative stated that there could be no question of automatic transfer of the employees of a private association to the public service. Appointments to the public service were determined by the public service commission, having regard to the criteria laid down for admission to various grades in the public service. It was also premature at this juncture to assess their additional staff requirements because the actual policy and pattern of family planning service would have to be determined first.

31. The committee, having looked into the question fully, recommends that sympathetic consideration be given to such employees of the association who become redundant if such staff were required for expansion of family planning work. This recommendation is subject to the proviso that the staff in question satisfy the necessary requirements which would be for the employing authority (be it Government or the family planning and population council) to determine.

32. The association's representative drew the committee's attention to the redundancy claims made by the employees' union on the association. The committee felt this was a matter outside their scope and on which they were unable to make a recommendation. The terms and conditions governing employment is between the association and its employees.

SUMMARY OF RECOMMENDATIONS

33. *First term of reference.*—We recommend that government take over responsibility for clinical work, research and publicity in the field of family planning with effect from October 1, 1965 (pars. 4–15).

Second term of reference.—We recommend that the grant for 1965 be made up of two components. The first component being an amount equal to the net audited expenditure up to September 30, 1965, but not exceeding $75,000; the second component for the rest of 1965 being $2,500 (pars. 16–26).

Third term of reference.—We recommend that the grant for 1966 be $10,000, this amount is subject to review by government on receipt of a request from the association (par. 27).

Fourth term of reference.—We recommend sympathetic consideration by the government for the employment of those employees of the association who become redundant (pars. 28–32).

ACKNOWLEDGEMENT

34. The review committee wishes to place on record their appreciation of the work of the committee's secretary, Mr. Leo Lian Lim, administrative officer, who was responsible for preparation of necessary background material and for preparation of this report.

R. QUAHE,
Chairman, Deputy Vice Chancellor, University of Singapore.
Dr. K. KANAGARATNAM,
Deputy Director of Medical Services (Health), Representative, Ministry of Health, Singapore.
A. D. FRASER,
Representative, Singapore Family Planning Association.

SINGAPORE, *June 29, 1965.*

APPENDIX B

Singapore Family Planning Association—Staff

Name, age, and qualifications	FPA appointment; Date of first appointment and salary on Jan. 7, 1965	SFPA's decision on services
Dr. Chung Chin San; 40 years; M.B., B.S., Kiangsi, China.	Doctor-in-charge; May 1965 sessional; Jan. 7, 1960 full-time, $1,030.	Services retained.
Miss Ng Chwee Lain; 38 years; A.C.C.S. Intermediate A.I.A., Stage I & II A.S.A.	Administrative Secretary; Nov. 9, 1964, $555.	Do.
Doris Ong; 34 years; Typing	Senior Clerical Assistant; January 1954; $350.	Do.
Sally Tan; 26 years; Typing	Clerical Assistant; November 1957; $240.	Do.
Mrs. Lucy Teo; 42 years; 3 years Nursing experience during Japanese Occupation.	Acting Clinic Supervisor as on Jan. 7, 1962; April 1954; $390.	Do.
Mrs. K. S. Ong; 47 years; Midwifery *B*	Clinic Assistant; January 1953; $350.	Do.
Madam Fong Yit Har; 42 years; Midwifery *B*	Clinic Assistant; February 1954; $350.	Do.
Mrs. Low Ng Kiow; 47 years; Midwifery *B*	Clinic Assistant; November 1954; $350.	Do.
Madam Fong Yit Chan; 38 years; Midwifery *B*	Clinic Assistant; March 1965; $340.	Do.
Mrs. Rosy Cheong; 33 years; Midwifery *B*	Clinic Assistant; September 1957; $340.	Do.
Miss Kitty Ho; 38 years; Midwifery *B*	Clinic Assistant; March 1958; $340.	Do.
Mrs. Tan Eng Gin; 44 years; Midwifery *B*	Clinic Assistant; April 1958; $330.	Do.
Mrs. Fatimah Ali; 45 years; 2 years Nursing experience.	Home Visitor; February 1955; $350.	Do.
Mrs. Lim Ming Hing; 52 years; 1 year Nursing; 2 years Eveland Seminary.	Home Visitor; September 1959; $320.	Do.
Madam Tan Ah Ai; 39 years	Amah; Jan. 10, 1958; $80	Do.
Miss Lily Lim; 25 years	Amah; Jan. 5, 1960; $80	Do.
Dr. Mona Lim; 37 years; M.B., B.S. (Melbourne) 1949.	Medical Officer (Part-time); December 1963; $25 p. clinic session, A.M., $21 p. clinic session, P.M.	Serve with notice of termination of employment.
Dr. Hao Wu Wan; 47 years; M.B., West China Union University, 1944; D.P.H., Bristol University, England.	Medical Officer; Oct. 8, 1964, $925	Do.
Dr. Shu Husien Kuo Teng; 46 years; M.B., Fukien Medical College.	Medical Officer (Part-time); May 1, 1965; $25 p. Clinic Session A.M., $21 p. Clinic Session P.M.	Do.
Dr. E. Yeoh; 35 years; M.B., B.S., University of Malaya, 1955.	Medical Officer (Part-time); Sept. 2, 1965; $25 p. Clinic Session A.M.; $21 p. Clinic Session P.M.	Do.
Miss Catherin Kwok; 28 years; Typing	Clerk/Typist; Sept. 8, 1963; $180	Do.
Mrs. Yeow Eu Moy; 26 years; Typing	Clerk/Typist; Apr. 8, 1964; $170	Do.
Miss Chu Sip Meng; 34 years; Social Science and Administration from London School of Economics.	Social Worker; Jan. 5, 1963; $515	Do.
Mrs. Alice Ong; 33 years; Midwifery *B*	Clinic Assistant; June 1958; $290	Do.
Mrs. Yong Beng Guat; 38 years; Midwifery *B*	Clinic Assistant; July 1959; $250	Do.
Mrs. L. H. Chin; 43 years; Trained Nurse (Ipoh)	Clinic Assistant; September 1960; $220.	Do.
Mrs. Mimi Lim; 35 years; Midwifery *B*	Clinic Assistant; May 1961; $220	Do.
Mrs. Adisah Rahman; 53 years; Midwifery *B*	Do.	Do.
Miss K. Y. Cheong; 27 years; Midwifery *B*	Clinic Assistant; July 1, 1963; $200.	Do.
Mrs. L. H. Ngui; 26 years; Midwifery 1961	Clinic Assistant; Nov. 3, 1963; $200.	Do.
Mrs. Eng Sook Lin; 26 years; Midwifery 1961	Clinic Assistant; Oct. 7, 1964; $180	Do.
Miss Lee Yeow Khoon; 27 years; Midwifery	Home Visitor; Jan. 1, 1964; $190	Do.
Mrs. G. N. Tan; 52 years	Clerk/Contact Worker; January 1954; $240.	Do.
Mrs. S. K. Ng (Agnes); 30 years	Clerk/Contact Worker; July 1959; $220.	Do.
Miss Kang Bee Leng; 19 years; Typing	Clerk/Typist; Jan. 8, 1964; $170	Do.
Inche Ahmad C. Awang; 46 years	Driver; Jan. 7, 1961; $120	Do.
Mr. Kwan Soo Kwan; 29 years	Driver; Jan. 9, 1964; $120	Do.
Mdm. Hor Poh Lin; 38 years	Amah; Jan. 8, 1955; $40	Do.
Miss Shirley Chan; 23 years	Amah; Jan. 8, 1958; $40	Do.
Mdm. Kwek Bah Lee; 28 years	Amah; Jan. 11, 1962; $40	Do.
Miss Lim Soh Ngoh; 17 years	Amah; Feb. 8, 1963; $40	Do.
Mr. Moi Phei Sitt; 35 years; Typing	Publicity Officer; Jan. 9, 1964, $340.	Resigned—Jan. 7, 1965.

Appendix C

List of Centers at Which the Association Holds Family Planning Sessions

GOVERNMENT CENTERS

Public health division—Maternal and child health centers

1. Airport
2. Alexandria Road
3. Aljunied Road
4. Bedok
5. Bukit Panjang Road
6. Bukit Timah Road
7. Buona Vista Road
8. Chai Chee Road
9. Changi Village
10. Holland Road
11. Institute of Health
12. Jalan Bahru Road
13. Joo Chiat Road
14. Jurong Road
15. Kallang Estate
16. Kim Keat Road
17. Kreta Ayer Road
18. Lim Ah Pin
19. Nee Soon Road
20. Prinsep Street
21. Queenstown
22. Sembawang Road
23. Still Road
24. Thomson Road
25. Yio Chu Kang Road

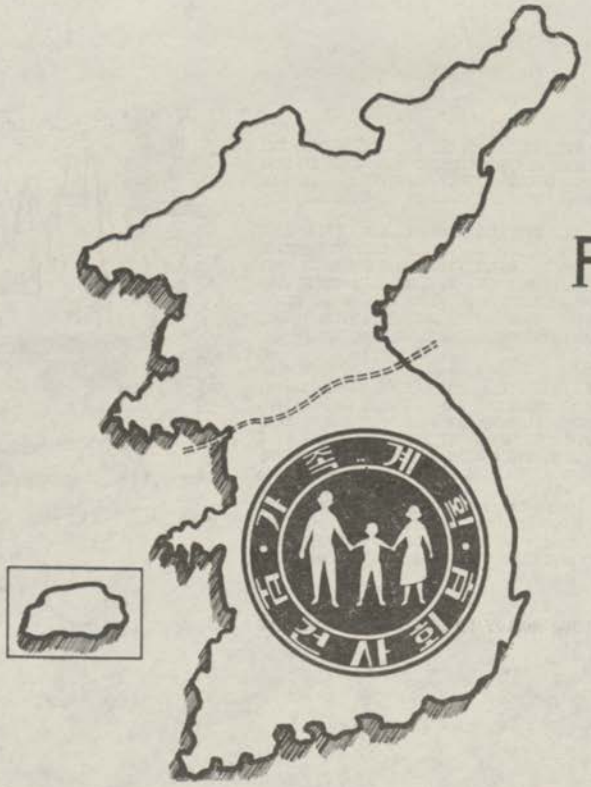
Hospitals division

26. Kandang Kerbau Hospital

NON-GOVERNMENT CENTERS

1. Cuppage Road
2. Tiong Bahru Road
3. S.A.T.A.

EXHIBIT 205



1964

PROGRESS REPORT

FAMILY PLANNING IN KOREA

- Organization
- Training
- Services
- Supplies
- Information
- Cost
- Research – Surveys
- Cooperation
- The Job Ahead

BACKGROUND: NEED FOR F.P. ACTION PROGRAM

THE REPUBLIC OF KOREA, COMPRISING ABOUT 42% OF THE KOREAN PENINSULA, HAS A POPULATION OF APPROXIMATELY 28 MILLION WHICH IS INCREASING YEARLY AT THE RATE OF ABOUT 2.9%. BIRTH AND DEATH RATES ARE ESTIMATED AT 40 AND 11 PER 1,000, RESPECTIVELY.

PRESENT RESULTS OF THIS BIRTH RATE AND LIMITED FUTURE PROSPECTS IF ALLOWED TO CONTINUE CAN BE SUMMED UP BRIEFLY BY STATING THAT KOREA'S ECONOMY IS GEARED TO AGRICULTURE, DESPITE THE FACT THAT LESS THAN 22% OF ITS LAND IS ARABLE. THEREFORE, AS INEVITABLE, SIDE EFFECTS ARE REFLECTED IN FOOD SHORTAGES, A HIGH UNEMPLOYMENT RATE, LOW PER-CAPITA INCOME, AND POOR LIVING STANDARDS.

ALSO, FURTHER COMPOUNDING AND COMPLICATING THE ECONOMIC AND SOCIAL CONDITIONS IN KOREA WERE DIVISION OF THE INDUSTRIAL NORTH FROM THE AGRICULTURAL SOUTH AFTER WORLD WAR II AND THE KOREAN CONFLICT IN 1950-53 - THE LATTER, PARTICULARLY, RESULTING IN A TREMENDOUS REHABILITATION BURDEN AND AN ABNORMAL DEMOGRAPHIC PICTURE CREATED BY MASS EMIGRATION FROM THE NORTH AND A WAR-BABY BOOM DURING THE YEARS IMMEDIATELY FOLLOWING THE WAR.

THE NEED TO ACHIEVE A BETTER REPRODUCTION-PRODUCTION BALANCE IN KOREA IS CRITICAL AND IS BEST SUMMARIZED PERHAPS BY THE FACT THAT IN 1962 THE ECONOMIC GROWTH RATE OF 2.6% WAS SUBMERGED BY THE CONCURRENT 2.9% NATURAL POPULATION INCREASE.

FP ACTION PLAN ESTABLISHED: OUTLINE FOR THREE YEARS' GROWTH AND ACHIEVEMENT

IN NOVEMBER 1961, GOVERNMENT LEADERS OF KOREA IN THEIR DETERMINATION, TO ELIMINATE OR MODIFY ALL PROBLEMS LIMITING ECONOMIC GAINS AND THE IMPROVEMENT OF LIVING STANDARDS, RECOGNIZED THE HANDICAP OF EXCESSIVE NATURAL POPULATION GROWTH AND APPROVED THE PLAN SUBMITTED BY THE MINISTRY OF HEALTH AND SOCIAL AFFAIRS FOR THE DEVELOPMENT OF A PROGRAM WHEREBY CONTRACEPTIVE INFORMATION, SUPPLIES, AND CLINIC SERVICES WOULD BE MADE AVAILABLE TO ALL MARRIED COUPLES WISHING TO LIMIT THE NUMBER OR SPACING OF THEIR CHILDREN. FAMILY PLANNING WAS ADOPTED AS A NATIONAL POLICY, AND ITS GOALS WERE INCLUDED AS A PART OF THE FIVE YEAR ECONOMIC DEVELOPMENT PLAN.

THE FOLLOWING PAGES ILLUSTRATE THE DEVELOPMENTAL LEVEL OF THE FAMILY PLANNING PROGRAM AT THE END OF 1964 AS REFLECTED IN: ADMINISTRATIVE AND OPERATIONAL CHANNELS ESTABLISHED, FIELD WORKERS RECRUITED AND TRAINED, SERVICES PROVIDED AND NUMBER OF PARTICIPANTS, TYPE AND QUANTITIES OF SUPPLIES DISTRIBUTED, PUBLIC INFORMATION PROGRAMS CONDUCTED AND PROGRAM AIDS PROVIDED, AND THE COST OF PROVIDING THE SERVICE.

ALSO, ILLUSTRATED ARE THE CONTRIBUTIONS MADE BY RESEARCH PROJECTS AND SURVEYS TO PROGRAM GROWTH, AND THE ACTIVE SUPPORT AND COOPERATION RECEIVED BY THE MINISTRY IN ACHIEVING THE PRESENT LEVEL OF DEVELOPMENT.

FAMILY PLANNING GOAL: SPECIFIC TARGETS

REDUCTION IN THE NATURAL INCREASE RATE OF POPULATION GROWTH TO ABOUT 2% BY THE END OF 1971 IS THE OVERALL OBJECTIVE OF THE FAMILY PLANNING ACTION PROGRAM.

TO ACHIEVE THIS GOAL, IT WILL BE NECESSARY TO SECURE 1,500,000 PARTICIPANTS IN THE PROGRAM, OR APPROXIMATELY ONE THIRD OF THE ELIGIBLE COUPLES IN THE 20-44 AGE GROUP.

SPECIFIC TARGETS HAVE BEEN TENTATIVELY ESTABLISHED AS FOLLOWS:

1,000,000 IUD INSERTIONS
300,000 REGULAR USERS OF TRADITIONAL CONTRACEPTIVES
200,000 VASECTOMIES

ESTIMATED POPULATION & DISTRIBUTION BY AGE
1964

28,342,000

0 - 19	20 - 44	45 - PLUS
54 %	31 %	15 %
15,236,000	8,863,000	4,243,000

ORGANIZATION: GROWTH OF ACTION CHANNELS AND FIELD STAFF

AS SHOWN BELOW, THREE YEARS' PROGRESS IN DEVELOPMENT OF ACTION CHANNELS AND FIELD STAFF IS REFLECTED IN THE PRESENT AVAILABILITY OF FAMILY PLANNING INFORMATION, SUPPLIES, AND CLINIC REFERRAL SERVICES AT THE GRASS-ROOTS LEVEL.

EXPANSION OF SERVICES TO THIS LEVEL WAS ACTUALLY ACHIEVED IN LESS THAN 30 MONTHS AND WAS MADE POSSIBLE BY ASSIGNING TOP PRIORITY TO THE PROJECT, ALLOCATING ADEQUATE YEARLY BUDGET INCREASES, SECURING THE FULL COOPERATION OF KEY OFFICIAL AND VOLUNTARY AGENCY GROUPS, PLUS THE UTILIZATION OF ESTABLISHED PUBLIC HEALTH AND LOCAL ADMINISTRATIVE FACILITIES AS SERVICE CENTERS. THIS LATTER FACTOR HAS PROVED TO BE OF MAJOR IMPORTANCE IN THE LOW-COST INITIATION OF THE PROGRAM AS WELL AS IN ITS RAPID DEVELOPMENT.

IN FACT, GENERAL PUBLIC FAMILIARITY WITH LOCAL HEALTH CENTER LOCATIONS AND SERVICES, COUPLED WITH ATTENDANCE AT THE CENTERS OF "SENSITIZED ELIGIBLES" PARTICIPATING IN RELATED MCH ACTIVITIES, HAS SIMPLIFIED COMMUNITY INTRODUCTION OF THE PROGRAM AND EXPEDITED DEVELOPMENT OF ACCEPTOR ROSTERS. FURTHER, AND MOST IMPORTANT, FOR FUTURE STABILITY, IT HAS INDICATED THE VALUE OF AND EASE WITH WHICH FAMILY PLANNING SERVICES CAN BE INTEGRATED WITH THE MATERNAL AND CHILD HEALTH PROGRAM.

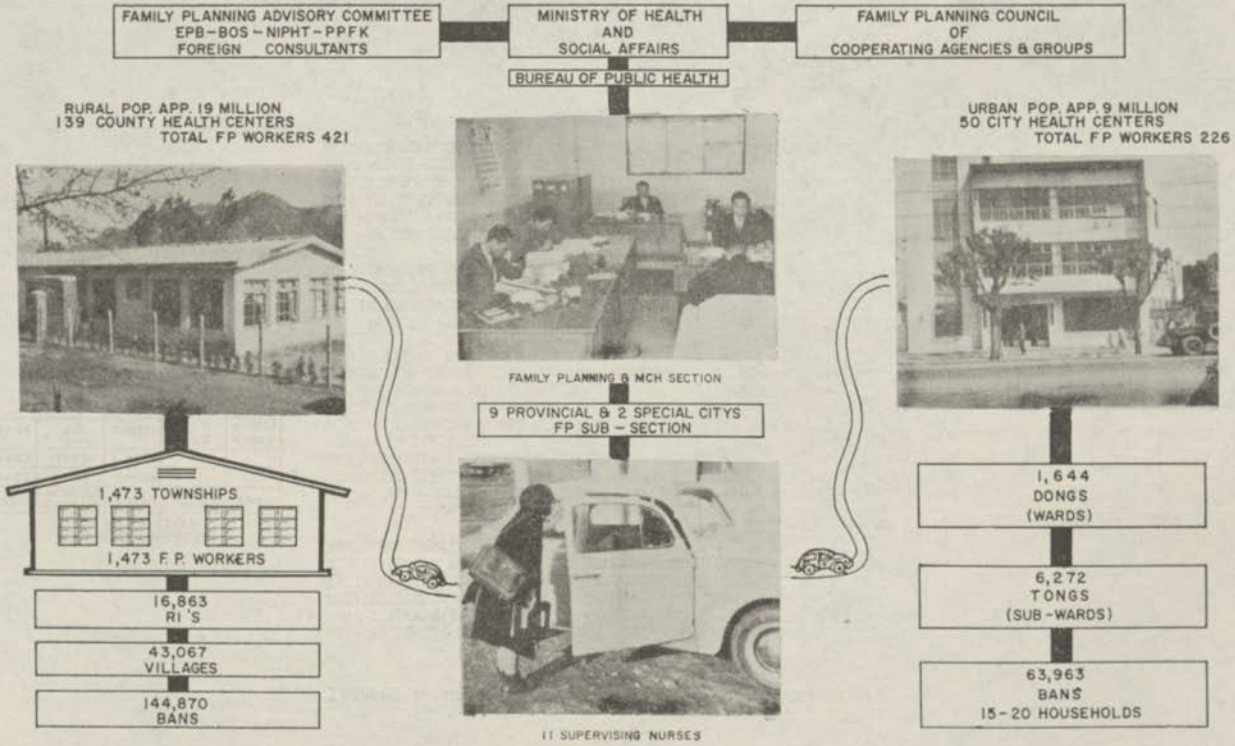
ALL HEALTH CENTER WORKERS ARE QUALIFIED NURSE-MIDWIVES, AND ALL TOWNSHIP ASSISTANTS HAVE AT LEAST A HIGH-SCHOOL EDUCATION. SUPERVISION OF ASSISTANT WORKERS IS PROVIDED BY SENIOR HEALTH CENTER NURSE-MIDWIVES WHO, IN TURN, ARE SUPERVISED BY EQUALLY QUALIFIED WORKERS FROM THE PROVINCIAL LEVEL.

GROWTH OF BUDGET

YEAR	ALLOCATION
1962	$ 328,357
1963	593,337
1964	1,357,900

GROWTH OF STAFF AND SERVICE

YEAR	WORKERS	APP POP SERVED PER WORKER
1962	189	142,000
1963	378	73,000
1964	2,135	13,287


FAMILY PLANNING ADVISORY COMMITTEE
EPB-BOS-NIPHT-PPFK
FOREIGN CONSULTANTS
MINISTRY OF HEALTH
AND
SOCIAL AFFAIRS
FAMILY PLANNING COUNCIL
OF
COOPERATING AGENCIES & GROUPS
BUREAU OF PUBLIC HEALTH
RURAL POP. APP. 19 MILLION
139 COUNTY HEALTH CENTERS
TOTAL FP WORKERS 421
URBAN POP. APP. 9 MILLION
50 CITY HEALTH CENTERS
TOTAL FP WORKERS 226
FAMILY PLANNING & MCH SECTION
9 PROVINCIAL & 2 SPECIAL CITYS
FP SUB-SECTION
1,473 TOWNSHIPS
1,473 F.P. WORKERS
16,863
RI'S
43,067
VILLAGES
144,870
BANS
1,644
DONGS
(WARDS)
6,272
TONGS
(SUB-WARDS)
63,963
BANS
15-20 HOUSEHOLDS
11 SUPERVISING NURSES

TRAINING: IMPROVING THE QUALITY OF THE ACTION PROGRAM

IN KOREA, THE ACTION PREPARATION GIVEN ALL FIELD WORKERS IS BOTH ACADEMIC AND PRACTICAL, COVERING ALL SUBJECTS IN FP PLUS RELATED PUBLIC HEALTH TOPICS CONSIDERED ESSENTIAL AND HELPFUL IN INCREASING THE WORKER'S ABILITY TO MEET THE PUBLIC AND PROVIDE SIMPLE HEALTH INFORMATION AND REFERRAL SERVICES DURING HOME VISITS AND GROUP MEETINGS.

TEACHING METHODS EMPLOYED ARE LECTURE, WORKSHOP, AND DEMONSTRATION. EMPHASIS IS ON WHAT TO DO AND HOW TO DO IT THROUGH SIMULATED FIELD SITUATIONS WHERE THE KNOWLEDGE ACQUIRED IS APPLIED AND THE VARIOUS PROGRAM AIDS PROVIDED ARE DEMONSTRATED. "LEARN BY DOING" IS THE KEYNOTE OF ALL TRAINING PROGRAMS, WITH STUDENTS SERVING AS "ELIGIBLES" AND "CRITICS." TRAINEES ARE PROVIDED TAKE-HOME TEACHING MANUALS CONTAINING OUTLINES OF THE SUBJECT MATTER COVERED AND THE WORKSHOP SITUATIONS THEY WILL PARTICIPATE IN DURING THE COURSE. AN EXAMINATION IS GIVEN FOLLOWED BY AN EVALUATION SESSION AT THE END OF EACH TRAINING PROGRAM.

FOUR PROVINCIAL TRAINING CENTERS, IN ADDITION TO THE NATIONAL PUBLIC HEALTH TRAINING INSTITUTE IN SEOUL, ARE UTILIZED IN TEACHING THE COURSES, WHICH VARY IN LENGTH FROM TWO TO FOUR WEEKS ACCORDING TO BACKGROUND AND EXPERIENCE OF THE PARTICIPANTS.

IN KOREA ALL TRAINING RESPONSIBILITIES HAVE BEEN DELEGATED TO THE PLANNED PARENTHOOD FEDERATION, AN ORGANIZATION RICH IN LEADERSHIP AND COMPOSED OF MEMBERS REPRESENTING ALL PROFESSIONS NECESSARY TO TEACH THE SPECIALITIES REQUIRED TO PRODUCE FP WORKERS BOTH WELL INFORMED AND ADEQUATELY PREPARED PUBLIC RELATIONS-WISE TO CONTACT ELIGIBLE COUPLES INTERESTED IN PRACTICING FAMILY PLANNING.

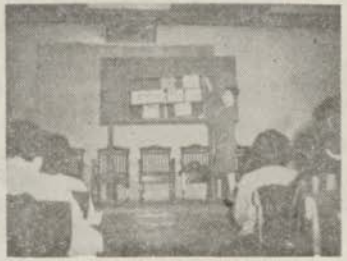
TRAINING PROGRAMS
FP FIELD STAFF

YEAR	M. CENTER WORKERS	LENGTH	TOWNSHIP WORKERS	LENGTH
1962	183	1 WEEK		
1963	183	1 WEEK		
1964	301	2 WEEKS	1,473 504	4 DAYS 4 WEEKS

TRAINING PROGRAMS
PHYSICIANS

YEAR	NO. OF DOCTORS		LENGTH
	I. U. D.	VAS.	
1962		67	2 DAYS
1963	24	333	"
1964	818	283	"

DISCUSSION



DEMONSTRATION

WORKSHOP

VASECTOMY-LECTURE-PRACTICE

TYPICAL CLASS
TOWNSHIP LEVEL WORKERS

TRAINING CENTERS
SEOUL
TAEJON
KWANGJU
TAEGU
PUSAN

IUD-LECTURE-PRACTICE

SERVICES: ACTION CONTENT AND EMPHASIS OF EFFORT

THE BASIC AIM OF FAMILY PLANNING WORKERS IN KOREA IS TO CONTACT OR OTHERWISE MAKE AVAILABLE AS POSSIBLE, CONTRACEPTIVE INFORMATION, SUPPLIES, AND CLINIC SERVICES (IUD-VASECTOMY), TO ALL ELIGIBLE COUPLES, WISHING TO PRACTICE FAMILY PLANNING. EMPHASIS OF EFFORT, HOWEVER, IS ON CONTACTING HIGH PARITY COUPLES READY AND WILLING TO PARTICIPATE IN THE PROGRAM. RECORDS SHOW THE MAJORITY OF THIS GROUP WILL HAVE 4 OR MORE CHILDREN WITH AT LEAST 2 SONS, AND BE IN THE 30-39 AGE BRACKET PRIORITY IN REACHING THIS GROUP IS ALSO VERIFIED BY STUDIES INDICATING FOUR CHILDREN IS THE AVERAGE NUMBER DESIRED BY MOST COUPLES, FOLLOWING WHICH THE MAJORITY STATE THEY ARE READY TO CLOSE THE FAMILY FOR ECONOMIC REASONS.

ALL SERVICES ARE PROVIDED FREE OF CHARGE TO COUPLES JUDGED UNABLE TO PAY FOR EXPENDABLE ITEMS ON A CONTINUING BASIS OR THE CLINIC FEES OF ABOUT $1.20 PER IUD INSERTION AND $2.00 FOR VASECTOMY. THREE TYPES OF TRADITIONAL CONTRACEPTIVES: CONDOM, SPERMICIDAL FOAM TABLET AND JELLY ARE PROVIDED. RECORDS INDICATE 75% HAVE PREFERRED CONDOMS, 20% FOAM TABLETS, AND 5% JELLY. HOWEVER, SINCE INTRODUCTION OF THE LOOP, MANY REGULAR USERS HAVE CHANGED TO THIS METHOD, AND MANY HAVE SELECTED IT AS THEIR INITIAL CHOICE. IN FACT, INDICATIONS ARE HALF OF THEM WILL CHANGE AND HALF WILL MAKE IT THEIR INITIAL CHOICE.

RESPONSE TO THE PROGRAM AS SHOWN BY RECORDS OF AND THROUGH DECEMBER 1964 INDICATE 220,000 COUPLES EACH MONTH WERE RECEIVING INFORMATION AND/OR TRADITIONAL TYPE SUPPLIES, 49,054 HUSBANDS HAD PARTICIPATED IN THE VASECTOMY PROGRAM, AND 113,376 WIVES HAD CHOSEN THE LOOP AS THEIR METHOD OF PRACTICING FAMILY PLANNING.

REGISTERED RECIPIENTS INFORMATION-SUPPLIES

YEAR	NO. REGISTERED
1962	328,514
1963	1,005,511
1964	965,717

VASECTOMY & I.U.D. PARTICIPANTS

YEAR	VASECTOMY	I.U.D.
1962	3,400	
1963	19,559	1,493
1964	26,095	111,883

HOME VISITS
EACH WORKER AVERAGES
104 PER MONTH

CONTRACEPTIVES PROVIDED
CONDOM – FOAM TABLET – JELLY

SMALL GROUP MEETINGS
EACH WORKER AVERAGES
10 PER MONTH

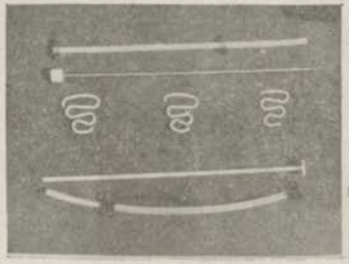
492 VASECTOMY CLINICS
AVAILABLE FOR REFERRAL
"FOR COUPLES WHO HAVE ALL THE
CHILDREN THEY WANT"

VISITS TO SERVICE CENTERS
"INFORMATION – SUPPLIES –
CLINIC APPOINTMENTS"
AVERAGE 94 PER MONTH
EACH HEALTH CENTER

FOR COUPLES
"SEEKING THE
SIMPLEST AND
MOST EFFECTIVE
METHOD OF LIMITING
THE NUMBER OR
SPACING OF
THEIR CHILDREN"

842 I.U.D. CLINICS
AVAILABLE FOR REFERRAL

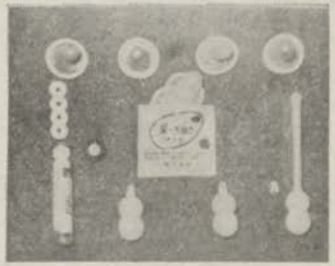
SUPPLIES: PRODUCED LOCALLY, ADEQUATE TO MEET ACTION PROGRAM NEEDS



LOOPS AND INSERTERS

ALL FOUR TYPES OF CONTRACEPTIVES REQUIRED TO CARRY OUT FP SERVICES ARE NOW BEING PRODUCED IN KOREA. THIS IS A MAJOR STEP FORWARD IN ASSURING STEADY GROWTH OF THE FAMILY PLANNING MOVEMENT AS IT HAS EXPEDITED SUPPLY PROCUREMENT, REDUCED FOREIGN EXCHANGE REQUIREMENTS, AND, MOST IMPORTANT, INCREASED THE AVAILABILITY OF CONTRACEPTIVES, PARTICULARLY CONDOMS, FOR COMMERCIAL PURCHASE.

TRADITIONAL CONTRACEPTIVES ARE ISSUED TO USERS IN QUANTITIES JUDGED ADEQUATE FOR ONE MONTH: ONE VIAL CONTAINING 16 FOAM TABLETS, ONE PACKAGE OF 6 CONDOMS, AND 15 GRAMS OF SPERMICIDAL JELLY PACKED IN 3 PLASTIC CONTAINERS. LOOPS ARE DISTRIBUTED TO "FREE" CLINICS (SUBSIDIZED) THRU LOCAL HEALTH CENTERS, AND TO "CHARGE" CLINICS (PAID BY ACCEPTORS) DIRECTLY. ALL SIZES OF LOOPS, 25 MM, 27½ MM, AND 30 MM, HAVE BEEN PROVIDED FOR USE AS INDICATED. HOWEVER, 27½, THE MOST OFTEN INDICATED SIZE, IS SUPPLIED IN QUANTITIES SUFFICIENT TO MEET ALL NEEDS. SIX INSERTERS PER CLINIC HAVE ALSO BEEN PROVIDED. OTHER NECESSARY EQUIPMENT AND EXPENDABLES, SUCH AS ANTISEPTIC AND COTTON, ARE NOT SUPPLIED.



TRADITIONAL CONTRACEPTIVES

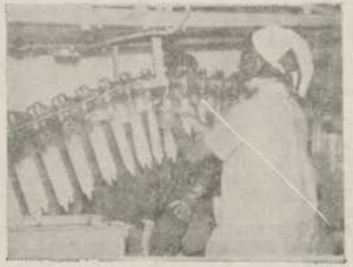
WHOLESALE COST OF LOCAL-MADE TRADITIONAL CONTRACEPTIVES IS APPROXIMATELY 8¢ PER DOZEN FOR CONDOMS, 8.6¢ PER VIAL FOR FOAM TABLETS, AND 17.6¢ PER 30 GRAMS OF JELLY. LOOP MATERIALS AND PROCESSING COST ABOUT 2¢ PER LOOP. U.S. MADE INSERTERS ARE VALUED AT ABOUT $1.00 EACH, AND LOCALLY PRODUCED COST APPROXIMATELY 50¢ EACH.

LOOP PRODUCTION
ABOUT 480 PER HOUR

QUALITY CONTROL
ALL CONTRACEPTIVES MUST MEET
MINISTRY OF HEALTH & SOCIAL
AFFAIRS STANDARDS

FOAM TABLET PRODUCTION
ABOUT 3,750 PER HOUR

THREADING "LOOPS"
ABOUT 40 PER HOUR
PER WORKER



CONDOM PRODUCTION CAPACITY
ABOUT 37,500 GROSS PER MONTH

JELLY PRODUCTION
ABOUT 3,750 - 5 GRAM TUBES
PER HOUR

PROGRAM AIDS – PUBLIC INFORMATION: ACTION PROGRAM SUPPORT

PROGRAM AIDS

EVERY EFFORT IN KOREA HAS BEEN MADE TO DEVELOP AND PROVIDE FP WORKERS WITH SIMPLE, PRACTICAL PROGRAM AIDS TO REINFORCE THEIR PRIMARY TASK OF INFORMING ELIGIBLE COUPLES ABOUT THE FAMILY PLANNING PROGRAM AND TO DEMONSTRATE CONTRACEPTIVE METHODS AND MATERIALS. LIKEWISE, EMPHASIS OF THE AUDIO-VISUAL AND MASS MEDIA PROGRAM IS INFORMATIVE RATHER THAN PERSUASIVE. CONTENT IS AIMED AT ILLUSTRATING THE REPRODUCTIVE PROCESS, CONTRACEPTIVE METHODS, AND STATING WHERE THE SERVICES ARE AVAILABLE.

IN SUPPORT OF THE PUBLIC INFORMATION PROGRAM, ASIDE FROM PROVIDING THE PRESS WITH ARTICLES AND CONDUCTING RADIO AND TV PROGRAMS, THREE MOVIES HAVE BEEN PRODUCED, EXHIBITS HELD, AND MASS ENLIGHTENMENT ACTIVITIES OF ALL TYPES CARRIED OUT DURING "MAY" WHICH HAS BEEN OFFICIALLY PROCLAIMED AS FAMILY PLANNING MONTH. ALSO, A POTENT FORCE IN SUPPLEMENTING THIS EFFORT HAS BEEN THE WHOLE-HEARTED COOPERATION AND SUPPORT PROVIDED BY PPFK, THE OFFICE OF PUBLIC INFORMATION, NATIONAL RECONSTRUCTION MOVEMENT AND OFFICE OF RURAL DEVELOPMENT WORKERS AND THE PUBLISHERS OF NUMEROUS MAGAZINES AND PROFESSIONAL JOURNALS.

RESULTS OF THE EFFORT TO CONTACT AND INFORM ELIGIBLE COUPLES ABOUT THE FAMILY PLANNING PROGRAM ACCORDING TO A SAMPLE SURVEY (TAKEN BEFORE ADDITION OF 1473 LOCAL WORKERS) INDICATED ABOUT 74% OF THEM HAD HEARD THE TERM "FAMILY PLANNING" (80% URBAN, 68% RURAL), 55% HAD SOME KNOWLEDGE OF FAMILY PLANNING METHODS (67% URBAN, 45% RURAL), AND 12% (19% URBAN, 6% RURAL) WERE ACTUALLY PRACTICING FAMILY PLANNING.

PRINTED MATERIALS

RADIO

NEWSPAPERS – MAGAZINES
PROFESSIONAL JOURNALS

"MAY" IS NATIONAL FP MONTH

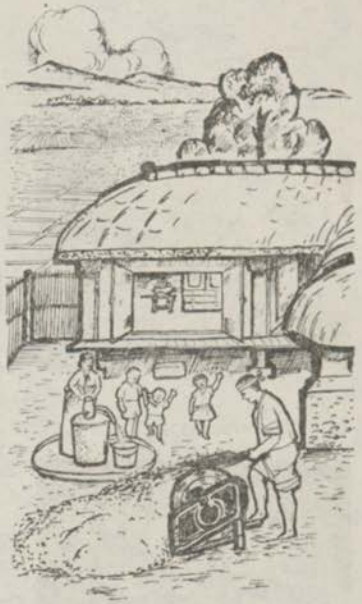
TELEVISION

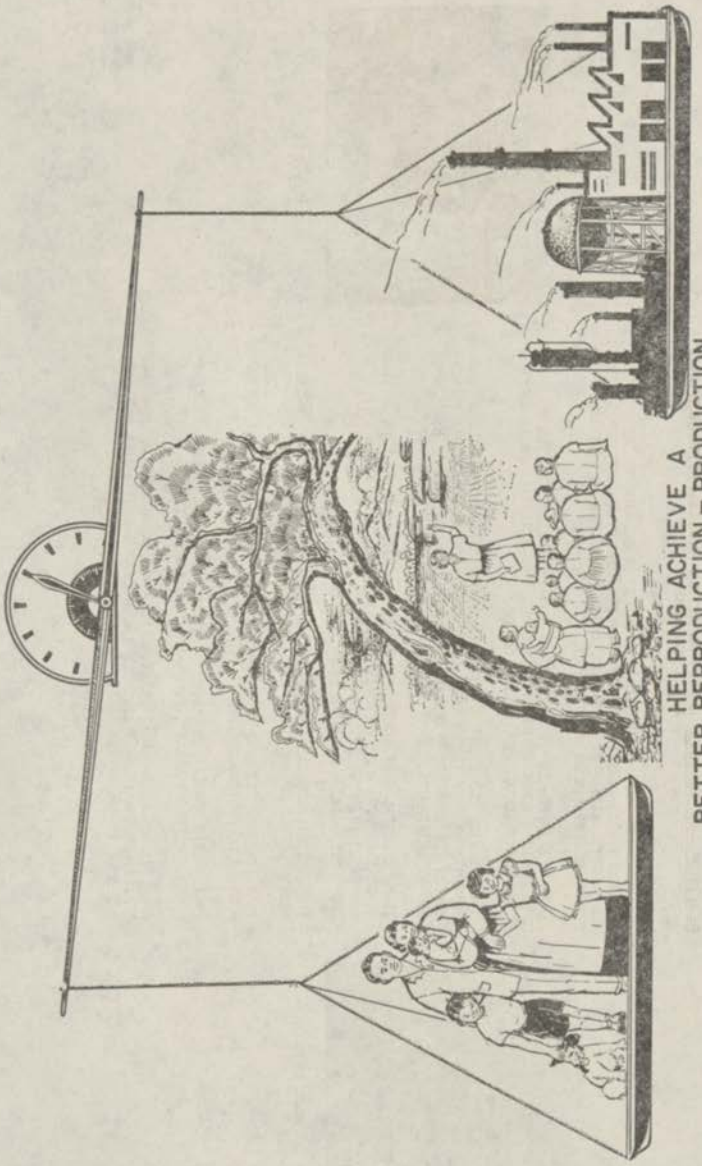
EXHIBITS

ACTION PROGRAM COSTS: EXPENDITURES AND "SAVINGS"

TOTAL COSTS OF CARRYING OUT THE ACTION PROGRAM IN KOREA FOR THREE YEARS HAS BEEN $2,279,593, OR AN AVERAGE OF $0.031 PER CAPITA. DEVELOPMENT OF THE PROGRAM IS REFLECTED BY YEARLY PER CAPITA COSTS OF $0.012 IN 1962, $0.022 IN 1963, AND $0.048 IN 1964. WHAT FUTURE ANNUAL PER CAPITA COSTS WILL BE, OF COURSE, CANNOT BE PREDICTED WITH CERTAINTY. HOWEVER, AT PRESENT OPERATIONAL COSTS, IT IS ESTIMATED THAT FUTURE YEARLY PROGRAM GOALS CAN BE ACHIEVED AT ABOUT AN ANNUAL PER CAPITA EXPENDITURE OF $0.05. THIS MEANS THAT WITHIN THE NEXT SEVEN YEARS, A TOTAL INVESTMENT OF APPROXIMATELY $10 MILLION WILL HAVE BEEN INCURRED IN ATTAINING THE 10-YEAR GOAL OF 1,500,000 PARTICIPANTS.

WHILE THE "SAVINGS" FROM ACHIEVING THIS 10-YEAR GOAL CAN BE MEASURED IN TERMS OF THE GNP AND REFLECTED IN IMPROVED LIVING STANDARDS, IT IS DIFFICULT TO EQUATE THE RESULTS IN A MONETARY SENSE. HOWEVER, SOME IDEA OF THE DOLLAR SAVINGS CAN BE PROJECTED IF THE PRESENT ESTIMATED YEARLY COST OF $30.00 TO RAISE A CHILD CONTINUES DURING THIS ENTIRE PERIOD. FOR EXAMPLE, IN TEN YEARS, ACCUMULATED PREVENTION OF BIRTHS WILL TOTAL AROUND 5,000,000, WHICH EXPRESSED IN TERMS OF "BUYING POWER", REPRESENTS $150 MILLION - AMPLY JUSTIFYING THE ESTIMATED INVESTMENT OF $10 MILLION.




HELPING ACHIEVE A
BETTER REPRODUCTION – PRODUCTION
BALANCE

RESEARCH AND SURVEYS: IMPROVING ACTION PROGRAM EFFICIENCY AND EFFECTIVENESS

AS SHOWN BELOW, CONTINUOUS EFFORT IS BEING MADE TO IMPROVE THE NATIONAL FAMILY PLANNING PROGRAM THROUGH CONDUCTING RESEARCH PROJECTS AND SURVEYS AIMED AT PROVIDING GUIDELINES FOR MORE EFFICIENT AND EFFECTIVE DEVELOPMENT OF SERVICES.

FOR EXAMPLE, IN CHRONOLOGICAL ORDER OF INITIATION, THE FOLLOWING PROJECTS HAVE CONTRIBUTED DATA, METHODS, AND MATERIALS MOST HELPFUL IN PROGRAM PLANNING AND IMPLEMENTATION.

- 1962, KOYANG GUN PILOT STUDY TO DETERMINE "THE ACCEPTABILITY AND EFFECTIVENESS OF TRADITIONAL CONTRACEPTIVES AMONG A RURAL POPULATION": DEPARTMENT OF PREVENTIVE MEDICINE, COLLEGE OF MEDICINE, YONSEI UNIVERSITY.
- 1962, CLINICAL RESEARCH TO DETERMINE AND EVALUATE THE TYPE OF INTRAUTERINE DEVICE MOST EFFECTIVE, ACCEPTABLE, AND COMFORTABLE FOR KOREAN WIVES: OB-GY DEPARTMENTS, SEOUL NATIONAL UNIVERSITY, YONSEI UNIVERSITY, AND THE MOBILE MISSION CLINIC.
- 1963, STUDIES IN VASECTOMY BY DR. LEE, HEE YONG, UROLOGY DEPARTMENT, COLLEGE OF MEDICINE, SEOUL NATIONAL UNIVERSITY.
- 1964, INDUCED ABORTION STUDY BY DR. HONG, SUNG BONG, OB-GY DEPARTMENT, SUDO MEDICAL COLLEGE.
- 1964, URBAN POPULATION STUDY BY URBAN POPULATION STUDY CENTER, SCHOOL OF PUBLIC HEALTH, SEOUL NATIONAL UNIVERSITY.
- 1964, NATION-WIDE FAMILY PLANNING ATTITUDE, KNOWLEDGE AND PRACTICE SURVEY, BY BUREAU OF STATISTICS, IN COOPERATION WITH PPFK AND THE MINISTRY OF HEALTH AND SOCIAL AFFAIRS.

I U D. CLINICAL RESEARCH

SURVEYS

KOYANG COUNTY
WONDANG TOWNSHIP PILOT PROJECT

"PUBLIC READINESS TO ACCEPT F.P. SERVICES"
- 96% APPROVED USE OF CONTRACEPTIVES
- 53% OF 1,550 ELIGIBLE COUPLES PARTICIPATED

I.U.D. CLINICAL FIELD STUDY

"THE LOOP MOST EFFECTIVE, ECONOMICAL AND ACCEPTABLE METHOD"

VASECTOMY STUDY

"IMPROVED MALE STERILIZATION TECHNICS"

"CONTRIBUTIONS AND GUIDELINES FROM RESEARCH PROJECTS AND SURVEYS"
(COMPLETE OR INTERIM REPORTS AVAILABLE)

URBAN PROJECT

"EFFECTIVENESS OF MASS MEDIA"
- 33% MOTIVATED THRU RADIO TO VISIT SERVICE CENTERS
- 20% MOTIVATED THRU NEWSPAPER TO VISIT SERVICE CENTERS

URBAN INDUCED ABORTION STUDY

"NEED FOR F.P. EDUCATION AND SERVICES"
-ABOUT 25% IN URBAN AREA HAD EXPERIENCED AT LEAST ONE INDUCED ABORTION

NATION-WIDE
F.P. ATTITUDE-KNOWLEDGE-PRACTICE SURVEY

"FAVORABLE CONDITIONS FOR RAPID EXPANSION OF SERVICES"
- HIGH LITERACY RATE, 72%
- LOW RELIGIOUS OPPOSITION 0.66%

HELPING HANDS: KEY FACTOR IN RAPID DEVELOPMENT

AS ILLUSTRATED THRU-OUT THIS BRIEF REVIEW, THE KEY FACTOR IN RAPID GROWTH OF THE FP PROGRAM IN KOREA HAS BEEN THE LEADERSHIP AND ACTIVE COOPERATIVE SUPPORT RECEIVED BY THE MINISTRY OF HEALTH AND SOCIAL AFFAIRS IN ITS INITIATION AND DEVELOPMENT. IN FACT, DUE TO THE GENEROUS AMOUNT OF TIME AND EFFORT PROVIDED BY MANY OF THE FOLLOWING REPRESENTATIVE GROUPS, DEVELOPMENT OF THE PROGRAM TO ITS PRESENT LEVEL IS BEST DESCRIBED PERHAPS AS COORDINATED ACTIVITY RATHER THAN SIMPLY COOPERATION.

VOLUNTARY, PROFESSIONAL, AND BUSINESS GROUPS

- PLANNED PARENTHOOD FEDERATION OF KOREA
- KOREAN MEDICAL ASSOCIATION
- KOREAN NURSING ASSOCIATION
- KOREAN MID-WIVES ASSOCIATION
- KOREAN PHARMACIST ASSOCIATION
- KOREAN WOMEN'S ASSOCIATION
- TUBERCULOSIS ASSOCIATION
- LEPROSY ASSOCIATION
- ALL PUBLIC INFORMATION OUTLETS
  NEWSPAPERS
  MAGAZINES
  RADIO
  TELEVISION
- ALL PROFESSIONAL AND
  TRADE JOURNALS
- VARIOUS MISSION CHURCH GROUPS
- PRIVATE UNIVERSITIES AND
  MEDICAL COLLEGES
- THE POPULATION COUNCIL
  NEW YORK CITY

OFFICIAL AGENCIES

- ECONOMIC PLANNING BOARD
  BUREAU OF STATISTICS
- MINISTRY OF FOREIGN AFFAIRS
- MINISTRY OF HOME AFFAIRS
- MINISTRY OF FINANCE
- MINISTRY OF JUSTICE
- MINISTRY OF DEFENSE
- MINISTRY OF EDUCATION
  NATIONAL UNIVERSITIES & MEDICAL COLLEGES
- MINISTRY OF AGRICULTURE
  OFFICE OF RURAL DEVELOPMENT
- MINISTRY OF COMMERCE & INDUSTRY
- MINISTRY OF CONSTRUCTION
- MINISTRY OF TRANSPORTATION
- MINISTRY OF COMMUNICATION
- MINISTRY OF INFORMATION
- MINISTRY OF CABINET ADMINISTRATION
- NATIONAL RECONSTRUCTION MOVEMENT
- PROVINCIAL, SPECIAL CITY, AND LOCAL
  GOVERNMENTS

FOR THESE HELPING HANDS AND MANY OTHERS THIS MINISTRY IS INDEED GRATEFUL AND APPRECIATIVE, AND MOST CONFIDENT THAT CONTINUED SUPPORT WILL BE REWARDED BY IMPROVED LIVING STANDARDS, BETTER HEALTH, AND INCREASED OPPORTUNITY FOR OUR FUTURE CITIZENS.

The Job Ahead: Refinement and Expansion of Services

As we have seen, three years' progress by the Ministry, with the support of the above groups, has resulted in expansion of FP services to a level capable of providing assistance to all couples wishing to limit the number and spacing of their children. Also, as we have seen, there has been a gratifying growth in program participants as services were made more available. This tangible evidence, coupled with survey findings, clearly indicates the prospects for achieving program goals are indeed bright, providing continued effort is made to strengthen present program potential.

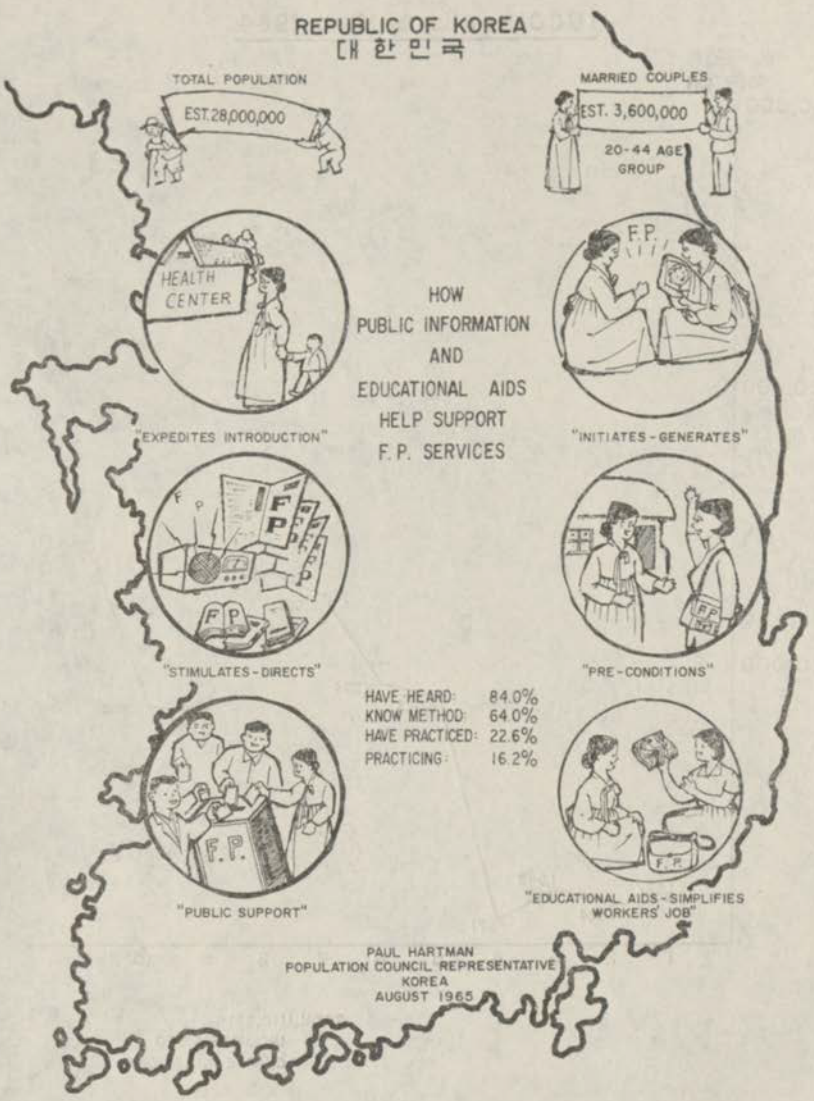
Therefore, the job ahead in 1965 is clear and involves the refinement and expansion of services to the maximum level of quality, convenience, and efficiency. This means that our training programs for present and new staff members must be completed as scheduled and careful study made to assign all workers on a population rather than a geographic basis. Likewise, more doctors must be trained and clinics, permanent or mobile, established in order to make IUD and vasectomy services conveniently available in all areas. Follow-up and referral services for clinic acceptors must be improved to assure satisfied recipients and favorable community word-of-mouth publicity. Public information programs must be expanded, so that all residents will know where and how to secure FP services. Also, in 1965, the record and report system must be refined to expedite determination of program areas requiring immediate attention and careful evaluation made of overall effectiveness through public surveys and studies by official and cooperating groups to assure continued progress and development in line with the needs of eligible couples.

Eliminating the burden of excessive natural population growth, as apparent in this report, is the will and desire of the people. The Ministry of Health and Social Affairs will continue to do its best to help achieve this objective.

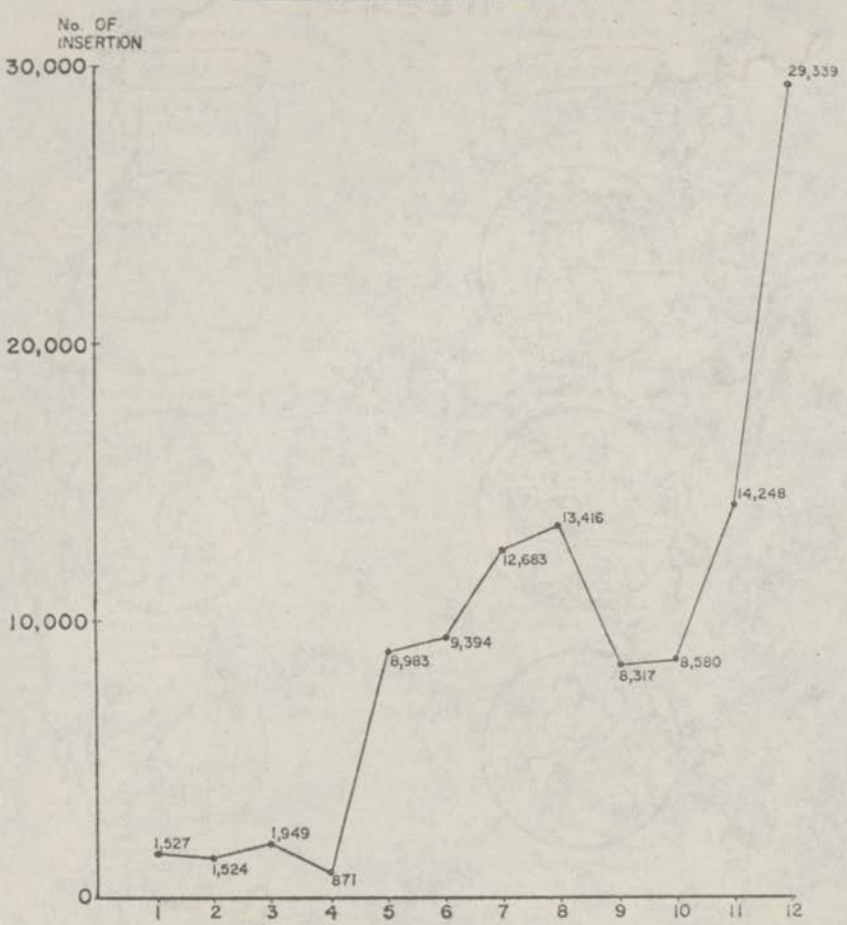
Won Son Oh

Won Son Oh, M.D., D.M.Sc.
Minister
Ministry of Health & Social Affairs
Republic of Korea

FAMILY PLANNING INFORMATION – – SERVICES AVAILABLE NATION WIDE


REPUBLIC OF KOREA
대한민국
TOTAL POPULATION
EST. 28,000,000
MARRIED COUPLES
EST. 3,600,000
20-44 AGE GROUP
HEALTH CENTER
"EXPEDITES INTRODUCTION"
F.P.
"INITIATES - GENERATES"
HOW PUBLIC INFORMATION AND EDUCATIONAL AIDS HELP SUPPORT F.P. SERVICES
"STIMULATES - DIRECTS"
"PRE - CONDITIONS"
HAVE HEARD: 84.0%
KNOW METHOD: 64.0%
HAVE PRACTICED: 22.6%
PRACTICING: 16.2%
"PUBLIC SUPPORT"
"EDUCATIONAL AIDS - SIMPLIFIES WORKERS' JOB"
PAUL HARTMAN
POPULATION COUNCIL REPRESENTATIVE
KOREA
AUGUST 1965

IUCD Insertion by Month, 1964



TOTAL: 110,831
INCLUDES 4,370
CHARGE INSERTIONS

PAUL HARTMAN, POPULATION COUNCIL REPRESENTATIVE, KOREA

Thank you. I'm pleased to have the opportunity to attend this conference as a member of the Korean team and to try to tell you something about the ways we think carrying out public information activities and providing our workers with educational aids have helped support the national family planning service. But, as you know, these subjects cover a lot of territory—and if I talked about either of them for some time, I still might not touch on your specific area of interest—so why don't I just give you the general picture—and then try to answer some of your questions?

Well, let me start by saying that in Korea at present among the total population of approximately 28 million, it is estimated that there are some 3,600,000 married couples in the 20-to-44-year age bracket. This is the target group we are trying to contact as soon as possible, because we are reasonably certain that some 1,600,000 of these couples have all the children they want and are looking for a method right now that they can use successfully to close their family—and also because we believe many of the other 2 million couples want this information now to space their children.

So, of course, our job in the area of public information is helping the workers reach this group; and the degree of success in achieving this objective, as measured by a sample survey last April, indicated at that time we had contacted about 84 percent of them. Further, the survey showed 64 percent of the eligibles knew a method, and some 16 percent were using it. Among this practicing group some 23 percent had selected IUCD as their method; and, further, among this group 20 percent were in the 25-to-29 age bracket and are assumed to be using it for spacing purposes.

This, as I'm sure you will agree, is a reasonable degree of progress to expect in reaching the target group since initiation of the family planning program in 1962. And particularly, in my opinion, a reasonable rate of progress when one is aware that the Ministry of Health and Social Affairs does not have a large staff, facilities, or budget for the specific purpose of planning and carrying out public information programs in family planning or in any area of public health, for that matter. Therefore, in spreading the word about family planning, the Ministry's own capabilities are basically limited to the workers in the program, a small headquarters planning, supervisory, and administrative staff, and limited funds for the purchase of equipment, supplies, and the contract production of printed materials and AV aids. In brief, to carry out public information activities on the scale required and to procure the additional program materials and aids necessary, the Ministry, or more specifically the MCH and family planning section, is dependent on the cooperation and assistance of other official agencies, voluntary organizations, professional and business groups in Korea, and whatever external assistance it might receive from outside sources.

However, as you know, in Korea the family planning program is a priority government project. All groups are cooperative, and particularly so in the area of reaching the people are the Ministries of Public Information, Agriculture, Education, and Transportation. Among the voluntary organizations is the Planned Parenthood Federation of Korea, which has been assigned all training responsibilities of physicians and workers by the Ministry and, in addition, is most active in the area of helping to plan and carry out the public information program.

And finally, as external assistance, the Ministry has had direct technical, logistical, and supplementary budget support from the population council, as well as indirect guideline assistance from the many research and action study projects the council has sponsored in Korea aimed at the development and evaluation of new methods and materials which might prove helpful in reaching eligible couples and improving their ability and capability in practicing family planning successfully.

THE TARGET GROUP: READY—WILLING—BUT NOT SO ABLE

Fortunately, in Korea the attitude toward the use of contraceptives is permissive. In fact, results of a national survey taken last April among some 3,000 couples under age 44 indicated that about 91 percent in the urban areas and about 87 percent in the rural areas approved the use of contraceptives. Further, in the cities, about 6 percent had no opinion and even more (about 8 percent) in the country indicated they had an open mind on the subject. Also pointing

out the fallow ground and degree of readiness to limit family size, the majority of city couples indicated they would like to have two sons and one daughter and call it quits, while the rural couples wanted two sons and perhaps two daughters before they were to be serious about closing their family size. However, their problem was that most of them didn't know how to do anything about it. In fact, this is still the major problem in Korea, as even after 3½ years' effort, 34 percent among the urban couples and almost 38 percent among the rural eligibles still don't know a contraceptive method. This points out the vital role of the family planning workers and the limitation of public information channels as a teaching medium.

However, on the positive side, once they are contacted, and in a teaching situation it is not too difficult, as the literacy rate in Korea is about 75 percent and, further, our experience indicates their needs are basic and elementary: all most of the wives want to know is a method and how to use it. They are not interested in learning very much about the reproductive process: they know very well they will have a baby if they don't do something about it. And, further, some of them will do something about it through the practice of induced abortion if they don't know how to practice family planning or do practice it but haven't found an effective method they can use that doesn't require continued motivation, privacy, and a continuing source of supplies to be easily used. In fact, sample surveys indicate that about 25 percent have been resorting to the practice of induced abortion in the cities and about 4 percent in the rural areas.

CHANNELS OF COMMUNICATION: STIMULATE AND DIRECT

Mass media

We reach the eligibles, from the information or stimulate-and-direct point of view, through five channels: mass media, public meetings, special events, the workers, and most important, we are finding, the eligibles themselves. Here again we are fortunate, as in Korea mass media communication channels are good. We receive a lot of free time and space, and excellent cooperation from other groups in carrying out public meetings. For example, there are two national broadcasting systems in Korea (one, KBS, is government controlled) and four limited range stations serving the two major cities of Seoul and Pusan. Also, 36 percent of all the homeowners either have a radio or a speaker connected to a centrally located receiver and amplifier. Also, at present there are some 60,000 television receivers in the major cities of Seoul and Pusan whose viewers have a choice of two channels, KBS and Dong-A TV. Utilization of Government channels is through the Ministry of Public Information which licenses and regulates all mass communication channels: radio, television, newspapers, theaters, and public bulletin boards. Also, MPI has staff and facilities to produce 16- and 35-millimeter films, and its personnel film, process, and distribute a newsreel each week to the nation's 538 theaters. MPI has, so far, made two family-planning movies and 1 short family-planning trailer which is attached to newsreels quite often. The high degree of cooperation we have received from this Ministry and commercial broadcasting companies is reflected in the results of the April survey, where almost 46 percent of the eligibles stated they had heard about the program over the radio.

The April survey also revealed the cooperation of publishers and the effectiveness of the 32 newspapers, with a nationwide daily circulation of some 1,350,000 copies, when a little over 24 percent said they had read about the program in the papers. Likewise, almost 16 percent said they had read about it in magazines, of which there are presently 130 types (9 for women) published in Korea.

Public meetings

Through the channel of public meetings, which includes the showing of movies and slides, and distribution of family-planning literature (of which we have produced over 3,000,000 copies), much assistance is received from the various local staff members of the agricultural extension offices located in each of the nation's 139 countries. The members of this group are actually well acquainted with the subject through close contact with our field workers and through lectures and materials they have received from PPFK headquarters and provincial representatives. In addition, the local staff members of the 104 MPI offices, who hold numerous meetings, give talks over local radio amplifiers, show movies, and service bulletin boards in their areas, are always willing to include the subject or material on family planning in their various activities. Most helpful,

too, have been the 28 AV mobile units operated by the Ministry of Agriculture and the 3 operated by the preventive medicine section of our own Ministry of Health.

While the specific degree of impact this channel has made in spreading the word about family planning is difficult to measure, it is reflected in the 21 percent who stated they had heard about the program through local "lectures."

Special events

Also equally difficult to measure is the effectiveness of the "special events" channel of communication, which actually includes all of the other channels but has been isolated in this paper for the purpose of illustrating the importance of establishing a specific period during the year for highlighting or calling the public's attention en masse to the problem of population control and what is and should be done about it. This public enlightenment period in Korea is the month of May, which coincides with both "Mother's Day" and "Children's Day."

For those of us in the area of public information, as can be imagined, getting ready for and carrying out the various special events scheduled during this month insures a hectic period. As examples, during May a nationwide publicity campaign is carried out, a commemorative postage stamp is issued, the family planning song is heard continuously over the radio, huge street arches and towers are constructed in the major cities, posters are distributed, exhibits are placed in store windows, citations are awarded at municipal auditoriums, windshield stickers are placed on public conveyances, hand fans, counter cards, slogan banners, and, of course, a quantity of leaflets are all distributed.

The workers

All FP fieldworkers "wear two hats" as teachers and public information officers, since specific personnel to carry out the latter task as a full-time job are not employed in the Korean national program. Therefore, the workers, since they perform this function, are included among our five channels of stimulating and directing eligibles to where they can get further information or services. They are also included to illustrate the importance of providing them adequate practical training in this area, if they are to carry it out with any degree of self-confidence or results. For example, if the worker is expected to contact local news agencies, radio station officials, voluntary, business, professional, and fraternal groups to seek their cooperation, provide them news items and reference materials, and offer to serve as a guest speaker, she must know what to prepare, how to prepare it, and be adequately equipped and supplied. Also, and most important, she must have practice in doing it in a simulated situation among a friendly group, so all feel free to evaluate each other's efforts—criticize and applaud. In brief, as we all know, students learn by doing, learn best from each other, and use their knowledge most effectively if they are comfortable and confident of their ability.

This same type of practical training, using the equipment and supplies provided each worker (home visiting flip chart, small group meeting flannel board with illustrations, and demonstration pelvic model showing a loop in place and vasectomy "operation"), is also given to help them when they don their "teaching hats."

The effectiveness of this training and their ability to secure "local cooperation" is reflected in the 51 percent of the eligibles who stated they had heard about the program from workers and the 35 percent who had heard about it from their village chiefs.

Word of mouth

Last on our list of five, but actually first among the channels of communication in Korea found most effective in spreading the word about family planning, are the eligibles themselves. Reflecting this in the survey last April was the fact that over 64 percent stated they had heard about the program from a neighbor or friend and about 34 percent said they had heard from a relative.

Also, and even more important from the standpoint of saving the workers' time, trouble, and expense in contacting eligibles is the accumulating evidence resulting from an action research project presently being carried out in one area of the city of Seoul. This project is aimed at determining the specific effectiveness of the influence of mass media, letter campaigns, home visits, and group meetings in stimulating eligibles to visit a FP center for further information or services. For example, in this study, which includes some 45,000 eligible women,

45 percent of the total 7,699, so far, who have visited one of the four FP centers in the area, stated they had been influenced to do so by a neighbor, friend, or relative. Also, I might add, results of this survey clearly indicate that the use of paid "commercials" over mass media channels alone can stimulate motivated couples to action, as 12 percent of the FP center visitors stated they had come as a result of an invitation heard over the radio, 5 percent stated they had been invited through a newspaper advertisement, and 1 percent said they had been invited to visit the FP center over television.

"SERVICE"—OUR MOST IMPORTANT PRODUCT

So, in our analysis of the most effective family planning communication channels, we have concluded and faced the fact that the best promotors of the program in Korea, and they probably will prove to be elsewhere, are the eligibles and participants themselves. Moreover, the future of the program no doubt will depend on how successful we are in making certain the words spoken about the service are positive in nature—which, of course, means they are spoken by satisfied participants whose contact with the service was satisfactory. In this respect, it is unfortunate that IUCD, the most acceptable and effective method we have to offer, also is a method capable of producing disappointed or dissatisfied participants. For example, even under the most desirable conditions we know, there will be a certain number of eager applicants for insertion with contraindications and many who will experience difficulties ranging from mild to severe following insertion. All of these cases are potential sources for disseminating information harmful to steady growth of the program if not handled carefully, offered an acceptable substitute, and properly treated. So, it seems clear that in shifting the family planning business from the supply warehouse to the doctor's office, we have also shifted the responsibility for success directly onto the doctors' shoulders and that of the workers and, indirectly, on the personnel charged with helping them render a quality service. Never before have I been so aware of the term "good doctor-patient relationship" or realized the full significanace, meaning, and importance of the word "followup." We must make "service our most important product" and be able to say with confidence: "Ask your friend who owns one."

STIMULATE—DIRECT: "ASK ABOUT THE LOOP"

And "Ask about the loop" is exactly what we have been saying through every method and channel of communication we could since this device was introduced a year ago in Korea and started its rapid ascent to the top of the methods popularity list. Our aim is to make the loop a respected household word and its shape as familiar to married couples as possible through exhibiting the real article at every opportunity and by imprinting its image on about everything we distribute to our target group. Also, the words "simple," "relative," "effective," and "economical" will become synonymous with its shape as they have become its ever-present public companions. In brief, the loop is the focal point of all of our promotional activities. And, believe me, it is so nice to have a method to offer married couples that really does, for at least 80 percent of them, eliminate all of their previous problems, is ideal for either closing the family size or for spacing their children, and, further, has the mass legitimization of an ever-increasing number of satisfied users. Now, we really can prepare copy with sales appeal.

Wherever possible, of course, this copy is supported by illustrations—hopefully interesting and stimulating. The message is always positive in approach: "Practice Family Planning"; personalized: "For Better Education (opportunity, health, improved living standards, etc.) for Your Children (or family)"; and always directive: "Visit Your Doctor (health center or township worker)." And now, specific: "Ask about the loop, the new modern way of practicing family planning that's so simple * * *."

Evidence showing the effect of emphasizing the loop is reflected in the April survey which indicated that in less than a year after its introduction as a method, almost 71 percent of the eligibles knew about it.

METHODS: GETTING THE "MESSAGE" TO ELIGIBLES VIA "COOPERATION"

However, getting the above "message" to the target group in as many forms as possible and as often as possible, along with the other program information considered important, is the real problem in carrying out public information

programs—particularly so, if staff, facilities, and funds are limited and success is primarily dependent on the cooperation of other agencies and groups.

Cooperation is good in Korea, as I have tried to point out, and the degree of success is satisfactory, as shown by the results of our recently conducted sample survey. But, even under the permissive circumstances we enjoy in Korea, considerable effort on our part is still required, as I'm sure you recognize. So, briefly, here are the regular methods we employ in getting the message and other information on its "way" to eligibles en masse via the cooperation route:

1. Meetings are held frequently with key agencies and groups to keep them informed, provide them with the latest data, and to exchange ideas, make suggestions, etc.
2. Family planning program reference materials are distributed to all newspaper and magazine publishers and radio and television directors.
3. News conferences are held regularly to report latest developments, progress, etc.

Also, a method that could be classified as "regular" are the lectures given and the take-home materials provided at national and provincial inservice training courses for government officials and at the various military reserve officers training centers, as these sessions are the source of much of the information participants use later at public meetings.

In addition to the above, of course, those directly concerned with the program do all they can, particularly Ministry FP Section personnel and PPFK members and staff, to "spread the word" by serving as guest speakers, arranging for and giving radio and TV programs, and being interviewed over these mediums. Also, those of us behind the scenes are busy preparing posters, leaflets, exhibits, and other materials to support the above effort and for distribution through our workers in health centers and township offices, and for display on bulletin boards throughout the Nation.

PROGRAM LEADERSHIP AND GUIDANCE

Development of the public information program in Korea and all materials to support its various activities are under the leadership and guidance of an information and education committee, comprised of representatives from the Ministry of Health and Social Affairs and representatives of the Planned Parenthood Federation. To assist this committee, technical advisers from all professions serve regularly as consultants.

Actual preparation of materials, production, distribution, and, in many instances utilization, are carried out by the professional and administrative staff members of the Ministry and PPFK, with technical and supplementary budget support from the Population Council.

I might add, as a final but important note, that many of our ideas for new materials and practically all evaluation of those produced come straight from the "horse's mouth"—our fieldworkers.

In fact, from their comments plus those of local officials and the data collected from surveys it seems clear that carrying out public information activities has helped expedite nationwide introduction of the service, stimulate motivated eligibles to visit FP centers on their own, initiate and generate word-of-mouth communication about the service, precondition eligibles, thus making the fieldworkers' job easier, more efficient, and effective and, finally, maintain public interest and support of the program.

Also, and most important in supporting development of the service, fieldworkers tell us providing them with practical training and visual aids has simplified their task of teaching eligibles basic facts and how to practice family planning.

But why don't you turn the pages and let Mrs. Kyung Ja Kim, a typical rural housewife with four children, tell you about her situation and problem—review the action taken, so far, by the Ministry to meet the needs of married couples in Korea—and demonstrate how carrying out public information activities and providing our worker with visual educational aids has supported development of the family planning service.

Then I will try to answer any specific questions you may have.

INTRODUCTION : CRITERIA FOR DEVELOPMENT OF A SATISFACTORY NATIONAL FP SERVICE

Listening to the voice of eligibles and trying to develop a family planning service according to their needs has been the criteria, objective, and challenge

of the Ministry of Health and Social Affairs since initiation of the Korean national family planning program in 1962.

"My name is Kyung Ja Kim. I am 33 years old. My husband is 37. We live in a three-room clay house with a thatched roof on a 2-acre farm in Korea. We were married according to Confucian custom and have enjoyed 10 years of married life. We now have four children: two boys, 9 and 6; and two girls, 4 and 1½. My husband's mother and his youngest brother also live with us. We are very happy even though my husband worries about making enough money each year to support us and pay the interest on our farm loan. He complains once in a while about his wornout farm tools, too, especially after he has seen or heard something new advertised. I complain, too, occasionally, as there are also many things I would like to have to make my work easier. Next year it will be harder than ever to get along, as both boys will be going to school. We are determined they will get much more schooling than the primary education we got. This year, also, will probably add more to our problems, as I am sure I will become pregnant soon, now that the baby is weaned. At least, I always have in the past. I just don't see how we can afford another baby, but don't know how to keep from it. My husband doesn't want another, either—at least, not now. My mother-in-law is not much help, as she had seven children and expects me to have the same. I wish there were something I could do that would not be too much trouble, would be sure, and wouldn't cost too much. Perhaps I could ask someone the next time I go to the village, but I hesitate to ask such a question. I wish some of my friends knew, but, if they do, I guess they wouldn't have so many children themselves. I wish we didn't have so far to go to see a doctor. I just don't have the time or money to make such a long trip very often."

FORTY-ONE MONTHS OF PROGRESS: 230,933 LOOPS INSERTED; 156,301 COUPLES RECEIVED SUPPLIES EACH MONTH (1964 AVERAGE); 71,527 VASECTOMIES PERFORMED

Conveniently available service

Availability.—FP centers increased in number from 189 to 1,662. "Mrs. Kim, in response to your criteria, we are pleased to announce that now you and your husband and other married couples living in rural areas can get information, free supplies, or make clinic appointments at either your county health center or local township office, whichever is closer." (There were 213,200 total visitors at 50 urban and 139 rural health centers and 1,473 township offices in 1964.)

Convenience.—FP staff increased from 189 to 2,207. "Or if the distance is still too far or any of you are still hesitant to ask, very soon, I'm sure, you will receive a visit from the local worker assigned to your township or from one of the three FP nurse-midwives assigned to your county health center. Or, perhaps, in the meantime, you may have an opportunity to attend a meeting they have scheduled close to your home. One thing is certain—if you can't contact them, they will contact you, as all mothers age 44 and under with four or more children in their areas are on their priority list." (Home visits: 170,898 per month; group meetings: 16,021 per month; carried out by 734 health center workers and 1,473 township workers in 1964.)

Simple, reliable, effective, economical method

"Also, in response to the need of all eligibles in June 1964, the Lippes loop was introduced, favorably received, and found to be satisfactory for at least 80 percent of them." "You see, Mrs. Kim, we have known for quite awhile that wives, particularly those of you residing in rural areas, sometimes have experienced difficulty in using traditional type contraceptives. In fact, indications are that some 17 per 100 have become pregnant while using the condom method and about 38 while using foam tablets. Of course, we understand they didn't have much privacy and maybe took a 'chance' once in a while when they had forgotten to place them within easy reaching distance, or perhaps they simply ran out of supplies. Anyway, that's why, after careful study with some 11,000 wives trying it, the Lippes loop, which eliminates all of these problems, was added to the service. Ask your FP worker about it. It's also free for low-income groups. I'm sure if you give it a trial, you'll be satisfied."

CONTACT—STIMULATE—DIRECT

Eighty-four percent heard about program; 70 percent know loop method; 23 percent of total practicing FP use loop; and 20 percent of loop acceptors are in 25–29 age bracket.

KBS—"Housewives' Hour" (10:40 to 11 a.m. daily)

"* * * and to conclude our program this morning—let me again remind you mothers to visit your doctor, health center, or local township family planning worker and ask about the 'loop'—the new, modern way of practicing family planning that eliminates the problems and makes it so easy to have your children when you want them and according to the number you can afford to rear and educate properly—they will be glad to give you further information and arrange for you to try this new, simple, reliable, and effective way of practicing family planning—so don't delay—ask today and join the thousands of other satisfied wives who are now using the loop * * *." (Forty-six percent heard about FP program over the radio.)

Korean Republic Daily, June 21, 1965

"Minister Oh says 230,933 wives now wearing loop."

"Dr. Won Son Oh, Minister of Health and Social Affairs, at his regular weekly news conference reported today that as of May 31, 230,933 wives have accepted the intrauterine contraceptive method for limiting the number of spacing their children since this method was introduced and added to the National Family Planning Service 1 year ago. 'Response to this simple-to-insert and highly effective device,' said the Minister, 'is increasing every month, especially in the rural areas since increasing the IUCD clinics to 1,088 and assigning a family planning worker to every township.' " (There were 24 percent that read about the program in newspapers, 16 percent in magazines.)

Mrs. Kyung Ja Kim visits her friend, Mrs. Ok Soon Lee

"Kyung Ja, please come in. I'm so happy to see you—I've tried to visit your house for the last month but just haven't had time. Here, let me take the baby, so you can make yourself more comfortable. My, she's growing to be a big girl—it seems like only yesterday she was born—but I know it was almost 2 years ago—about the same time I had my last baby. But, thank heavens, I don't have to worry about having another one so soon this time * * *."

"Why? That's exactly the reason I've been so anxious to see you * * *."

"Kyung Ja, I'm so happy—let me tell you why I'm not worried about having another baby—at least until I want to. I'm wearing a loop. But let me start from the beginning—well, about 6 weeks ago a Mrs. Park, Mi Yong, the township family planning worker, paid me a visit and * * *." (There were 64 percent that heard about program from friends, 39 percent from relatives, 51 percent from family planning workers, and 35 percent from their village chiefs.)

EDUCATION FOR FAMILY PLANNING

Basic facts, how to practice: Simple story plus visual aids

"Excuse me, aren't you Mrs. Mi Yong Park, the township family planning worker? My name is Kyung Ja Kim. May I talk to you a little while? I understand from a friend that you can tell me how I can keep from having a baby. I have four already and don't want any more—at least not right now."

"Yes, I can, Mrs. Kim. I'm pleased you've found time to visit the township office. Did your friend tell you anything about the methods you or your husband might use to keep from having a baby?" "Oh, your friend is Mrs. Ok Soon Lee. Of course, I know her very well; in fact, I made a followup visit at her home recently. She is quite happy and satisfied with her loop. This is the method we recommend, as it is the most effective, the simplest, and eliminates all the problems you might have in using other methods.

"But, let me show you the other methods with this chart, and you will see the advantages of the loop. First, as this picture of the male reproductive system shows, the baby seeds or sperm are produced here, travel through this canal or vas, and are stored here until intercourse. They are very small and 200 to 300 million are discharged each time.

"On this page is the female reproductive system. This is where the eggs are produced—and once each month a single egg starts its 3-day journey through this tube to the baby house or uterus. In case of intercourse during this period, the sperm meet and try to penetrate and fertilize the egg. Only one out of the 200 to 300 million needs to succeed and pregnancy occurs. Then the fertilized egg travels on down to the uterus.

"So Mrs. Kim, in order to prevent pregnancy, we must prevent conception or the sperm and egg from uniting. This is called contraception and anything we

use a contraceptive. First, here are samples of the kinds of contraceptives provided free by the Government, and the instruction sheets for their use.

"This is a condom or rubber bag used by the husband, and as we see this is how it blocks the sperm from meeting the egg. Of course, the husband can eliminate discharge of the sperm permanently by having the vas cut if desired. This simple operation is provided free if you and your husband are sure you don't ever want to have another baby.

"These are two of the female controlled methods—the foam tablet—which as you see makes a foam when dropped in water—and will do the same when inserted in the wet birth canal—this foam prevents and kills the sperm. However, as you saw, this takes about 5 minutes so can be troublesome. Here, we see how the sperm can be blocked and killed by inserting jelly into the birth canal. But, again, this requires prepreparation. Of course, in using any of these three methods you must keep them close at hand, and be careful not to run out of supplies.

"Now Mrs. Kim, this is a loop, and this is where it is placed by the doctor—in the uterus. It remains there as long as you like or until you want another baby. How it prevents pregnancy most of the time, is not exactly known, but some doctors think it speeds up the travel of the egg through the tube so there is less time for it to become fertilized. Anyway, it is highly effective, and most of the wives have preferred it to other methods because it eliminates all problems of preparation or supplies. Also, inserting the loop is simple and painless, and very few have had serious difficulties wearing the loop. In a few cases it has come out without the wife knowing it—so we advise checking once in awhile by feeling this thread.

"Do you have any questions, Mrs. Kim? Perhaps you would like to take some samples and discuss the various methods with your husband before making a decision. But let's fill out your record card now, and I can tell you the best time of the month for you to have a loop inserted in case you do decide on this method * * *."

CRITERIA FOR FUTURE PROGRESS: QUALITY IUCD SERVICE

As we have attempted to point out, illustrate, and demonstrate throughout this brief paper, determining the needs of married couples and trying to meet them as quickly and satisfactorily as possible within the framework of available resources have been the criteria for development of the Korean National Family Planning Service.

Also, as we have tried to point out, the key factor and problem in development of the service was finding a method that met their requirements for satisfactory participation. Once it was determined that the Lippes loop met the criteria for participation by at least 80 percent of the eligibles and this method was offered on a nationwide basis, progress in development of the service has progressed at a satisfactory rate.

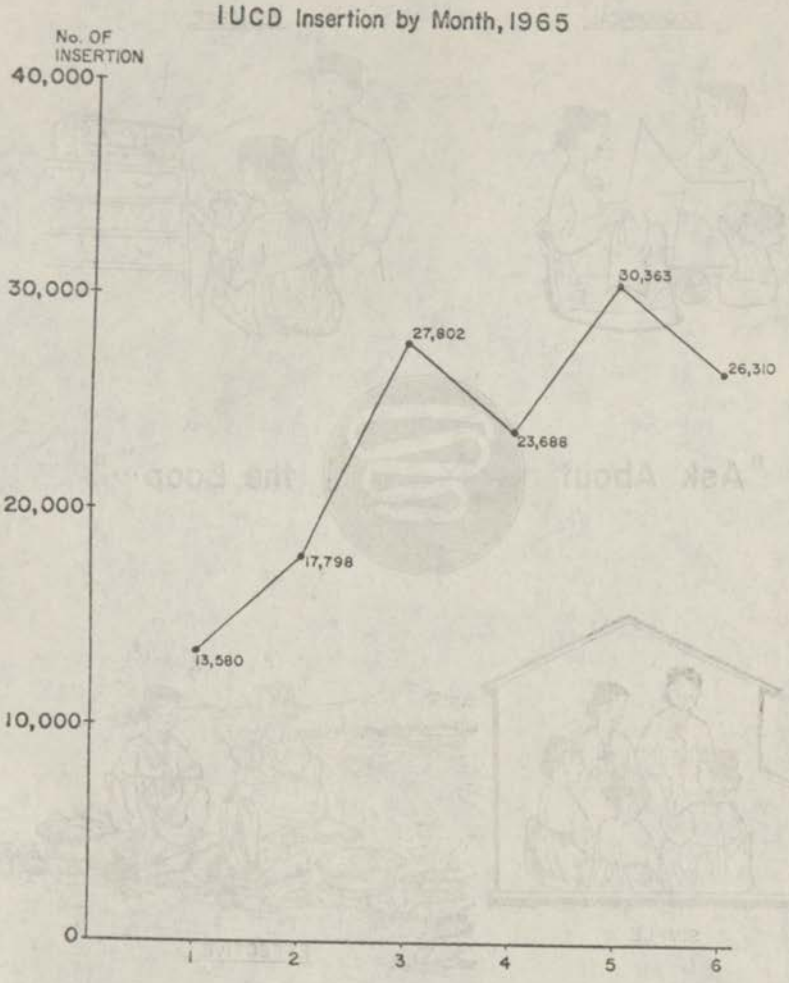
Therefore, it seems quite clear that the degree of success achieved in meeting the Korean program goal of lowering the rate of natural population increase will in large measure be dependent upon the rate and degree of success achieved in developing the IUCD service.

Further, as our review of the most influential FP communication channels revealed, it seems equally clear that the key factor determining both the rate and numerical response to the IUCD service will be the participants themselves. Satisfied acceptors will tell their friends, but, as we well know, dissatisfied participants will tell them even quicker.

Therefore, the development of a quality IUCD service is not only essential—it is mandatory. Quality service will equal satisfied participants, and satisfied participants will equal success, or a reduction in the rate of natural increase to 2 percent by 1971. This is our goal in Korea, and with continued internal and external support I am confident it can be achieved.

And, I must add, with our external assistance now reinforced by the active technical and logistic support of the U.S. Government as channeled through the cooperative and capable hands of the AID mission staff in Korea the development of a quality service and success, in my opinion, is certain.

Now, are there any questions?



ACCUMULATED TOTAL: 139,541
INCLUDES 3,143
CHARGE INSERTIONS.

67-785—67—pt. 5-B——13

Korea, IUCD acceptance rate and charge cases by province and two major cities May 1962–October 1965

Province/city	Total population	Total population age 20 to 44	Estimated number eligible couples (80 percent)	Total insertions	IUCD acceptance rate (percent)	Rank order	Charge, 1964	Cases, 1965
Seoul	3,424,385	1,311,595	524,638	37,318	7.11	9	920	696
Pusan	1,399,859	501,605	200,642	13,000	6.46	10	104	38
Kyunggi	2,913,471	972,365	388,946	37,517	9.64	2	1,155	1,221
Kangwon Do	1,722,005	570,943	228,377	20,417	8.94	7	0	267
Chungchong Puk Do	1,511,102	463,589	185,435	21,787	11.74	1	191	462
Chungchong Nam Do	2,869,598	880,662	352,264	32,806	9.30	4	61	530
Cholla Puk Do	2,475,219	752,097	300,838	27,303	9.07	5	369	153
Cholla Nam Do	3,931,453	1,193,266	477,306	41,834	8.76	8	593	169
Kyungsang Puk Do	4,399,906	1,379,980	551,992	49,445	8.95	6	634	1,821
Kyungsang Nam Do	3,215,740	999,945	399,978	37,792	9.44	3	330	577
Cheju Do	318,358	100,213	40,085	2,516	6.27	11	13	43
Total	28,181,096	9,026,260	3,650,501	321,735	[1] 8.69	----------	4,370	5,977

[1] Average.

NOTE.—All charge cases included in total insertions. Charge cases in 1964 from May through December (start of program).

Data sources: Population, BOS, 1964 survey report. IUCD insertions, M/H. & S.A. reports, May 1964–October 1965. IUCD insertions, PPFK reports, May 1962–April 1964.

Korea FP program, estimated progress in achieving 45 percent practicing rate goal by province and major cities, January 1962–October 1965

Province/city	Total population	Total eligible couples 20 to 44 age	Practicing rate goal (45 percent)	Total loop acceptors	Total vasectomy acceptors	Average monthly 1965 recipients of supplies	Estimate total practicing, October 1965	Estimate practicing rate of 45 percent goal (percent)	Estimate balance of 45 percent goal	Rank order
Seoul	3,424,385	524,638	236,087	37,318	6,324	7,987.7	51,629	21.8	184,458	11
Pusan	1,399,859	200,642	90,288	13,000	4,238	16,415.8	33,654	37.1	56,634	5
Kyunggi	2,399,471	388,946	175,025	37,517	4,805	22,408.0	64,730	36.9	110,295	7
Kangwon	1,722,005	228,377	102,769	20,417	3,097	12,717.3	36,232	35.2	66,537	8
Choongpuk	1,511,102	185,435	83,445	21,787	2,049	7,978.9	31,815	38.1	51,630	3
Choengnam	2,869,598	352,264	118,518	32,806	4,560	23,098.7	60,465	51.0	58,053	1
Chunpuk	2,475,219	300,838	135,376	27,303	9,176	14,318.8	50,797	37.5	84,579	4
Chunnam	3,931,453	477,306	214,567	41,834	6,573	24,276.3	72,683	33.8	141,884	9
Kyungpuk	4,399,906	551,992	248,396	49,445	11,622	30,878.5	91,946	37.0	156,450	6
Kyungnam	3,215,740	399,978	179,990	37,792	7,961	26,416.4	72,169	40.0	107,821	2
Cheju	318,358	40,085	18,038	2,516	148	1,852.9	4,517	25.0	13,521	10
Total	28,181,096	3,650,501	1,602,499	321,735	60,553	188,349.3	570,637	35.6	1,031,862	

Sources: Population data, BOS, 1964 survey report. IUCD-vasectomy data, MCH, M/H. & S. A., 1964 and 1965. IUCD-vasectomy data, PPFK, 1964 and 1965. Records of contraceptives, supplies, MCH-M/H. & S. A., 1964 and 1965.

Family planning program free IUCD and vasectomy goals by Province and major cities, 1966

Province/city	Total eligible couples	Practicing couples (October 1965)	1966 reservoir of eligible couples	IUCD goal	Percent of eligible reservoir	Vasectomy goal	Percent of eligible reservoir
Seoul	524,638	51,629	473,009	55,440	11.7	2,800	0.59
Pusan	200,642	33,654	166,988	22,572	13.5	1,140	.68
Kyunggi Do	388,946	64,730	324,216	42,372	13.6	2,140	.66
Kangwon Do	228,377	36,232	192,145	24,948	13.4	1,260	.65
Chungchong Puk Do	185,435	31,815	153,620	20,196	13.1	1,020	.66
Chungchong Nam Do	352,264	60,465	291,799	38,016	13.2	1,920	.65
Cholla Puk Do	300,838	50,797	250,041	32,868	13.1	1,660	.66
Cholla Nam Do	477,306	72,683	404,623	51,480	12.6	2,600	.64
Kyungsang Puk Do	551,992	91,946	460,046	60,192	15.1	3,150	.68
Kyungsang Nam Do	399,978	72,169	327,809	43,560	13.2	2,200	.67
Cheju Do	40,085	4,517	35,568	4,356	12.2	110	.30
Total	3,650,501	570,637	3,079,864	396,000	12.8	20,000	.64

NOTE.—4,000 IUCD cases unallocated (400,000 total) 150,000 is total average monthly user goal for traditional type contraceptives.

Senator GRUENING. Planned Parenthood-World Population has had its attorneys prepare a memorandum of law on constitutional liberties and public-supported family planning programs. The Subcommittee on Foreign Aid Expenditures will at this time share the memorandum with others who are concerned about the population crisis.

Planned Parenthood-World Population believes that government does have the responsibility to provide those lacking the necessary resources a health service which is readily available to families in more privileged circumstances.

EXHIBIT 206

MEMORANDUM OF LAW ON CONSTITUTIONAL LIBERTIES AND PUBLICLY SUPPORTED FAMILY PLANNING PROGRAMS

(Presented to the Subcommittee on Foreign Aid Expenditures of the Senate Committee on Government Operations on behalf of Planned Parenthood-World Population, by Greenbaum, Wolff & Ernst, general counsel)

We submit this memorandum as counsel to the leading private organization engaged in the provision of family planning services in the United States. Our client, Planned Parenthood-World Population, is deeply concerned with the proper role of government, at all levels, in the provision of family planning services. Planned Parenthood-World Population believes that government does have the responsibility to provide those lacking the necessary resources a health service which is readily available to families in more privileged circumstances. Planned Parenthood-World Population also believes that it is and must be the purpose of these publicly supported family planning programs to enhance, rather than restrict, individual freedom of choice.

It is because of these beliefs, and concerns, that we present this memorandum of law to the committee, although it should be noted, of course, that S. 1676 now under consideration in the committee does not provide for family planning programs. It provides for collation and dissemination of information about population growth and control. However, since it is the fact that publicly financed family planning programs are increasingly put into effect by local, State, and national agencies and since there is strong and widespread support throughout the country for the expansion of such programs, it seems to us appropriate to present to this committee our views in regard to constitutional liberties as related to publicly supported family planning programs.

We submit that, whether attention is directed to governmental action as envisioned by S. 1676, or to public assistance programs in the field of family planning now in effect or which may be initiated in the future, it is clear that such publicly supervised activities are designed to and will enlarge, not diminish, individual freedom. The effect of all of these efforts will be to increase knowledge and freedom of choice with respect to population problems and family planning. Not only is there no reasonable basis for the position that such programs infringe any constitutional rights; on the contrary, it is manifest that such programs are an assumption of responsibility by the Government to help individuals in all economic levels expand their guaranteed rights to life, liberty, and the pursuit of happiness; among these rights, as the U.S. Supreme Court has said, is the right to plan your family—to decide when and whether to bring a child into the world.

I. THE FALSE ISSUE OF "COERCION"

A basic fallacy is the unwarranted claim sometimes made that publicly assisted programs to make family planning information available on a voluntary basis are "coercive."

In essence, that argument is no different from arguments which have been made, with dreary regularity, against any new Government program by those who object to it. The notion that any Government welfare program is "inherently coercive" is surely not one which requires detailed rebuttal in the year 1966. It is an argument which has been consistently rejected by the Congress and the States in the course of enactment of social welfare legislation over the last decades.

There is, of course, nothing in S. 1676 which even remotely implies that governmental recognition of population growth problems and dissemination of information on means of population control would in any respect coerce any individual or invade any individual's marital privacy. So far as programs to expand actual family planning services are concerned, there is no more reasonable basis for assuming that making such information or service available to those who want it is "inherently coercive" than for such an assumption with respect to any other publicly supported health or welfare service. The service is there for those who want and need it; those who do not want or need it are wholly free to disregard it. Christian Scientists, Jehovah's Witnesses, and others may not wish to avail themselves of some or all of the medical services available in publicly financed hospitals or clinics. The fact that those services are supported by the Government could hardly be said to coerce them, much less infringe their rights. Many individuals, for reasons of religion or personal preference, choose to send their children to private schools. Their constitutional rights to do so are not impaired by the existence of publicly financed schools. Family planning programs, far from impairing individual rights, will expand the opportunity to make full use of the constitutional right to family planning information and service recognized by the Supreme Court in *Griswold* v. *Connecticut* (14 L. Ed. 2d 510 (June 7, 1965)).

The simple answer to the specter of possible coercion or invasion of constitutional rights of privacy is that adequate measures can readily be taken to prohibit coercion or invasion of privacy and adequate judicial remedies would be available in the unlikely event that abuses should occur.[1] To condemn a socially beneficial program because of the entirely hypothetical possibility of abuse would be, as Justice Frankfurter said in *Butler* v. *Michigan* (352 U.S. 380, at p. 383), "to burn the house to roast the pig."

These attacks on Government support for family planning are reminiscent of the argument made by the Associated Press in 1937 when it invoked "freedom of the press" against application to it of the provisions of the National Labor Relations Act forbidding discharge of an employee on account of union activity. In disposing of that contention the Supreme Court said (*Associated Press* v. *National Labor Relations Board*, 301 U.S. 103, at p. 132): "It (the Associated Press) seeks to bar all regulation by contending that regulation in a situation not presented would be involved. Courts deal with cases upon the basis of the facts disclosed, never with nonexistent and assumed circumstances." (Compare *National Labor Relations Board* v. *Jones & Laughlin Steel Corp.* (301 U.S. 1); *West Coast Hotel Co.* v. *Parrish* (300 U.S. 379).)

II. THE FALSE ISSUE OF INDIVIDUAL LIBERTY

The constitutional arguments which are sometimes advanced appear to rest entirely on the false assumption of "inherent coercion." Moreover, the constitutional precedents adverted to in support of these arguments related to situations not remotely analogous to the provisions of S. 1676 or to any publicly supported family planning health service.

(1) Freedom from governmental inquisition

For example, references have been made to constitutional protection against unreasonable search and seizure, against self-incrimination, and aganst "exposure for the sake of exposure." These are indeed important aspects of personal liberty; we concur in welcoming the judicial trend toward reinforcing them. But the relevance of these principles to S. 1676 or to publicly supported family planning service is nil.

The simple and obvious fact is that the constitutional protections against self-incrimination, unreasonable search, and seizure and abuse of the investigative process by the legislature have no bearing at all on the situation involved in a public health program—much less, of course, on a program for collation and

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[1] In fact, the policy which should and, we believe, does govern public assistance programs is illustrated by the guidelines laid down, as far back as 1947, in the "Handbook of Public Assistance Administration" (inserted into the record of this committee's proceedings by Senator Gruening on Sept. 15, 1965), that welfare services are to be administered so as to "extend (the recipient's) field of choice by enabling him to make effective use of the resources available to him, including the public and private educational, health, employment, religious, recreational, and other facilities of the community. While the agency is responsible for making known to all recipients the availability of such resources, the decision as to the extent to which he wishes to use the services of the agency is the recipient's."

dissemination of information on problems of population control. No woman who asks for information, advice, or medical aid in order to plan her family is being forced to incriminate herself; nothing in such a situation involves any form of "search" or "seizure," unreasonable or otherwise; there is no "exposure"—for "exposure's sake" or otherwise.

It has been said that there is a "potential" for inquiry by Government into the personal affairs of the individual, and implied that the "ambit of inquiry" in a casework situation raises questions of violation of constitutional rights. Precisely the same distortion could be constructed in regard to any health or welfare service financed by public funds. The woman who seeks publicly financed family planning services is no more subject to "inquiry by Government" than she was when she chose to go to the same publicly financed health institution for prenatal and maternity services. She would, it is assumed, provide the health institution (on a confidential patient-physician basis) such data as might be relevant to the treatment she asks for. That is the "ambit of inquiry." It invades no constitutional rights. A myriad of similar situations—such as application by a veteran for treatment at a veterans' hospital (maintained, of course, by "the Government"), application for welfare benefits or unemployment insurance, or for aid in securing employment could just as rationally be said to invade constitutional liberties.

(2) The right to privacy

Reference has been made also to the case of *Griswold* v. *Connecticut, supra*, which established the constitutional right of marital privacy—in a context diametrically opposite to application for family planning advice at a publicly financed health service. *Griswold* v. *Connecticut* held unconstitutional the criminal statute of Connecticut which forbad the use of contraceptives (and which had the effect of forbidding birth control service at public or private hospitals or clinics). Study of the opinions of the Court in *Griswold*, and in its predecessor case, *Poe* v. *Ullman*, 367 U.S. 497, discloses no grounds for belief that any of the 10 Justices who considered the matter [2] believed that the right of privacy could be threatened by publicly financed family planning services offered on a voluntary basis. It is clear from these cases that the Court concluded that the right of privacy was offended by the Connecticut criminal law in two basic respects: (1) in the law's dictation to married couples respecting their marital relations (a dictation forcing them to abstain or have unlimited children), and (2) in the invasion of marital relations necessarily required to enforce this ban through the ordinary processes of the criminal law which, as Justice Douglas pointed out in the majority opinion in *Griswold*, "would allow the police to search the sacred precinct of marital bedrooms for telltale signs of the use of contraceptives" (at p. 516).

Nothing in any of the many opinions written in these cases either states or implies that there is any invasion of privacy if the Government undertakes to make health services and information available to those who want it. Indeed, such programs are not only consistent with the Court's ruling in *Griswold* v. *Connecticut*; in a very real sense they reinforce it, and in many situations may be required in order to make possible the exercise of the right declared. Thus, Justice Douglas, writing for the majority in *Griswold*, emphasized the right to receive information in this area (at p. 514). Justice Goldberg, in a concurring opinion, joined in by the Chief Justice and Justice Brennan, emphasized (at p. 522) that the Connecticut law forbidding use of contraceptives was an invasion of the liberty of the individual to make his own determination as to family size (a liberty which is enhanced, not restricted, by expending the availability of information and service). As Justice White pointed out, in his concurring opinion in *Griswold* (at p. 526), the "clear effect of these (Connecticut) statutes, as enforced, is to deny disadvantaged citizens of Connecticut, those without adequate knowledge or resources to obtain private counseling, access to medical assistance and up-to-date information in respect to proper methods of birth control."

(3) Governmental coercion of mind and conscience

Analogies have been drawn to recent Supreme Court rulings on prayer and Bible reading in the public schools. Such analogies are based on a complete misrepresentation of the significance of these cases.

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[2] Justice Frankfurter sat on the bench which decided the *Poe* case; Justice Goldberg sat on the bench which decided the *Griswold* case.

The two recent Supreme Court decisions in this area are *Engel* v. *Vitale*, 370 U.S. 421, and *Abington School District* v. *Schempp*, 374 U.S. 203. In both cases the Court held certain religious practices in public schools invalid under the establishment clause of the first amendment: "Congress shall make no law respecting the establishment of religion." *Engle* v. *Vitale* involved the New York [3] regents prayer, a prayer recited in the schools under the aegis of State law. Justice Black, writing the majority opinion, held that recitation of the regents prayer was invalid (irrespective of any showing of direct government compulsion on the schoolchildren to participate in the recitation) since the regents prayer was a State-supported religious exercise. The purpose of the establishment clause, he wrote, "rested on the belief that a union of government and religion tends to destroy government and to degrade religion" (at p. 435). The clause, Justice Black said, reflects the constitutional doctrine that Government "should stay out of the business of writing or sanctioning official prayers and leave that purely religious function to the people themselves and to those the people choose to look to for religious guidance" (at p. 435).

In *Abington School District* v. *Schempp*, the Court held invalid (also under the establishment clause) religious practices in public schools in Maryland and Pennsylvania [4] consisting of readings from the Bible and recitations of the Lord's Prayer. Reiterating the principle of separation of curch and state enunciated in previous decisions interpreting the establishment clause, the Court, speaking through Justice Clark, held that the Bible reading and Lord's Prayer recitations were publicly sponsored religious exercises and thus forbidden by the establishment clause. He pointed out (at p. 221 *ff*), as had Justice Black in *Engel* v. *Vitale*, that the establishment clause forbade any such religious exercise whether or not the practice involved might also violate the free exercise of religion [5] clause of the first amendment. [In order to establish violation of the free exercise clause there must be a showing of coercion by the State which inhibits the free exercise of religion by the individual.]

In both of these cases, as a reading of the many opinions makes plain, the constitutional principle on which the Court decided was that of separation of church and state. As Justice Brennan, concurring in *Schempp*, explained, these decisions are required because the Constitution forbids the employment of "organs of government for essentially religious purposes" (at p. 295).

Thus the issue was whether the religious practices involved in these cases breached the "wall of separation between church and state"; the Court found that they did.

As the Court made most explicit, these cases were not decided under the "free exercise" clause. The decisions were not based on any finding with respect to whether or not there was a coercive effect of these religious exercises on schoolchildren.

However, some reference was made to these aspects of the matters by some of the Judges. Thus, in *Engel* v. *Vitale*, Judge Black, after holding that the "regents prayer" violated the establishment clause by establishing an "official religion," also noted that a law prescribing a particular form of religious worship tended to be indirectly coercive as to the religious freedom of religious minorities. In the *Schempp* case the free exercise, i.e., allegedly coercive element of the Bible readings and prayers, was not discussed in the majority opinion. Justice Douglas, in a concurring opinion, said: "In these cases we have no coercive religious exercises aimed at making students conform. The prayers announced are not compulsory, though some may think they have that indirect effect because the nonconformist student may be induced to participate for fear of being called an 'oddball.' But that coercion, if it be present, has not been shown" (pp. 228–229).

Justice Douglas' view is similar to the holding of the majority of the Court in *Zorach* v. *Clauson*, 343 U.S. 306, that to release public school students so that they could leave school and attend religious services was not violative of the free exercise clause with respect to the children who did not participate in the "released time." The Court held:

"It takes obtuse reasoning to inject any issue of the 'free exercise' of religion into the present case. No one is forced to go to the religious classroom and no religious exercise or instruction is brought to the classroom of the public schools.

"A student need not take religious instruction. He is left to his own devices as to the manner or time of his religious devotion, if any * * *. If in fact

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[3] The first amendment is, of course, made applicable to the States through the 14th amendment.

[4] Ibid.

[5] "Congress shall make no laws * * * prohibiting the free exercise (of religion)."

coercion was used, if it were established that teachers were using their office to persuade or force students to take the religious instruction, a wholly different case would be presented."

Justice Brennan, in his concurring opinion in *Abington* v. *Schempp*, gave his view of the implications, under the free exercise clause, of public school prayers and Bible readings. While joining in the Court's determination that the establishment clause was the ratio decidendi, Justice Brennan thought that those cases also presented an element of coercion. But his discussion in *Schempp* illuminates the irrelevance of such coercive elements as there may have been in the school cases to the matter under consideration by this committee.

Justice Brennan compared *Hamilton* v. *Regents*, 293 U.S. 245 (in which the Court sustained compulsory military training for students at a State university), with *West Virginia State Board of Education* v. *Barnette*, 319 U.S. 624 (in which the Court held that the State could not expel public school students who refused, on religious grounds, to comply with a daily flag salute requirement). Justice Brennan said: "The key to (the *Barnette* case) lay in the fact that attendance at school was not voluntary, but compulsory * * *. *Hamilton* dealt with the voluntary attendance at college by young adults, while *Barnette* involved the compelled attendance of young children at elementary and secondary schools" (at pp. 252–253).

Justice Brennan went on to say, with particular reference to young children in public school, when religious exercises are conducted in the classroom, that "Children may well avoid claiming their right (to be excused) and simply continue to participate in exercises distasteful to them because of an understandable reluctance to be stigmatized as athiests or nonconformists simply on the basis of their request * * *. Such reluctance to seek exemption seems all the more likely in view of the fact that children are disinclined at their age to step out of line or to flout 'peer group norms'" (at pp. 289–290). Thus, Justice Brennan's opinion that there were "Free Exercise" aspects of the school cases inhered in the speical circumstances of the school cases—the compulsion to attend school and the situation of young children in relation to what happens in a classroom.[6] And, of course, the majority of the Court in *Schempp* did not find any compulsion present.

Obviously, whatever one's view of the coercive effect of schoolroom religious exercises on young children, there is no rational analogy to S. 1676 or to voluntary family planning services. Such programs involve no element of religious practice at all—neither directly nor indirectly would S. 1676 or a publicly financed family planning health service require any one to participate in religious exercises or to exclude themselves from such exercises. Further, there is no element of governmental coercion. Publicly supported family planning health service programs are wholly voluntary. The relation of any individual to public health service institutions is wholly private and one which in no way affects his or her relation to the community at large.

There is thus no basis in law or in fact to regard the school cases—or the principle of separation of church and state—as affecting the authority of Congress to enact S. 1676 or to support public programs for family planning. As stated for the Court by Justice Clark in *Abington* v. *Schempp:* "The test may be stated as follows: What are the purposes and the primary effect of the enactment? If either is the advancement or the inhibition of religion then the enactment exceeds the scope of regulatory power as circumscribed by the Constitution. That is to say that to withstand the strictures of the establishment clause there must be a secular legislative purpose and a primary effect that neither advances or inhibits religion" (at p. 222).

It has, of course, been consistently held by the Court that neither the establishment clause nor the free exercise of religion clause of the first amendment invalidate legislation whose objective is primarily secular, even though such legislation may be offensive to, or even interfere with, the religious views or practices of some groups of individuals [for example, Sunday closing laws (*McGowan* v. *Maryland*, 366 U.S. 420); laws regulating child labor (*Prince* v. *Massachusetts*, 321 U.S. 158); compulsory vaccination laws (*Jacobson* v. *Massachusetts*, 197 U.S. 11); compulsory military training (*Hamilton* v. *Regents*, 293 U.S. 245)].

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[6] In this connection, it should be noted that Justice Brennan in *Poe* v. *Ullman*, *supra* (concurring opinion) said that the "real controversy" was whether the State of Connecticut could prevent "the opening of birth control clinics on a large scale" and later, in *Griswold* v. *Connecticut*, *supra*, Justice Brennan joined Justice Goldberg and the Chief Justice in the concurring opinion which specifically stated (in a case which arose out of the opening of a birth control clinic) that the right to determine the size of one's family is constitutionally protected.

In the cited and other cases, the Court has sustained direct regulation of conduct (when such regulation is not discriminatory and has a clear secular purpose) even where (as in *Reynolds* v. *United States* and *Prince* v. *Massachusetts*) the regulation restricts practices believed to be required by religious principle and even when (as in *Jacobson and Hamilton*) it requires action offensive to such principles, or when (as in *McGowan* v. *Maryland*) the Sunday closing laws have the fortuitous effect of placing special burdens on members of some religious groups.

No comparable issues are presented by S. 1676 or by publicly supported family planning services, which have no regulatory effect whatsoever.

(4) *Concern for the weaker members of society*

It has also been said that the Supreme Court has shown a "marked concern" for protection of "weaker members of society"—children, mothers, the aged and members of minority groups. This observation does not supply an argument against publicly financed family planning services, since it is precisely a concern to help such groups which motivates such programs and the proposed legislation. The programs envisaged by S. 1676, and the various existing State or federally supported family planning services have the objective of equalizing opportunity for the weaker members of society; that is, those economically or otherwise disadvantaged for whom such services are not available from nongovernmental sources. Like extension of other medical services through public facilities, like the aid to dependent children programs, like the job retraining programs, the depressed area programs, the war on poverty programs and many others, publicly financed family planning offers, through Government, aid which some members of society need but cannot otherwise obtain. To paraphrase Justice White's observation in *Griswold* v. *Connecticut, supra*, the purpose is to "bring to disadvantaged citizens * * * those without adequate knowledge or resources to obtain private counseling, access to medical assistance and up-to-date information in respect to proper methods of birth control."

The suggestion of Supreme Court "concern for weaker members" of society as an argument against S. 1676 or publicly supported family planning service is, we submit, entirely specious. When Government offers "weaker members of society" an opportunity to make meaningful choices about the size of their families, it is providing new strength for the weak—not invading legal rights. Giving people a free choice to accept or reject a public service obviously does not restrict their legal or constitutional rights in any respect. Nor is there any basis whatsoever in constitutional law for the argument that "concern for weaker members of society" requires Government to refrain from initiating programs such as those here under discussion. On the contrary, Government power and authority to create such supportive programs is well established.

III. CONCLUSION

The need for expansion of family planning services by publicly supported programs is recognized by the overwhelming majority of the community. Most religious groups agree. The active support for such programs by many leaders of the Catholic faith has been made plain. One recent instance of such support is the "Statement on Public Policy and Family Planning" issued by Father Dexter L. Hanley, S.J. professor of law at Georgetown University, on behalf of many prominent Catholics, which states:

"In view of current controversies concerning the use of public funds in family planning programs in the United States, the undersigned set forth the following opinions as a suggested basis for resolving these issues:

"1. In a legitimate concern over public health, education, and poverty, the Government may properly establish programs which permit citizens to exercise a free choice in matters of responsibile parenthood in accordance with their moral standards.

"2. In such programs, the Government may properly give information and assistance concerning medically accepted forms of family planning, so long as human life and personal rights are safeguarded and no coercion or pressure is exerted against individual moral choice.

"3. In such programs, the Government should not imply a preference for any particular method of family planning.

"4. While norms of private morality may have special dimensions so affecting the common good as to justify opposition to public programs, private moral judgments regarding methods of family planning do not provide a basis for opposition to Government programs.

"5. Although the use of public funds for purposes of family planning is not objectionable in principle, the manner in which such a program is implemented may pose issues requiring separate consideration.

"These opinions are submitted as being morally justified and in accordance with the traditional Catholic position on birth control. These opinions are expressed out of a concern for civil liberty and freedom, and are based upon respect for the sincere consciences of our fellow citizens in this pluralistic society."

The foregoing has been prepared for this committee's consideration on behalf of Planned Parenthood-World Population. If there is any further information or material which we can supply for the committee, we will, of course, be glad to do so.

Senator GRUENING. At this point, without objection, it is ordered that the staff of the subcommittee place into the hearing record and the appendix, letters, statements, and other materials that can be helpful to the subcommittee.

[EDITOR'S NOTE.—At the direction of the chairman the following informative article concerning Dr. Alan F. Guttmacher, "Bringing Birth Control to the Millions," is included in the record of this hearing.]

(The above-mentioned article follows:)

EXHIBIT 207

BRINGING BIRTH CONTROL TO THE MILLIONS

(Article from Medical World News, Oct. 21, 1966, pp. 103–108, 112)

Fifty years ago, Margaret Sanger and her sister, nurse Ethel Byrne, opened America's first family planning clinic in an old New York brownstone. For the crime of giving contraceptive information to anxious and credulous women, many of whom had traveled hundreds of miles in search of help, the two sisters were promptly arrested and imprisoned.

This week, the President of the United States was publicly honored for engaging in similar activity. At a 50th anniversary banquet sponsored by Planned Parenthood–World Population, the organization conferred on President Johnson the Margaret Sanger Award in World Leadership.

In the span between Margaret Sanger's ignominious arrest and the President's signal honor, medicine and social attitudes have so changed that Mr. Johnson could call the Sanger movement "second only to the search for lasting peace." The 82-year-old birth control pioneer died of arteriosclerosis six weeks ago in a Tucson nursing home, but not before seeing strong signs that the revolution she had worked so hard to accomplish was taking place.

LEGAL RESTRICTIONS LIFTED

Commenting on the spectacular growth of the birth control movement, an FDA blue-ribbon panel noted recently that for the first time in history, millions of people who are not sick are taking a drug—the oral contraceptive. Except for agents or techniques that eradicate mass epidemics, no other medical discovery has worked such widespread social transformations.

Very largely as a result of The Pill as well as intrauterine devices, population control seems within grasp. Dr. Alan F. Guttmacher, the man who seems to have inherited Margaret Sanger's role as prime mover of birth control, puts it this way:

"We really have the opportunity now to extend free choice in family planning to all Americans, regardless of social status, and to demonstate to the rest of the world how it can be done. It's time we got on with the job."

President of Planned Parenthood–World Population since 1962, Dr. Guttmacher points out that there are still substantial and urgent needs to be met in spite of the astonishing strides of recent years. These strides stem from major judicial decisions and political actions tracing back to the medical breakthrough of 1960, when The Pill was introduced.

The U.S. Supreme Court has taken an historic stand against legal restrictions on contraceptive prescribing by physicians, and 14 states have removed anti-prescribing laws from their books. The federal government, through the Department of Health, Education, and Welfare, now supports maternity care facilities that include family planning; and the antipoverty program embraces 50 family planning projects. This year, for the first time, Congress authorized the use of surplus U.S. funds overseas to finance such projects in developing countries. The Senate is now considering a bill that would provide birth control programs for U.S. families with low incomes.

Statistical corroboration of the family planning trend is at hand. A recent study estimates that a minimum of 5.2 million married women are using oral contraceptives or will resume using them after completing desired pregnancies. In five years, the number of women attending the 375 Planned Parenthood-affiliated clinics in this country has nearly tripled, reaching 320,000 in 1965.

LEGAL REFORMS SUPPORT BIRTH CONTROL

In the space of 18 months, Congress has authorized use of Federal funds for family planning programs overseas, and State after State has eliminated obstacles to birth control. In some States, the prohibition on written prescriptions for contraceptive devices has been lifted. In others, bans on dissemination of family planning information have been removed.

Area	Action	Vote	Date
U.S. Congress	Adopted "food for freedom" bill with provision authorizing use of surplus funds overseas to assist family planning programs.	House, 330-20 Senate, 74-2	June 1966. September 1966.
Massachusetts	Repealed ban on prescription; physicians authorized to prescribe, druggists to sell supplies, and clinics to provide information.	House, 136-80; senate, 29-11.	May 1966.
Alaska	Instructed health and welfare department to prepare and distribute information on family planning.	House, 32-5; senate, 16-3.	April 1966.
Georgia	Authorized health departments to provide family planning services.	House, 162-2; senate, 32-0.	March 1966.
West Virginia	Authorized health departments to establish family planning clinics.	House, 60-38; senate, 27-7.	February 1966.
Michigan	Authorized welfare and health departments to provide and pay for family planning services.	House, unanimously; senate, 37-1.	July 1965.
Connecticut	U.S. Supreme Court decision struck down ban on use of contraceptives as violation of constitutionally protected right of marital privacy.	7-2	June 1965.
California	Removed restriction on advertising of contraceptives or contraceptive services from nonprofit health organizations.	House, 61-0, senate, 27-0.	Do.
Do	Authorized health department to provide family planning services.	House, voice vote; senate, 21-12.	Do.
Illinois	Approved provision of family planning services to all mothers on welfare over 15.	House, 90-54; senate, 41-9.	Do.
New York	Removed restrictions on dissemination of family planning information.	Senate, 41-13; assembly, 85-50.	Do.
Ohio	Removed restrictions on sale, advertising, and dissemination of family planning products and information.	House, 115-10; senate, 26-3.	Do.
Iowa	Authorized welfare department to provide and pay for family planning services for recipients.	House, 85-37; senate, 34-23.	May 1965.
Minnesota	Removed restriction on dissemination of contraceptive information.	House, 121-0; senate, 54-0.	Do.
Nevada	Authorized health department to establish family planning program.	House, 34-0; senate, 16-0.	Do.
Kansas	Directed board of health to establish family planning clinics and welfare department to cooperate in program.	House, 67-56; senate, 22-13.	April 1965.
Colorado	Authorized health and welfare departments to provide and pay for family planning services.	House, 44-17; senate, 22-12.	March 1965.

ADVENT OF THE PILL HAS REVOLUTIONARY IMPACT AT ALL ECONOMIC LEVELS

Despite the rapid growth of family planning programs, Dr. Guttmacher, a former Johns Hopkins obstetrician, sees substantial and urgent unmet needs both here and abroad. All the services generated by such programs nationally reach only one out of ten impoverished mothers. Fewer than 20 of the nation's 3,000 county health departments offer any family planning services at all. At this week's 50th anniversary celebration, medical leaders and government officials of many countries seemed to reflect, along with the family planning leader, a sense of urgency in the face of these problems.

But Dr. Guttmacher firmly believes that the techniques for completing the job are available—as a result of *medical* developments such as pills and intrauterine devices.

"Without these new methods," he said, "we'd still be talking abstractions. Of course they're not perfect and I'm sure we'll see vast improvements in the next decade. But they are infinitely superior to the older conventional techniques for mass programs. For the first time, we have an armamentarium of coitally independent methods, and they work."

ALL SOCIAL GROUPS REACHED

Dr. Guttmacher views as particularly salutary the recent evaluations by FDA and World Health Organization panels. Weighing available evidence, both groups concluded that the birth control pills now in use were sufficiently safe. The study groups urged intensive follow-up studies of possible long-term adverse effects. "The reports, however, add up to a 'green light' for doctors and clinics to continue prescribing the pills," said Dr. Guttmacher, "and we are recommending to our affiliates' clinicians that they do so. The study groups are eminently correct in calling for more and better research. Our Planned Parenthood-World Population clinics have more than 200,000 patients on the orals, and we've beeen asking the FDA to finance systematic investigations for almost four years. In any case, whatever risks may be discovered must be weighed against the tremendous health and social benefits resulting from this contraceptive technique."

The benefits include acceptability among patients who span the social and economic spectrum. At the upper end of this spectrum, a Princeton study disclosed that the pill has become "a major if not the method" of choice, particularly among younger women and those with greater education: 81 percent of white, non-Catholic, married college graduates under 25 have already used it. In a group 45 and under, the study offers a breakdown according to religious belief. Of Catholic women, 21 percent have used the oral contraceptives, although many report that their use is for medical reasons. Among the corresponding non-Catholic women, 29 percent have used the pill.

Among the poor, surveys are equally revealing. One discloses that of more than 14,000 very low-income, low-education patients at the Chicago Planned Parenthood clinic, nearly 11,200 kept taking The Pill regularly 30 months after they came to the clinic. And these women had no accidental pregnancies.

NEED FOR MORE HELP

These data—and impressive results of IUD use in Korea, Taiwan, and elsewhere (MWN, Sept. 2)—now persuade many observes that organized national programs can bring down soaring population rates. With the world's population expected to double to more than six billion by the end of the century, with rates of increase higher than 3 percent per year in many developing countries, Dr. Guttmacher believes that the U.S. must provide substantially greater funds and medical assistance for programs in Asia, Africa, and Latin America.

As chairman of the Medical Committee of the International Planned Parenthood Federation, he helps to guide the programs of the 42 national family planning associations affiliated with the federation. "We can't expect the developing countries to accomplish their goals without help," he says, pointing out that a country such as Sierra Leone, which he visited recently, budgets 60¢ annually per capita for all health services.

Dr. Guttmacher has personally campaigned for family planning before several heads of state as well as medical leaders, businessmen, theologians, educators, and teen-agers. When the Cuban Minister of Health met him at last year's United Nations Population Conference in Belgrade and asked him to address

the Cuban Medical Society, his response was characteristic: "Sure, but there are two hurdles: first, Castro has to invite me and second, LBJ has to let me." By the end of the year, both hurdles had been overcome and Dr. Guttmacher was one of two U.S. physicans participating in the Havana congress last February. He addressed a four-hour session on family planning before an intensely interested audience of physicians, nurses, and health workers, which overflowed into the auditorium's aisles and stairways.

Dr. Guttmacher, who now epitomizes the planned parenthood movement, recalls how his interest was catalyzed. He was an intern at the Johns Hopkins University School of Medicine. A young woman had gone to an abortionist, who botched the operation. She was brought to the Johns Hopkins Hospital suffering from an acute infection, and soon died. "There was nothing I could do," says Dr. Guttmacher. But the death left a lasting impression. It was the beginning of his total commitment to the family planning movement.

Subsequently, as associate professor of obstetrics at Johns Hopkins, director of obstetrics at Sinai Hospital in Baltimore, later as director of obstetrics and gynecology at New York City's Mount Sinai Hospital, and in articles and books, Dr. Guttmacher has taken up and pursued the cause of birth control.

Voicing his strong and cogent arguments for family planning, he emphasizes the responsibility of physicians to extend guidance to all segments of society and to persons of all beliefs. In 1958, while at Mount Sinai, he rallied New York City's medical leadership in a protracted campaign to remove a ban on contraceptive prescription in municipal hospitals. The city authorized voluntary birth control services, but members of the staff and patients with religious objections were exempt from participating. The case Dr. Guttmacher made in this drive became a prototype for similar decisions throughout the country.

Dr. Guttmacher acknowledges that the family planning movement was organized by laymen, but he seizes every opportunty to credit the invaluable aid it has received from medical leaders and scholars, particularly, Abraham Jacobi and Robert Latou Dickinson. Dr. Jacobi, who helped raise pediatrics to specialty stature, was the first president of the American Medical Association to openly espouse family planning. He did so in his 1912 presidential address. From 1924 until his death in 1950, Dr. Dickinson wrote extensively on contraception. Through the National Committee on Maternal Health, which he founded, he organized numerous family planning studies.

MEDICAL LEADERS LEND WEIGHT TO FAMILY PLANNING

In the late 20s and early 30s, many specialty societies and influential local groups, such as the New York Academy of Medicine, officially recognized the medical significance of family planning. This helped pave the way for the affirmative AMA policy stand in 1937. Two years ago, the AMA's House of Delegates adopted a new, stronger policy characterizing family planning as "a matter of responsible medical practice." It urged that services be provided to patients in both public and voluntary institutions. In policies adopted in 1959 and 1964, the American Public Health Association has similarly pressed for extension of family planning throughout the health services system.

PHYSICIANS' ROLE STRESSED

"We have always believed that family planning is a service which should be provided by physicians wherever people normally receive medical care," Dr. Guttmacher says. "Planned Parenthood clinicians provide service to patients, largely the poor, who cannot secure it from other community sources. We will continue to operate extramural family planning services for these patients and at the same time do everything possible to encourage and assist the main health agencies to assume responsibility for this aspect of care. When this is achieved, we will reorient our program to demonstration, education, and evaluation."

INTRAUTERINE DEVICES HELP CURB POPULATION SPIRAL IN DEVELOPING COUNTRIES

Since he views family planning as primarily a matter of good and routine medical practice, Dr. Guttmacher spends a major part of his time with physicians and medical groups. He has presented lectures on contraception to audiences—and made obstetrical rounds—on every continent.

In four years, he has visited 34 countries, lectured at 133 medical schools and societies, participated in 43 conferences and symposiums, made at least 79 other

speeches, and written books and articles. He still carries a stethoscope, but these days his bag is more likely to be stuffed with samples of intrauterine devices, pills, and the latest instructional films. Under his guidance and with a grant from the Commonwealth Fund, Planned Parenthood recently produced a 45-minute medical teaching film on family planning which is now being used in 70 U.S. and Canadian medical schools, and has been translated into Spanish, French, and Turkish.

TWINS A FAVORITE TOPIC

Dr. Guttmacher's keen eye is at work on his travels. When he returned in July from an African tour, he enriched a 15,000-word report with a sociological footnote. The rich families of Khartoum, he found, sleep year round on the roofs of their homes, under the stars. Dr. Guttmacher commented wryly: "I don't know whether this has any Planned Parenthood significance or relevance."

Though his prime interest is family planning, Dr. Guttmacher is never too busy to examine a rare obstetrical case or enter into a spirited discussion on one of his favorite topics—twins. His interest was acquired naturally. He and his brother Manfred, a Baltimore forensic psychiatrist, are identical twins.

Dr. Guttmacher presides over a professional staff of 36 physicians, public health specialists, and others who work for the national organization and who assist the 1,784 full- and part-time staff members and clinicians of Planned Parenthood-World Population's 130 chapters. In the last five years, both national and local staffs have more than doubled, to handle the burgeoning service load and the vastly increased number of requests from health and welfare agencies for help in implementing their programs. Dr. Guttmacher and members of his staff are frequently in Washington, D.C., where the organization this year opened an office, for conferences with top Administration health and antipoverty officials.

In the U.S., Planned Parenthood officials believe that Margaret Sanger's goal—now Dr. Guttmacher's—of making family planning guidance available to the poor is within sight. Studies indicate that there are five million fertile, impoverished American women who could profit from advice—and device. Only about 500,000 to 600,000 are now served by Planned Parenthood, tax-supported agencies, and voluntary hosiptals. To close the gap, the organization's volunteer chairman, New York attorney George Lindsay, a brother of New York City's Mayor John Lindsay, proposes a five-year step-up of private and public funds for family planning services. This would reach a combined total of $100 million by 1970. The essence of the proposal was almost immediately embodied in a bill by Sen. Joseph D. Tydings (D-Md.). The bill would appropriate sufficient federal matching funds to establish the needed services over the next 5 years.

AGENCY COOPERATION SOUGHT

"We are particularly pleased that the Tydings bill would permit direct federal grants for hospital programs, as well as those operated by official health departments and voluntary groups," says Dr. Guttmacher. "If this job is to be done, it will require an active partnership between our hospitals and all other voluntary and public agencies."

Planned Parenthood estimates that it costs an average of $20 a year to provide each patient with medical consultation, supplies, and examination—usually including a Pap smear. George Lindsay characterizes the $100-million program as "just about the best bargain in health services money could buy."

Although the Administration has offered no encouragement the Tydings bill was unanimously reported out in August by the Senate subcommittee, which includes Sen. Edward Kennedy (D-Mass.), a Roman Catholic. Observers felt the bill had a chance of passage had it reached the Senate before adjournment.

Planned Parenthood leaders—and many local health officials—believe that investment of ample funds is necessary to overcome the effect of years in which family planning was ignored—or banned. Their position was significantly advanced in May by former New York City Hospitals Commissioner Alonzo S. Yerby, now professor of health services administration at Harvard.

Reviewing New York City's extensive experience with tax-supported family planning services, he concluded with a call for increased federal financial assistance. Declared Dr. Yerby: "There is still too great a tendency in Washington and in many cities to view the 'solution' of the family planning problem as an

admixture compounded primarily of speeches, policy statements, good wishes, and exhortation of the poor to be more responsible and only incidentally of the expensive stuff of which genuine health services are made: staff, facilities, and budgets."

Years of service has imbued Dr. Guttmacher and his colleagues with a sense of urgency that makes them reluctant to accept any delays. They believe that adequate family planning services must be made available soon to all Americans who want it. They do not propose to wait another 50 years for the complete realization of Margaret Sanger's goal.

Senator GRUENING. Last week—on June 9, to be exact—the Food for Freedom bill was passed. This was a momentous step in constructive legislation because it not only continues the fine workings of Public Law 480, but it also contains provisions for the use of counterpart funds abroad for family planning programs.

This bill, H.R. 14929, was originally proposed by Congressman Paul H. Todd, Jr. I commend him on his prescient sense of legislation and its successful implementation. I now direct that his news release of June 9, 1966, and his "Analysis of the Food for Freedom bill" be included in the printed hearing record.

(The two above-mentioned items follow:)

EXHIBIT 208

STATEMENT OF THE HONORABLE PAUL H. TODD, JR.

(From the Office of Congressman Paul H. Todd, Jr. (D., Mich.) 237 Cannon House Office Building, Washington, D.C., June 9, 1966)

WASHINGTON.—Today's passage of the Food for Freedom bill is vitally important for two reasons. First the bill continues the successful program embodied in Public Law 480 by which surplus food is sold abroad. This means that surplus American food will continue to help fight famine around the world. Second, the bill contains provisions which, for the first time, explicity authorize the use of counterpart funds abroad for programs involving family planning. This is the first major step in the development of constructive legislation which specifically authorizes action and implementation to deal with the crushing problems of the world-wide population explosion.

The bill thus presents a logical and complete approach to the total problem of onrushing population growth: It provides surplus food to feed those who are starving right now, and it generates funds which can be used to cut population growth and thus prevent people from starving in the future. Without the family planning provisions in the bill, merely providing food would be a cruel hoax, doing nothing to attack the underlying causes of famine. Further, the bill makes it clear that no programs will be undertaken without the explicit request of the governments involved, and that all such programs will be entirely voluntary.

Progress in the development of public concern and open discussion about the problems of the world-wide population explosion has been astonishing. Only two years ago, the subject was regarded by many as taboo, and most politicians refused to have anything to do with it. But, today, the House has passed the first bill in history dealing explicity with the subject.

How has this happened? President Johnson has spoken out on the matter, repeatedly and forthrightly. Senator Gruening has held an historic set of hearings in the Senate; his work has pioneered the entire legislative effort to cope with the population problem. The distinguished Chairman of the House Agriculture Committee, Mr. Cooley, and the membership of the Committee have recognized the dimensions of the problem and have produced a masterful and statesmanlike piece of legislation to cope with it.

When in February I originally suggested that explicit authorization might be added to the Food For Freedom Bill to allow the use of counterpart funds for programs involving family planning, I felt the suggestion might be a useful part of growing dialog on the subject. Response to the suggestion was very favorable—both here in Washington, and in my own District in Michigan—and

I was encouraged to offer the suggestion in the form of an amendment on March 9. The Committee gave the idea favorable consideration and included it in the bill. Now the bill has been passed, and we are at last on our way to coping with one of the most pressing problems of our times.

It is difficult to over-estimate the importance of the step the House took today. As the Committee Report stated, the bill "recognizes for the first time, as a matter of U.S. policy, the world population explosion relationship to the world food crisis, providing that the new food-for-freedom program shall make available resources to promote voluntary activities in other countries dealing with the problem of population growth and family planning." The breakthrough has taken place.

In January of this year, I suggested that if this Congress would move forward in the area of the population explosion, it would be remembered far more in this context than in any other. As of today, we have moved, and I look forward with confidence to the fulfillment of my prediction.

EXHIBIT 209

ANALYSIS OF FAMILY PLANNING ASPECTS OF H.R. 14929, FOOD FOR FREEDOM BILL

(From Congressman Paul H. Todd, Jr., 237 Cannon House Office Building, Washington, D.C., June 9, 1966)

The Food for Freedom Bill contains several new features, originally proposed by Congressman Paul H. Todd, Jr. (D., Mich.), which relate to family planning and the world wide population explosion. It specifically authorizes the use of foreign currencies generated by the sale of surplus American food for maternal welfare, child health and nutrition, and voluntary family planning programs. The report of the Agriculture Committee on the Bill stated in the section on "New Objectives" that the Bill:

"Recognizes for the first time, as a matter of U.S. policy, the world population explosion relationship to the world food crisis, providing that the new food-for-freedom program shall make available resources to promote voluntary activities in other countries dealing with the problem of population growth and family planning. The bill establishes as one of the criteria for the President to consider in carrying out the provisions of the act the efforts of friendly countries related to the problems of population growth and the resources devoted by these countries to meet this growing problem. The bill also provides that foreign currencies generated by the sale of U.S. commodities may be used, when requested by the recipient country, to finance programs related to these problems of population growth."

This objective was backed up by the reasoning contained in the report:

"While the committee does not expect the accomplishment of instant miracles in the world war on hunger, it is convinced that, assuming reasonable cooperation by the people of other nations, in population planning, education and health measures, and in attitudes, the crisis can be checked and restrained, and millions of lives may be saved. Therefore, H.R. 14929 is presented here as the first great stride in the exercise of the unavoidable obligation of the one nation capable of leading the world through the crisis that impends.

"Success in this undertaking will rest ultimately upon the measure of cooperation of other nations, particularly in the underdeveloped areas of the world, in self-help, in developing free enterprise and in population planning."

Reference to the population explosion is made at four points in the Committee Bill. Title 1, Section 103 (a) reads:

"In exercising the authorities conferred upon by him by this title, the President shall take into account efforts of friendly countries to help themselves toward a greater degree of self-reliance, especially in providing enough food to meet the needs of their people, their activities related to the problems of population growth, and the resources required to attain such objectives."

The Committee report stated:

"It is not the intention of the committee that population growth *activities* would be required as a prerequisite to a transaction under this title, under any circumstances, but that such activities on the part of the recipient country should be considered by the President in determining the type and the extent of food assistance which will be extended under the authority of this bill."

Section 104 gives the President authority to use or enter into agreements with foreign countries or international organizations to use foreign currencies generated by sales of surplus food for various purposes, among which are:

Paragraph (h): "For financing, at the request of such country, programs emphasizing maternal welfare, child health and nutrition, and activities, where participation is voluntary, related to the problems of population growth, under procedures established by the President through any agency of the United States, or through any agency which he determines is qualified to administer such activities."

Paragraph (b) (3): "Collect, collate, translate, abstract, and disseminate scientific and technological information and conduct research and support scientific activities overseas including programs and projects of scientific cooperation between the United States and other countries such as coordinated research against diseases common to all of mankind or unique to individual regions of the globe, and promote and support programs of medical and scientific research, cultural and educational development, family planning, health, nutrition, and sanitation."

Title IV, Section 405 reads: "The authority and funds provided by this Act shall be utilized in a manner that will assist friendly countries that are determined to help themselves toward a greater degree of self-reliance in providing enough food to meet the needs of their people and in resolving their problems relative to population growth."

The addition to the bill was originally suggested by Todd in a speech on the Floor of the House on February 10, 1966. Study and consultation by Todd with experts in various areas followed.

The Kalamazoo Congressman then introduced an amended bill on March 9, to serve as a basis of discussion.

The Committee report noted that the provisions of the bill make sure that no programs will be undertaken without the explicit request of the governments involved, and that all such programs will be entirely voluntary.

Senator GRUENING. I direct that the correspondence between Dr. Roger Revelle, director of the Center for Population Studies at Harvard University, and his fine article "Can Man Domesticate Himself?" be included at this point in the printed record of this hearing.

(The correspondence and article mentioned above follow:)

EXHIBIT 210

CORRESPONDENCE BETWEEN SENATOR GRUENING AND DR. ROGER REVELLE, DIRECTOR OF THE CENTER FOR POPULATION STUDIES, HARVARD UNIVERSITY, CAMBRIDGE, MASS.

MARCH 27, 1966.

Hon. ERNEST GRUENING,
U.S. Senate, Washington, D.C.

DEAR SENATOR GRUENING: Thank you very much for sending me a copy of Part I of the printed record of the population crisis hearings held in 1965. It is a most useful and important document.

Would it be possible to send us another copy of this, and two copies of the other parts as they are issued? We have offices and libraries in both Boston and Cambridge, and could put these publications to very good use.

Very truly yours,

ROGER REVELLE, *Director.*

APRIL 1, 1966.

Dr. ROGER REVELLE,
Harvard University, Center for Population Studies, Cambridge, Mass.

DEAR DR. REVELLE: Thank you for your comments concerning Part I of the printed hearings on S. 1676, my bill to coordinate and disseminate birth control information upon request at home and overseas. The Committee on Foreign Aid Expenditures is very pleased to learn that you have found "it a most useful and important document".

Although the printed hearings are in short supply, I am sending you as requested one more copy and as other parts are released you will receive two copies each. As soon as the printed hearings from the 1st session of the 89th Congress are in page form, I intend to offer a joint resolution requesting the printing of additional copies, hopefully more will be available then.

It would be helpful to the Subcommittee if you could supply some written information about the Harvard University Center for Population Studies, of which you are the director, so that it can be made a part of the hearing record. I hope this suggestion is agreeable to you and the Subcommittee looks forward to reading this material.

With best wishes, I am,

Cordially yours,

ERNEST GRUENING,
U.S. Senator.

APRIL 12, 1966.

HON. ERNEST GRUENING,
Subcommittee on Foreign Aid Expenditures,
Committee on Government Operations,
U.S. Senate, Washington, D.C.

DEAR SENATOR GRUENING: Your letter of April 1 to Professor Roger Revelle has been received while he is attending meetings abroad. He will return in a few days, but I thought I should send you some material about our Center as quickly as possible. Enclosed are copies of the following:

"Can Man Domesticate Himself?" by Roger Revelle.

"The Problem of People" by Roger Revelle.

"Harvard University Center for Population Studies Report for October 1, 1964, to September 30, 1967" (This was our first year of operation.)

"The Harvard Crimson" for March 17, 1966, which has an article about our Center on page 3 *et seq.*

The two articles by Professor Revelle are similar, but slanted toward different audiences. The first is for generally interested readers, and the second is primarily for Harvard people. If you would like more copies of any of these four things, we shall be glad to supply them. When Professor Revelle returns, I shall ask him if there is anything else that might be of interest to you and your Subcommittee.

In the meantime, I know he would want me to thank you on behalf of himself and the staff and students for your generosity in providing us with two copies of the printed hearings.

Respectfully,

PAULINE WYCKOFF,
Executive Secretary.

EXHIBIT 211

CAN MAN DOMESTICATE HIMSELF?

(By Dr. Roger Revelle, Richard Saltonstall Professor of Population Policy in the School of Public Health and Director of the University-wide Center for Population Studies reprinted for private circulation from the Bulletin of the Atomic Scientists, Vol. XXII, No. 2, February 1966.)

In essence, we are dealing with qualitative and not quantitative questions; with the quality of human life and only incidentally with the quantity of people. In the long run, population studies must focus on the drama of living human beings, rather than on their entrances and their exists on the stage of life.

Present rates of human population growth confront us with a problem that is unique in the long history of our species.

Hundreds of thousands of years were required to produce a living population of one billion people by 1850 A.D. The second billion took 75 years more, from 1850 to 1925, but the third billion took only another 35 years, to 1960. The fourth billion will be here by 1980, and the fifth 10 years later, by 1990. Unless drastic changes in birthrates or deathrates occur, the population increase between now and the year 2000 will be larger than the entire present population of the earth.

Men like ourselves have existed for something like 10,000 growth human lifetimes. Yet if present rates of population growth continue for another century, one-third of the people ever born will be members of the living generation. Clearly, rapid rates of population increase, or indeed any rate of increase whatever, cannot continue indefinitely.

The number of human beings on the earth may ultimately be limited by one or more of several factors—the total energy available for food and material production, the biological and psychosomatic results of crowding, or, more hopefully, the conscious and deliberate decisions of individual men and women.

At least a temporary check on population growth could come from the increased area of cities. During the next century, most people will be city dwellers. The farm population of the world will not increase very much, because we are approaching the limit of the number of farmers who can be effectively employed. At present rates of increase, city populations will multiply perhaps 40 times within the next 100 years. Even in the next 50 years, the Indian city of Calcutta could grow to 60 million. Calcutta today is a house of misery; what would it be like with 60 million people? Our own cities might reach sizes that we can hardly imagine.

As a city becomes bigger, the density of population within it tends to diminish; consequently the total area covered by cities in the middle of the twenty-first century could be 100 times larger than today, and equal to perhaps one-fifth of the entire land surface of the earth. The problems of supplying the wants and removing the wastes of such sprawling monster cities would require wholly new technologies.

Although population growth clearly cannot continue indefinitely, it is equally clear that given the right social and economic conditions, and a sufficiently high technology, the resources of the earth could support a much larger number of human beings than are now alive. The real problem is not the population size of the future but the rate of increase today. Our greatest concern must be the intolerably high rates of population growth in many regions of the world at the present time, and what they mean to human beings. How can we achieve a better world society in the face of rapid population growth[How shall we provide decent conditions of life for the living generation, conditions in which men and women can live, and children can grow up, free of the desperate want experienced by the majority of human beings in this century? This is the urgent thrust of the population problem.

Present rates of population growth in India, Pakistan, and Egypt are probably between two and one-half percent and three percent per year. In Brazil and some other South American countries, annual rates are more than three percent. The populations of Costa Rica and the Philippines are growing by perhaps four percent per year. A three percent growth rate means a doubling of population in 23 years; with a four percent rate the doubling time is 17 years. These figures are typical of many of the underdeveloped countries. They underlie that fact that the world population, which increased by one percent a year in 1940, is now increasing by two percent.

In the poor and crowded countries of the earth that contain most of the world's population, the rapid increase in the number of human beings seriously inhibits economic and social development. Although total national incomes are rising, the increased production must be divided among ever larger numbers of people, and standards of living remain nearly static. Men have to run faster and faster just to stay where they are.

In the American continents today, just about as many people live north of the Rio Grande as south of it. But by the year 2000, there will be twice as many people in Latin America as in the U.S. and Canada. In the world as a whole, unless a drastic change occurs, people who live in desperate misery and poverty will constitute the overwhelming proportion of the human population.

Compared with 1935, food production in many countries has barely kept up with population growth, and in some cases has fallen behind. Average food production per capita for Latin America is less now than it was before World War II. Were it not for food imports from the U.S. and other Western countries, the diets of the people of India and Pakistan would be also even more deficient today than in 1935. Even so, the average person in the Indian subcontinent is getting less food than he needs, by perhaps 20 percent. His diet is particularly deficient in high quality protent. Without sufficient protein of the right kind, the health of adults is worsened and their life span shortened, but, what may be even more disastrous, the mental development of children probably is retarded. Rural unemployment and underemployment are widespread. Most Indian villagers never have a steady job at any time during their lives. We see here the true dimensions of the interlinked problems of population growth, increasing food production to match population growth, and unemployment

and underemployment, throughout the rural world of the underdeveloped countries.

Egypt is large but nearly all of it is a lifeless desert. Only the delta and the flat flood plain of the Nile are suitable for agriculture. This arable area covers about six million acres, approximately equal to the area of Massachusetts. Today there are 30 million Egyptians, most of whom are trying to make a living on these fertile acres. This is the highest density for a rural population anywhere in the world—about 3,000 people per square mile.

The population is increasing at such a rate that there will be 60 million Egyptians by the year 1988—just 22 years from now. One dreads the possibility that the population will become stabilized at some figure short of this by malnutrition and disease, that situation of "misery and vice" foreseen by Thomas Robert Malthus, the prophetic eighteenth century demographer. The Aswan High Dam will provide about a 40 percent increase in agricultural production, which means that Egyptians will be able to feed themselves at present levels for another 10 to 12 years.

In India, with a growth rate of around two and one-half percent per year, the number of children below 15 years of age is 45 percent of the entire population. Nearly one person in two is a child or younger adolescent, whereas with a slowly growing population under modern conditions of life expectancy, this proportion is less than 25 percent. The high proportion of children and adolescents to adults means that the nation cannot save for capital investment without great difficulty, because most of what the adults produce is needed for immediate consumption. Yet the ability to invest savings in order to increase the means of production is an essential requirement for economic development.

We in the U.S. need to examine more closely the social and economic costs of rising numbers of people in our own country. Our population is increasing at about one and one-half percent a year, considerably less than the rate in the less developed parts of the world. Yet even this rate of growth brings many problems. Increases in per capita costs of pollution abatement, municipal water supplies, outdoor recreation, and urban transporation are all consequences of our increasing numbers. Perhaps more serious is the decline in the quality of life: the crowding and dangers in our parks, the fact that our water does not taste as good as it used to, that many of our fellow citizens waste one or two hours each day driving to and from work under what can only be described as miserable conditions. One has to ask whether juvenile delinquency, student alienation in the universities, and unemployment among untrained youth, are not also partly related to our rapid population growth, and, if so, how this should affect our national thought and action.

During the past two decades our rate of population growth was considerably higher than it is today. As a result the number of high school students will increase from 10 million in 1960 to 15 million in 1970. Within these 10 years we must build new high schools equal in capacity to half of all those now in use. This is a difficult fact for the taxpayers to face, and in general they do not seem really willing to face it. In many communities the quality of our high school facilities is going down.

The number of college and university students is growing from about four million in 1960 to about 12 million in 1980. Everybody who has children of college age realizes how hard this is on young people. It is equally hard on the colleges. Both the necessary construction of facilities and the required increase in the numbers of able teachers pose great difficulties.

Though our ever-larger numbers have serious consequences, the main problem in the U.S. does not involve numbers, but individuals. Many women in our society bear children they do not want and are unable properly to care for. Usually these women are poor, often they are poorly educated, and nearly always they need help in limiting the size of their families and in increasing the intervals between pregnancies.

What can be done about rapid rates of population growth? In the first edition of his famous *Essay on Population*, published in 1798, Malthus reached the profoundly pessimistic conclusion that an equilibrium between human births and deaths could be established only at a relatively high death rate. That is, war, famine, and disease, or "misery and vice," as he put it, would kill people off as fast as others were born. Man's fate was to reproduce himself right up to the limit of disease and starvation, and he had no control over what would happen to him.

Some modern neo-Malthusians, who share Malthus' early views, claim that the population of any organism will continue to increase until it reaches the edge of subsistence or of control by enemy organisms. They believe this is as true of men as it is of mice or elephants—the only difference being that with different organisms different amounts of time might be required.

History and experience show that this doctrine is bad sociology; recent biological research shows it is bad biology. Experiments with laboratory rats demonstrate that when too many of these animals are forced to live together in too small a space, their behavior patterns become radically abnormal and they effectively cease to reproduce themselves. Wild animals, particularly predators, seem to limit their own numbers in various ways. Some species do this by exercising territoriality: each dominant male controls an area of a certain size, on which he will not allow other males of the same species to encroach, even though he may be indifferent to the presence of males of a different species.

Malthus himself changed his mind before he published the second edition of his *Essay on Population* in 1803. In gathering data for the second edition, he observed that the population of Switzerland had remained nearly static for several generations, even though deathrates had substantially declined. He concluded that birthrates must have decreased in proportion to the decline in deathrates, and that this was due to the postponement of marriage by Swiss couples until they could inherit or buy enough farm land to support a family. He then added a third process, "moral restraint," to the dismal duo, "misery and vice," which he had previously believed were the only causes of population limitation. His new edition concluded with these (for Malthus) optimistic words:

". . . it is hoped that the general result of the inquiry is such as not to make us give up the improvement of human society in despair. The partial good which seems to be attainable is worthy of all our exertions; is sufficient to direct our efforts, and animate our prospects. And although we cannot expect that the virtue and happiness of mankind will keep pace with the brilliant career of physical discovery; yet, if we are not wanting ourselves, we may confidently indulge the hope that, to no unimportant extent, they will be influenced by its progress and will partake in its success."

THE ATTEMPTS AT CONTROL

In both ancient and medieval times, there were occasions when human beings exercised control over their own populations, through the aggregate of the individual decisions of many couples.

During the last two or three centuries before the fall of the Roman Empire (476 A.D.) the population of Italy steadily declined. Despite governmental attempts, by means of penalties and rewards, to increase the population, the people just did not reproduce themselves in sufficient numbers.

In Tuscany, between 1200 and 1400 A.D., the population decreased by nearly 75 per cent. The tax rolls and other sources of vital statistics are very good for this period in Tuscany, and they show that throughout most of these two centuries the average number of children per household was two or less. We do not know what kept the people from reproducing, but a factor that may have strongly influenced them was a decline in the prices of farm products compared to interest rates on farm mortgages. This brought increasing poverty and misery to the countryside.

Throughout the nineteenth century in Europe and North America, there was a steady fall in deathrates from disease, due perhaps primarily to the introduction of such public public health practices as smallpox vaccination and improved sanitation. The resultant marked excess of births over deaths was eventually succeeded by a decline in birthrates. As both birthrates and deathrates diminished they grew closer together, so that rates of population growth, in certain European nations especially, gradually but markedly decreased during the 100 years before World War II. Demographers have called this series of events the demographic transition.

Several developed nations in our own time, notably Japan, Hungary, Sweden, and Italy, have essentially stabilized their populations. For example, in Japan the birthrate is not much more than 15 per thousand per year, while the deathrate is about seven per thousand, so that the population is growing at around 0.8 per cent a year. But a moment's thought will show that an annual deathrate of seven per thousand cannot continue for very long; otherwise people would live to be 150 years old. The death rate must rise to around 15 per thousand if the human life span is to remain at about 70 years.

Today we know something that Malthus did not: Nearly all societies attempt some population control, though the methods used may be relatively ineffective.

Among the most effective of the traditional methods is abortion. In some countries, such as Japan, Hungary, and the Soviet Union, that have legalized abortion and have introduced new, comparatively safe techniques, the number of abortions each year is believed to be about the same as the number of live births. We know less about the ratio of abortions to live births in countries where abortions are illegal. In Chile and Colombia, and perhaps in other South American nations, a high percentage of all hospital admissions to the obstetric wards is of women suffering from infections or injuries as a result of illegal abortions.

In the last few years, two very effective contraceptive methods have been introduced—the steroid pills and the intra-uterine loops or coils, commonly called IUDs. IUDs can be manufactured very cheaply, since they are simply small pieces of polyethylene plastic, and they can be inserted fairly inexpensively. These devices are already being widely used in Taiwan and South Korea. The Indian Medical Council has accepted them as a safe and effective contraceptive method, and plans are now under way for nationwide programs of introducing the devices in both India and Pakistan. Although IUDs can be retained by only about four out of five women who attempt to use them—the other 20 percent involuntarily expel them or the devices have to be removed for medical reasons—it should nevertheless be possible with their use to bring about a significant reduction in birthrates throughout the subcontinent during the next 15 years.

One must not be too optimistic, however, concerning the resulting decline in the rate of population growth, because the deathrate can be expected to fall during this time from the present 17 to 25 per thousand to perhaps ten or below, which would mean that for some time to come the rate of population growth would still be more than two per cent, or a doubling within one generation.

In ancient Rome, medieval Tuscany, and eighteenth century Switzerland, deathrates were high, and only a slight pressure for population control was needed to tip the balance between births and deaths. In nineteenth century Europe and North America, the early stages of the demographic transition took place in an environment of increasing prosperity and rapidly spreading literacy. The twentieth century countries that have stabilized their populations are comparatively well developed both educationally and economically. But none of these conditions exist today in the countries where rapid rates of population growth are a tragically serious problem. Most of their people are illiterate and nearly all are desperately poor. Their deathrates are actually lower or potentially lower than were deathrates in any country prior to the last few decades. Consequently, population control methods must be much more effective than in the past if population growth is to be sufficiently diminished. On the positive side, there is evidence that significant numbers of village women and their husbands strongly desire not to have more children, and are eager to use effective birth control methods that are within their physical and educational capabilities.

Bringing down rates of population growth to a manageably low level will nevertheless require far more knowledge and experience than we now possess. Economic, sociological, medical, and educational research on a large scale and a wide front are urgently required. The problem may well be the most difficult mankind has ever faced, for its solution lies in controlling one of the basic drives of all living things—to reproduce.

When we try to bring down deathrates, every human instinct is on our side. Nearly everyone wants to live longer. Everyone thinks other people should live longer. When we try to bring down birthrates, most human instincts work against us. It is not merely a question of the sex instinct; it is a question of the meaning of life—the joy of having children, the feeling that one is a complete human being only if he has children.

Although there are great differences between the problems of death control and birth control, a direct relationship exists between birthrates and deathrates, particularly rates of infant and child mortality. In many countries, grown-up children who will support their aged parents are the chief form of social security. If a man and his wife do not have at least one adult male child, they have little to look forward to when they can no longer work to support themselves. Under conditions of high child mortality, the average married couple needs to produce many children to be sufficiently certain that at least one boy will survive to become a man. Only in this way can they ensure their own future security.

Whenever infant and child mortality can be brought down to a low enough level, the probability in an individual family that a male child will survive becomes very much greater, and the pressure for large numbers of children correspondingly lessens. This is one of the principal reasons for the need of the profession of public health to be deeply involved in problems of family planning and population control.

In some less developed countries, rates of population growth might be reduced by the introduction of a social security system, whereby the government helped men to be their brothers' keepers. Here we come up against a moral problem—public versus private morality. In the Western world we believe we have a responsibility toward society as a whole, toward all men and all women in our society. In many other countries, the individual's responsibility toward other human beings is just as intense, but it does not extend beyond the family or the blood relations.

In a sense we must find a new level of democrtic action. For the good of society, population growth must be slowed down. But this can happen only through the actions of individuals. It is not enough simply for a majority of citizens to decide that family size should be limited. Because of the very nature of democracy, it would be impossible to enforce a majority decision in such private and personal matters. In ordinary affairs, a democratic society acts both by coercion and by persuasion: in these matters, only persuasion is likely to be effective, or even to be used. Such usual democratic sanctions as unequal impositions of taxes or allocation of benefits might actually aggravate rather than ameliorate population problems.

THE UNIVERSITY CAN HELP

The problems we have been discussing are the kind universities may be able to do something about. One reason for thinking so is that universities have helped in the past to solve other problems that look somewhat like these: problems in medicine and public health, sanitation, human behavior, and social structure. A university is a place where specialists in many fields try to find out things, to teach what they and others have found, and to apply their knowledge in the service of mankind. All these aspects of the university and many of its scholarly disciplines can be brought to bear.

Several American universities have long been concerned with population problems. One of the pioneers was Miami University in Oxford, Ohio, where the Scripps Foundation for population research was established more than 40 years ago, under the leadership of two distinguished American demographers, Warren Thompson and his successor P. K. Whelpton. Later research and teaching groups include those at Princeton, established by Frank Notestein and Ansley Coale; Chicago, with Philip Hauser and Donald Boague; Berkeley, under Kingsley Davis; Michigan, with Ronald Freeman; Duke, with Joseph Spengler; Cornell, with J. Mayone Stycos; and Pittsburgh, with Edgar Hoover. In all these universities the emphasis has been primarily on demography and on the economic aspects of population growth. Similar university demographic centers also exist in other countries, including India.

Within the last 2 years, several centers for research, teaching, and public service on population problems have been established in the United States under the sponsorship of university schools of public health, or of departments of public health and maternal and child health in university medical schools. These include North Carolina, Pittsburgh, Michigan, Johns Hopkins, and Harvard. At Harvard, the Center for Population Studies will be university-wide in scope. It hopes to enlist faculty and research staff members from several departments of the faculty of arts and sciences, as well as from the schools of education, medicine, public health, public administration, and divinity.

In mounting a university-wide attack on population problems, we must start with some strategic questions. First, what areas of inquiry need to be stressed? Where is existing information sufficient for effective action and where are we limited by lack of understanding? A broad answer to this question would certainly emphasize the deficiencies in our knowledge of the psychology of human fertility and the physiology of human reproduction.

The need to reduce rates of population growth is so urgent in many countries that immediate action on a large scale should be undertaken. Yet we must try at the same time to deepen our understanding and improve our practice. This task, and the strategies to accomplish it, are proper function of the university. We need to work in real societies as they actually exist with all

their environmental and cultural differences, not only to discover underlying generalities, but to learn how to adapt our actions to fit the range human conditions. Much of the needed understanding will come from experience gained in birth control and family planning programs; members of the university should participate in these programs if they are to learn as much as possible from them.

Within the university, the principal strategic problem is to find ways whereby scholars and scientists in different fields can join in a common attack on population problems. At Harvard, this will be attempted through joint appointments of faculty members in existing departments and in the Center for Population Studies. For illustration we may cite three faculty appointments that have been made within the last few months.

R. B. Potter and A. J. Dyck (divinity school and the Center) will teach and do research on moral values in family life, and on religious and social attitudes toward family planning and fertility control. Among the question they will ask is: Why does the number of children desired by married couples vary widely at different times in the same society?

H. A. Salhanick (obstetrics and gynecology, in the medical school and the Center) will conduct basic research in a laboratory for human reproduction which is being established in the medical school, and he is also developing a program of clinical research and teaching in problems of human fertility control. The object of a birth control method is simply to prevent the union of the male and female reproductive cells. Yet in one of the most certain methods developed to date, the use of the steroid pills, fertility control is accomplished by suppressing the entire normal menstrual cycle and substituting an artificial one. In effect, we are using a cannon where a twenty-two rifle should do. One of the ultimate practical goals of research in human reproductive processes is to obtain the knowledge needed to devise more direct and less drastic methods of fertility control. Among other problems, we need to know more about the menstrual cycle of normal women, the combined hormonal and neural communication systems that control this cycle, and the mechanisms of action of the hormones that prevent ovulation or conception.

The Center for Population Studies also provides a research focus for long-established Harvard faculty members who have been concerned with population problems. For example, Harold Thomas (engineering and applied physics and the Center) is studying the relationships between resource utilization and human population changes, and the application of new statistical methods, using large computers, to population problems. He has recently used these methods to analyze the complex range of relationships in different countries among birthrates, numbers of children in individual families, and rates of infant and child mortality. Other faculty members and research fellows are involved in field research projects, including work on problems of illegal abortion in Chile, studies of physiological factors affecting fertility in villages of the Indian Punjab, and a study of resource development in Egypt and its potential effect on population problems.

THE QUALITY OF LIFE

The immediate concerns of population studies are family planning, population control, and the balancing of resource development against population growth, but we must inevitably be interested in some long-range questions. One of the questions among these is: How many human beings would it be favorable to have on the earth?

We have little information and less understanding about the psychosomatic results of crowding among human beings, but at present it appears that a population density as high as that in Harlem today is simply not good for people. Possibly we could devise some way to make it so, but the prospect does not look very promising.

On the other hand, civilization is an affair of great complexity, requiring many people in order to work properly. If there were not many million people in the U.S., we could not produce much of what we take for granted—even the simplest things, like paper matches and safety pins.

The nations that have proliferated in Africa during the last 7 or 8 years, for example, are too small to be able to plan or carry out effective programs of industrialization which would enable them to enter the modern economic world. Conceivably they could solve the problem of size by joining together in larger economic units, but this seems unlikely under present circumstances.

In essence, we are dealing with qualitative and not quantitative questions; with the quality of human life and only incidentally with the quantity of people. In the long run, population studies must focus on the drama of living human beings, rather than on their entrances and their exits on the stage of life. We will be concerned with the physical health of human populations, with improvement of nutrition, reduction of vitality-sapping disease, and amelioration of genetic burdens. We will be concerned with relating the education of human populations to the changing needs of individuals and their societies. We will want to find better ways to fit environments to human beings—not only the earthly environment of air, water, and land, but also the social environment created by interactions among men.

It is sometimes said that man is a wild animal. Though he has domesticated many other animals, he has never been able to domesticate himself. The underlying question is: "Can man domesticate himself?" Throughout most of his existence, man was simply one among many species on the earth. But during the last few millennia he has preempted the planet, its space and its resources. Of far greater importance, we are perhaps the first form of matter in the 20 billion years of the lifetime of our galaxy that has had the ability to understand not only the world but man himself. It does not seem too large a step from self understanding to self control.

Senator GRUENING. The Little Rock, Ark., Branch of the American Association of University Women unanimously passed a resolution endorsing national legislation on family planning for the United States and other nations, specifically the Gruening-Udall bill.

The subcommittee is advised by Mrs. Margaret R. Hower, chairman, and Mrs. Jack Dempsey, cochairman, on Poverty and Population of the Little Rock Branch of the American Association of University Women that the committee put a great deal of study into the problem of the population explosion and the subcommittee appreciates this endorsement.

I direct that the letter from Mrs. Hower and her committee, as well as the resolution passed by the Little Rock Branch of the AAUW be included in this hearing record:

(The two above-mentioned items follow:)

EXHIBIT 212

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, LITTLE ROCK BRANCH,
ARKANSAS STATE DIVISION

MARCH 21, 1966.

Senator ERNEST GRUENING,
U.S. Senate,
Washington, D.C.

DEAR SENATOR GRUENING: Recently the attached resolution was unanimously passed by the Little Rock Branch of the AAUW. We want to show you of the local interest in population control.

Our committee on Poverty and Population after much study concluded that the relationship between poverty and large families demands that family planning be given greater recognition by the Federal Government. We are very grateful to you for introducing bill S. 1676 on population control for the United States and other countries.

One of the practical ways the Federal Government can help the poor in Asia, Africa, and Latin America would be to manufacture the intrauterine device and make it readily available to them as well as to the poor here.

Dr. E. Stewart Allen of Little Rock who is to testify at the hearings in support of your bill on population has done research on the IUD for the Population Council. He is director of family planning for the State Health Department and will direct the new OEO Pulaski County Family Planning Project that our committee sponsored with the doctors. Dr. Allen is one of the most enthusiastic and hard working men on the birth control issue. We are so in hopes that he will be selected as a delegate to the White Conference on Population provided for in your bill. He would be an invaluable person at the Conference and we would certainly like for Arkansas to have a voice in making

future plans. If you have any part in the selection of delegates we would appreciate it if you would use your influence in selecting Dr. E. Stewart Allen (413 N. University, Little Rock).

You may be sure you have our support in your bill and if we can be of any help please let us know.

Sincerely,

Mrs. Margaret R. Hower,
Chairman.
Mrs. Jack Dempsey,
Cochairman.
Mrs. K. G. Hrishikesan,
Mrs. J. D. Scott.

RESOLUTION

The committee on Poverty and Population of the Little Rock Branch of the AAUW has been studying the implications of overpopulation for two years. We feel it is the responsibility of educated women to initiate action in developing family planning, especially for the poor of the country.

We feel that adoption of the following resolution by the Little Rock Branch of the AAUW would be a start in initiating national action by the AAUW.

1. That the Office of Economic Opportunity give greater recognition to family planning as being vital to the prevention and alleviation of poverty.
2. That the AAUW work locally to encourage its county Office of Economic Opportunity to include family planning as a part of their Community Action Program.
3. That the President of the United States and the Foreign Relations Committee be urged to increase the support of population control in Foreign Aid.
4. That AAUW encourage national legislation on family planning for the United States and other nations. (The Gruening-Udall bill which deals with this is now pending in Congress.)

Senator Gruening. The Honorable Robert W. Barnett, Deputy Assistant Secretary of State for Far Eastern Affairs, discussed "Population: Policy and Program" when he spoke at the College of Physicians and Surgeons at Columbia University on March 25, 1966. Deputy Assistant Secretary Barnett has long been concerned with the problems of the population explosion and his cogent observations have furthered the study of this problem.

As he so aptly notes, "Population is living people: babies, their mothers, their fathers. Its problem is deeply human and presents infinite aspects—as many, in fact, as does mankind itself." The problem, indeed, is deeply human and does present infinite aspects and this is why these hearings have continued and will continue so long as they are necessary.

I direct that this article be made a part of the printed record of this hearing.

(The above-mentioned article follows:)

Exhibit 213

Population: Policy and Program

(Remarks by Robert W. Barnett, Deputy Assistant Secretary of State for Far Eastern Affairs, presented at the College of Physicians and Surgeons, Columbia University, New York, Mar. 25, 1966)

The world has seen an almost volcanic eruption of awareness by governments of the growing magnitude and complexity of its population problem during the past 5 years.

President Johnson spoke to the Congress explicitly and solemnly on this subject in his February 2 message dealing with health, education, and welfare.

"V. *To cooperate in worldwide efforts to deal with population problems*

"By 1970, there will be 300 million more people on this earth. A realible estimate shows, that at present rates of growth, the world population could double by the end of the century. The growing gap—between food to eat and mouths to feed—poses one of mankind's greatest challenges. It threatens the dignity of the individual and the sanctity of the family.

"We must meet these problems in ways that will strengthen free societies—and protect the individual right to freedom of choice.

"To mobilize our resources more effectively, I propose programs to—

"(1) *Expand Research in Human Reproduction and Population Dynamics.*—"We are supporting research efforts through the Department of Health, Education, and Welfare, AID, and the World Health Organization. I am requesting funds to increase the pace and scope of this effort. The effort to be successful will require a full response by our scientific community.

"(2) *Enlarge the training of American and foreign specialists in the population field.*—We are supporting training programs and the development of training programs through the Department of Health, Education, and Welfare and AID. We will expand these programs at home and abroad.

"(3) *Assist family planning programs in nations which request such help.*—Here at home, we are gaining valuable experience through new programs of maternal and infant care as well as expansion of private and public medical care programs. Early last year we made clear our readiness to share our knowledge, skill and financial resources with the developing nations requesting assistance. We will expand this effort in response to the increasing number of requests from other countries."

The United States has not always been ready to have such things said—by its President or anyone else in public life. United States public opinion responded with tolerance if not actual agreement when President Eisenhower declared in 1959 that government had no proper role to play in handling population problems. The Government could support the United Nations Population Commission and participate in other national and international demographic research activity so long as the purpose was descriptive and without prescriptive intent at home or abroad.

Private American individuals and institutions were not deterred by this limited Government interest in population matters. The Planned Parenthood Federation, the Population Council, the Ford and Rockefeller Foundations, the Population Reference Bureau were some of the organizations which were creating a body of knowledge and experience on population matters. They were moved by conviction that grave problems existed, that means existed to deal with them and that governments should begin to mobilize the vast efforts needed to cope with the ramifications of the world's population problems.

Shortly after the inauguration of President Kennedy in 1961, the United States Government began to acknowledge publicly the reality of population problems in many parts of the world. This fact alone gave encouragement to greater concentration upon research and to expansion of program by participants in private organizations in the United States and abroad, by the United Nations and by foreign governments.

President Kennedy declared his concern over the population problems of Latin America. Under Secretary Ball spoke about the problem as related to economic growth prospects in developing countries to a meeting of World Bank and Fund representatives in Vienna. President Kennedy and Secretary Rusk acknowledged the reality of a population problem in press conferences.

In December 1962 the United States made a forthright statement of support of United Nations activities devoted to study of the nature and scope of population problems and of possible solutions.

A major advance in United States readiness to move from examination towards action was made by President Johnson in his January 5, 1965, State of the Union message. He said: "I will seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity in world resources." President Johnson expanded on this statement of intention in his June 25 address on the occasion of the 20th anniversary of the United Nations. He pled for the entire world to "face forthrightly the multiplying problems of our multiplying populations and seek the answers to this most profound challenge to the future of the world."

Most members of Congress and swelling numbers of the general public in the United States have approved this progression of United States Government policy. President Eisenhower and Vice President Nixon have now called for inclusion of family planning in United States foreign aid programs. In June 1965, President Eisenhower wrote Senator Gruening: "If we now ignore the plight of those unborn generations which, because of unreadiness to take constructive action in controlling population growth, will be denied any expectations beyond abject poverty and suffering, then history will rightly condemn us."

Senator Gruening has been joined by many of his Congressional colleagues in leading the Congress to focus attention upon population problems. Senator Fulbright called for and obtained amendment of the Foreign Assistance Act of 1964 to make possible expanded research in this field. The Congress has appropriated funds specifically for family planning clinics in the District of Columbia. It has acquiesced in modest use of public money for family planning activities by the Office of Economic Opportunity, the Department of Defense, the Agency for International Development, the Department of Health, Education and Welfare and the Department of Interior.

No integrated, comprehensive United States population policy or program, as such, exists. Government agencies deal with population problems, including that of family planning, pragmatically. Government agencies in general are guided by several principles with respect to family planning:

1. Participation in the family planning components of programs must be entirely voluntary.
2. Use of family planning services must not be a prerequisite to receipt of benefits or participation in any other program or activity funded by Government agencies.
3. Such programs must provide and make known to participants the availability of advice and assistance on a variety of family planning methods and techniques sufficient to insure that persons may make choices consistent with their personal beliefs.
4. Programs must conform to medical standards and be supervised by qualified medical personnel.
5. Materials used must not contain propaganda promoting a particular philosophy, technique or method.
6. Programs must not conflict with local or State law.

On January 24, 1966, the Secretary of Health, Education, and Welfare clarified matters when he stated:

"The policy of this Department is to conduct and support programs of basic and applied research on the above topics; i.e., population dynamics, fertility, sterility and family planning, to conduct and support training programs; to collect and make available such data as may be necessary to support, on request, health programs making family planning information and services available; and to provide family planning information and services, on request, to individuals who receive health services from operating agencies of the Department.

"The objectives of the Departmental policy are 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.

"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 Department will make known to State and local agencies that funds are available for programs of the sort described above, but it will bring no pressure upon them to participate in such programs.

"Each agency shall assure the effective carrying out of this policy, the regular evaluation of programs and the reporting of information on programs to this office.

"The Assistant Secretary for Health and Scientific Affairs will serve as the focal point for Departmental policy and program coordination; will review and evaluate policies and programs; will conduct liaison with other Departments; and will cooperate with interested public and private groups."

The Supreme Court has ruled upon a number of cases affecting availability of family planning facilities for the American citizen, most notably the decision on

June 7, 1965, to strike down a Connecticut ban on use of contraceptives by married couples. Laws differ widely through various United States jurisdictions but family planning clinics supported by Federal money are in operation in 26 States.

The achievements of the United States Government in contributing to effective family planning programs in developing countries abroad have been relatively modest.

Prior to the President's state of the Union address in January 1965, the Agency for International Development provided assistance in the development of health services, population censuses, population surveys, and vital statistics. AID had organized a population reference and research branch in its health office, created a population unit in the Latin American branch, and established consultative and training programs to prepare its own staff and Mission Directors for an extensive program of family planning.

Current AID policy was dispatched to AID Missions in March 1965, after a rather prolonged process of clearance and drafting changes within the Agency. The message placed particular emphasis on the following points:

That each AID Mission should assign one of its officers, as Latin American Missions had already done, to become familiar with the problems of population dynamics and program developments in the country and to keep the Mission director, country team personnel, and AID headquarters in Washington appropriately advised;

That AID does not advocate any particular method of family regulation, and that freedom of choice should be available in any program for which technical assistance is requested;

That requests for AID assistance in this field, as in others, will be considered only if made or approved by appropriate host government authorities;

That AID is now prepared to entertain requests for technical, commodity, and local currency assistance in support of family planning programs;

That AID will not consider requests for contraceptive devices or equipment for manufacturers of contraceptives, since experience has made it clear that the cost of these latter items is not a stumbling block in countries that are developing effective programs.

AID budgets for FY 1965 included $1,230,000 for the Population Reference and Research Branch and $950,000 for the Latin America Population office. Of these funds, approximately $200,000 was spent for organizational development and in-service training with half again as much programmed for FY 1966. The remainder of the funds were spent through grants of two types: (1) to educational and research institutes within the United States for studies relating to family planning, demography, et cetera, and (2) grants to operational agencies, primarily in recipient countries, to aid in the establishment and maintenance of family planning services, demographic studies, research in reproductive biology, et cetera.

As a result of its new and explicit policy, AID can deal more readily with requests in FY 1966 from countries which envisage enlarged programs of family planning. Several requests are already being considered. AID is unable to estimate the aggregate size of such requests; some of the countries have national programs of their own ranging from 1 to 6 million dollars.

Turkey has requested assistance in purchasing vehicles to transport family planning workers, in obtaining education equipment, materials, and the services of a demographer, and in getting grants for training midwives and other family planning workers. Jamaica has sought audio-visual equipment, educational materials, training and salary grants. Honduras is seeking training as well as commodities and help with other costs relating to the initiation of family planning services in rural health centers. South Korea is receiving local currency to support health and family planning clinics. The Republic of China continues to utilize second generation local currency balances (which remained after the AID program there terminated last year) for an extensive family planning program.

From August 31 through September 10, 1965, a World Population Conference was held under United Nations auspices in Belgrade. Over 1,000 participants attended, some 100 from the United States. The last such conference was held some 10 years ago in Rome. At that time, the United Nations Secretariat did not dare to schedule a session on family planning for fear of exciting criticism by Roman Catholic representatives from participating countries. Representatives from Communist countries were then declaring that inasmuch as all value, under the labor theory of value, emanates, from man there could

be no "population problem." At the 1965 Belgrade meeting, Soviet and other Communist bloc scientists contributed actively and without conspicuous contentious purpose in all sessions. A Roman Catholic from France presented views on the necessity of removing risk from the practice of the rhythm method of contraception. A Roman Catholic priest from the Philippines declared that family planning in that country was an urgent necessity. The Holy See itself was represented at sessions. Scientists from Chile, Hungary and Czechoslovakia presented essays on abortion, legitimate and illegitimate. The World Health Assembly of the WHO and the ECOSOC in the spring and summer of 1965 had already taken actions which moved United Nations concern with population problems down the path from research to action programs. At Belgrade discussion of the population problem was being defused ideologically.

Looking to the future, the United States, as a Government, will be guided generally by the following principles:

1. It can treat the population problem scientifically without anxiety that to do so will provoque obfuscating ideological dispute as to propriety of that activity.

2. It should neither develop nor advocate a comprehensive national policy with respect to the population question but can stand ready to provide needed financial, scientific, technical and personnel assistance when requested for such help originates at home or in foreign countries.

3. It should seek to make its greatest impact upon foreign countries:

   a. by its medical achievement in improving and diversifying methods of contraception; and

   b. by demonstrating humane and effective organization of family planning activity within the United States jurisdiction itself; e.g., in our congested urban complexes, in the Trust Territories, in the Indian reservations, Alaska, et cetera. Scrupulous documentation in depth of the economic, social, psychological, medical aspects of this experience over the coming years could have profound teaching value both in the United States and in foreign countries.

4. It should, as the President said in his January 12, 1966, state of the Union message, "earmark" the public monies required to finance costs of those family planning activities effectively responsive to the urgent need we know to exist in the United States and in foreign countries.

Population is living people: babies, their mothers, their fathers. Its problem is deeply human and presents infinite aspects—as many, in fact, as does mankind itself.

The population problem is often viewed in the terms of those who are aware that:

1. To obtain a 1 percent increase in GNP in a less developed country requires something like a 3 percent rate of saving. A concurrrent 1 percent increase in population cancels any per capita welfare benefit of that saving. For the many societies where per capita income is less than $150 per year, and population growth is 3 percent or higher, a 10 percent rate of saving brings hardship but it is needed just to stand still.

2. One-third to one-half of all the people in a large part of the less developed world now suffer from hunger, malnutrition, or both. Even if birth rates decline continuously and substantially, food production will have to be quadrupled in Asia and more than doubled elsewhere by the end of the century if growing national populations are to attain the minimum dietary targets of the United Nations Food and Agriculture Organization.

3. Industrialization and rapid urbanization have brought, for both affluent and less developed countries, distortions in urban-rural economic relationships, and an upheaval in social tradition; large families, historically economic assets and a source of joy in the countryside, bring profound human anguish to the city family.

The mother who destroys the unwanted child she bears, the over-crowded classroom, delinquents in the city slum, the empty stomach, the hysteria hovering over the national planner who sees greater and greater collective effort yield often smaller and smaller return in human welfare are all symptoms of the population problem. A million abortions in the United States, a million abortions in Japan, an excess of abortions over live births in Hungary, twice the number of abortions as live births in some Latin American cities are cruel proof of the immediacy and tragedy of the problem in personal terms. For families, communities, nations, and continents there is no more compelling problem on earth today.

Senator GRUENING. The subcommittee's attention has been called to an address given by Under Secretary of Agriculture, the Honorable John A. Schnittker, before the Newman Forum at the Catholic Student Center at Kansas State University in Manhattan, Kans., on March 6, 1966. Under Secretary Schnittker discussed the role of "The Catholic as Citizen," and his remarks concerning family planning are pertinent to our discussion today. He correctly says there is a public issue and a private issue and that freedom of speech and of private choice are necessary in this important area. I direct that his remarks be made a part of the hearing record at this time.

(The address above mentioned follows:)

EXHIBIT 214

THE CATHOLIC AS CITIZEN

(Address by John A. Schnittker, before the Newman Forum, Catholic Student Center as Kansas State University, Manhattan, Kans., Sunday, Mar. 6, 1966, 3:30 p.m.)

Five events in this generation have profoundly altered the processes by which American Catholics will make their own individual choices on matters of public policy and private morality in the years ahead. These events have irrevocably widened the choices open to us and thus in many cases have changed the eventual decisions which will be reached.

The election of John F. Kennedy to the Presidency of the United States was one such event. It improved the prospects and the responsibilities in public life of a person who happened to be a Catholic, or a Negro, or a woman. It had far-reaching implications for the future public role of many minorities or targets of discrimination.

The Ecumenical Council was another such event. It has altered the view Catholics have of their Church, the relationship of the Church to the world, and particularly the attitude of Catholics to people who are not Catholics.

The Bomb—and particularly its availability to the point where ours has been called an age of mutual terror—has forever changed the nature of the relations among nations and people. We are no longer able to contemplate the annihilation of our enemies—civil or religious or both—without pondering also our own destruction.

The Population Explosion is a fourth event of enormous importance to the world and particularly to Catholics. Perhaps one should speak instead of the race between population and food supply—and its presently uncertain outcome. But I do not mind the more common term, even though it has propoganda overtones. The very power of the term may be enough to force Catholics to think and act in an area which most of us would historically rather set aside. Efforts to cope with population growth bring public policy to the very edge of the most sensitive area of private decision-making and into potential conflict with long-standing religious teaching for Catholics.

The "Pill" represents a fifth and final event on my calendar of crucial happenings. As *perhaps* one means of population control among many contenders, it is a challenge to mankind and to Catholics especially. Its presence on the drug-store shelf and the elegant rationalization which encourages Catholic doctors to prescribe it and Catholic women to use it—not to prevent them from having babies, but to make the rhythm method at once more likely to be successful and almost totally unnecessary—places our attitude toward birth control directly on the decision agenda of the Church and of every individual Catholic.

Let us consider these events.

Kennedy. It was quite a different thing for John F. Kennedy, to run for Congress in (Catholic) Boston, or to stand for the Senate in (Catholic) Massachusetts, than it was to announce for the Presidency in a land which had always elected Protestants to the Presidency; where a Catholic had had a serious chance to be President only once in 17 years.

But Kennedy did run, and he did win. In doing so, he challenged each of us who happens to be a Catholic to overcome whatever may remain of the isolationist-immigrant-ghetto-attitude among American Catholics, an attitude

which has inhibited participation by Catholics, by their organizations, and by their Universities in the great and small issues of public life in this country.

John Kennedy did more than this. He may have chosen his words carefully, but he did not fail to speak on the issues. Most important, he clarified a great church-state issue which has troubled Catholic and Protestant alike for generations when he said in Houston in September 1960 that "I do not speak for my church on public matters—and the church does not speak for me." He said that if confronted (as President) with issues of birth control, gambling, divorce, censorship, he would make his decision in accordance with his judgment of the national interest, and that no power or threat of punishment could cause him to do otherwise. Strong words, but they needed to be said, and they cleared the air for Catholics and for others. I believe that Catholics got the message, and that history will mark that speech as a great turning point in the eagerness with which American Catholics—laymen and clergy alike—follow their urge to impose their own private view of personal morality on others through public policy.

There are a number of signs of this these past 5 years.

Catholics no longer champion the Connecticut birth control law so religiously. High church officials have cautiously helped New York toward reform of its divorce laws. The reduced volume of negative mail Congressmen get from constitutents when an issue of public spending for birth control is being considered is another good sign.

September 1960 also marked a turning point in the ability of those who oppose whatever Catholics and the Catholic Church do to foster public distrust of the idea that a Catholic could carry out a high public duty in America. A few weeks after Kennedy spoke, the people also spoke on this issue, and they said, I believe, that they agreed with him that 40 million Americans had not disqualified themselves for public office on the day they were baptized as Catholics (or on the day they were born black).

The election of a Catholic as President also speeded the day when a Negro will run, as Kennedy ran; when a woman will become President as Mrs. Gandhi was named Chief Minister in India; and when a Jew or a Catholic will run for President of the United States without the barriers which Kennedy faced and shattered at Houston in September of 1960.

The Council, in my view, has had two great effects on the lives of Catholics as citizens. The first was to shake the faith of Catholics themselves in the stability and the unchangeable nature of the Church and its teachings and thus to make the Church seem to be more like secular institutions. If Catholics have a greater serenity in their daily lives than non-Catholics (and I am not sure that they do although many non-Catholics tell me so) it may be a result of the authority of a Church and a heirarchy which in the past have decided for Catholics many personal and moral issues which others had to think through for themselves.

With the Council, the Church has changed practices and customs and beliefs many had come to believe were unchangeable. The ritual of the Mass has been changed. In Rome, the Fathers of the Church are cautiously examining issues including birth control, which many Catholics had thought would never need to be examined.

These superficial signs of change in the Church worry many of my Catholic friends. They portend a lesser role for authority and a greater role for private choice for future generations of Catholics. They suggest that authority will in the future be more concerned with adapting forms and doctrine to the times, than to preserving past forms which may have lost their relevance to today's world. They suggest that Church authorities will in the future provide more guidance to Catholics but fewer decisions for Catholics.

The great effect of the Council, however, on the Catholic as citizen is the changed attitude it fostered toward the rest of the world. The Council decisions in search of Church union, the actions of Pope Paul toward reunion with Eastern Catholics, the superficially ridiculous clarification after nearly 2,000 years that holds Jews not personally responsible for the death of Christ, and the new dialogue on unity in all quarters are reassuring signs that the Catholic of the future will not be taught to look upon the world as inherently evil, and upon his non-Catholic neighbor with suspicion. That is all to the good.

The Bomb is all-important to the conduct of foreign affairs and to the future of nations. But it is also a major event to Catholics as citizens. Just as it

has forced a reappraisal of the timeless strategy of nations toward their enemies, it has weakened the preferred strategy of the Catholic Church toward Communism—a strategy already being modified.

If it made little sense in retrospect for Christians to ride off to destroy the Moslems in another age, it makes even less sense today for Catholics to urge the immediate and forcible destruction of Communist governments. Today, the wordld-wide challenge to religious freedom—which is the chief legitimate Christian objection to Communism—will have to be met by means more subtle than the bomb.

The race between poulation and food supply is also an event of enormous importance to Catholics, and to all people.

There are about 3 billion people in the world today. In 15 years there will be 4 billion people, barring some great catastrophe or a sharp change in population growth rates. Four-fifths of this growth in population will take place in the food-short, less-developed regions of the world—Asia, Latin America, Africa.

In those areas, the supply of new land for food production has been largely exhausted. The easiest way to increase the food supply—by expanding the land frontier—is largely behind us. For the future, there are two main sources of additional foodstuffs: the genius and the willingness of farmers to grow more food the world over on land now in use, and the unused cropland of the United States.

The former is by far the most important to the future of mankind, but the latter may well be called upon first to bridge the gap between the supply of food and the needs of people in key areas, while traditional agriculture around the world can be improved.

To illustrate: This year the developing world—largely Asia, Africa, Latin America—will use 470 million tons of grain for food. By 1980, it will require 770 million tons, primarily because of population growth. The 300 million ton increase required in 15 years is about equal to all the grain now produced each year in North America and Western Europe combined.

In the U.S., we could increase our grain production some 50 to 60 million tons by using presently idle farmland. If the food aid requirements of the developing world continue to grow as fast as in recent years because of our failure to increase crop yields, or our inability to slow population growth, the technical capacity of U.S. agriculture to fill the gap would be used up by about 1985.

There is reason for hope, however, and no cause yet for panic on the food side. Our own agriculture is probably on the threshold of new productivity gains and some developing countries have made remarkable progress; research in unconventional food sources continues.

For the thinking Catholic, the food-population issue raises fundamental questions about the long standing fatalism of the Church on population questions. It is no longer possible for either the Church or its members to be interested only in the food side of this equation, while dismissing the population side as a matter of private morality. It is becoming clear for the first time that there is a possibility that attention to food production alone may not be enough.

Finally there is *the Pill*—one of the symbols of the possibility of successful population control.

There are many symbols in fact, but that is not important. What is important is the mounting evidence of a pending population crisis, and our response to this evidence.

There is a public issue here, and a private issue.

On the former, I believe that the so-called Catholic objection to a public interest in birth control and to public spending for birth control is all but dead. So long as freedom of expression and of private choice are maintained, Catholics should not feel put upon as individuals or as a Church if a democratic majority decides to take action in this area.

We should expect our laymen and clergy to oppose such efforts if they feel they must oppose them on other than religious grounds.

A far more difficult private question arises from the fact that both individual Catholics and the Church have been re-examining their attitudes toward the practice of artificial birth control by Catholics.

Polls have shown that a large proportion of Catholics practice some means of birth control. If this is so, reason tells us that many must believe that it is not wrong to do so.

As the means of birth control are perfected the tendency to use them will become greater. The current review of its policies by the Church lends hope to some. Evidence of a wide difference of judgments by authorities within the Church on this issue is already encouraging private judgment on the propriety of birth control. A broad range of decisions by the Council changing long-standing positions on other subjects has helped to break down the image of an unchanging Church, further encouraging private judgment. Catholics, then, are laying odds on what the Church will decide—but many are anticipating the decision they hope for.

It is to be hoped, therefore, that the review of official policy by Rome be expedited. Whether the eventual liberalization which many believe circumstances, justify and which much of the world has come to anticipate will be achieved, remains for the moment to be determined.

Senator GRUENING. During the course of the hearings, the Subcommittee on Foreign Aid Expenditures has received letters, telegrams, and phone calls from many parts of the United States and other lands from men and women who are deeply concerned about the preservation of the quality of life on earth. One such communication is a resolution sent to the subcommittee by Mrs. Paul L. Bird, chairman, Conservation Committee, Florida Audubon Society. The resolution endorses S. 1676 and urgently requests the President of the United States to convene a White House conference to study world population problems and control in general.

I direct that the full text of the resolution be included in the hearing record, and at this time I want to express the appreciation of the subcommittee to the members of the society.

(The above-mentioned resolution follows:)

EXHIBIT 215

RESOLUTION

To the President of the United States of America:

Whereas The Florida Audubon Society is devoted to the preservation of human and animal life and the conservation of all natural resources, and

Whereas The human population explosion has drastically altered the ecological balance of nature on a world-wide scale, and

Whereas, America's population is currently doubling every 35 years and unless something is done will reach 400 million by the year 2000 A.D., and

Whereas This rate rate of 1.5 percent population increase is *small* when compared to the 5.5 percent of Nigeria, the 5 percent of Chile, the 3 percent average elsewhere in Latin America and the 2 percent worldwide average, and

Whereas These percentage rates mean that population will double in 35 years at 2 percent, in 23 years at 3 percent and in only 18 years at 4 percent, and

Whereas Already one-half of the world's people are underfed as well as what westerners call 'economically underdeveloped", and

Whereas The large numbers of these have-not people poses a constant threat of war, famine, and disease of epic proportions as well as the existence even in developed countries of parks and recreation areas, the quantity and quality of water, the quality of air, and the supply of basic nonrenewable resources of which America, with 6 percent of the world population, uses one-half of the world supply, and

Whereas Through growing public awareness there is no longer strong opposition to discussion and study of population control,

Therefore: We do most urgently request you to convene a White House Conference to study world population problems and control in January 1967 and to create an Office of Population Affairs in the Department of State and in the Department of Health, Education and Welfare to implement programs of population control requested abroad and at home, respectively, as outlined in S. 1676 and other bills currently before both houses of Congress.

Respectfully,

FLORIDA AUDUBON SOCIETY.

BIRTH CONTROL INFORMATION DESIRABLE, SAYS DETROIT URBAN LEAGUE STUDY

Senator GRUENING. The Detroit Urban League, in an April 1966 study entitled "The Detroit Low-Income Negro Family," has focused on the social and economic problems of the Negro family.

A healthy family life becomes more difficult as the struggle to support an ever-growing family becomes more difficult. The sad fact is that those who often can least afford to raise children have the largest families, because they do not have access to family planning information.

Recommendation No. 2 of the report calls for the "free distribution of birth control information and equipment to persons of low income. In addition, programs of sex education should be carried on freely by all schools."

The subcommittee commends the Detroit Urban League for recognizing the importance of family planning and the family as the primary unit in society. A news story which appeared in the April 28, 1966, Detroit News, an exchange of correspondence I have had with Francis A. Kornegay, executive director of the Detroit Urban League, and the study, "The Detroit Low-Income Negro Family" and its covering letter will all be made, at this point, a part of the hearing record on S. 1676.

(The above-mentioned items follow:)

EXHIBIT 216

URGE BIRTH CONTROL AID FOR NEGRO POOR

(The News, Detroit, Michigan, Apr. 28, 1966)

Free distribution of birth control information and equipment to persons of low income and a broad program of sex education in the public schools were urged today by the Detroit Urban League.

The recommendations are part of a major attack on social and economic problems of low income Detroit Negro families, proposed by the league in a research booklet which will be distributed to government and social agencies, libraries and school authorities.

The 36-page booklet, entitled "The Detroit Low-Income Negro Family," was prepared by the league's research department.

Drawing heavily on such sources as last year's controversial Moynihan report on the Negro family for the U.S. Labor Department, Census Bureau statistics and the 1965 Greenleigh Associates study of low-income Detroit families, it paints a grim picture of a substantial part of the city's population.

POINTS TO NEEDS

"The social and economic pathologies of the low-income Negro family must receive immediate diagnosis and special treatment if equality of family life is to be extended to this group," Francis A. Kornegay, league executive director, says in a foreward to the study.

"The research (for the study) is designed to point up the needs of a small percentage of Negro families which have been caught in the ever-widening social web at the center of which spins crime, illegitimacy, abortion and broken families.

"Americans can right the wrong with their abundant know-how and resources. We must upgrade these Negro families who need help with every positive assistance—not relief.

CITES UNEMPLOYMENT

"As long as the unemployment of the Negro is twice that of the white rate—affecting more than 25 percent—its effect goes far beyond just money. It gnaws away his manhood and dooms his family.

"Education at its best, with all kinds of motivational devices, must be available to this group as never before. Tremendous efforts must be made to awaken the inner motivation of individuals so affected.

"Equally important is the fact that these people must have fair and decent housing in which to rear their children in a democratic, well-balanced neighborhood.

"Family life centers and family services societies must triple their efforts, their staffs, and their volunteers to cope with this group which so badly needs their services.

"To meet these demands, financial assistance must be made available on a far greater base."

AIDED BY INSTITUTIONS

The study was made with the assistance of researchers at the United Community Services (UCS), the Michigan Department of Health, the University of Michigan, the University of Detroit, Wayne State University and several Detroit businesses.

The report emphasizes that while large numbers of Negroes have moved into the middle class in the past 30 years, many others have not.

"For one reason or another these people have remained disadvantaged and have not been as visible to most people as has been the rising Negro middle class," the study says.

"The real situation is a mixture of progress and poverty, of success and failure and of hope and despair. It cannot be said of the Negro that he is not participating in American prosperity. What can be said, however, is that, as a group, Negroes do not participate equally with whites."

COUPLES SPLIT UP

The study found that more than 19 percent of Negro families are headed by women, three times the white total.

"Divorce is not the primary reason that many Negro families disintegrate," the study says.

Separation is twice as common as divorce among Negroes, who form two-thirds of the separation occurring in the city.

The study attributes this to the cost of divorce and calls separation "a sort of common-law divorce."

In every area of marital status the study found, Negroes are underrepresented except in divorce and separation.

"For example, Negroes should constitute approximately 26 percent of those separated and divorced in the city, but instead the figures are 87.9 percent and 31.7 percent for separation and divorce, respectively."

BIGGER FAMILIES

Negro families tend to be larger than white families.

Negro families also contain more members such as grandparents, uncles, boarders, brothers-in-law and others of this type than white families.

The study found that 14.2 percent of Negro households contain these persons compared with 5.6 percent of the white households.

In this connection, the study recommends the elimination of racial segregation in housing in the entire Detroit area and "concerted efforts" to raise the standard of education in the inner city.

FACTOR IS SEEN

"The inability of the Negro male to compete equally with the white male has a great deal to do with continuing the problem of family disorganization," the study says.

ticipating in American prosperity. What can be said, however, that, as a group, Negroes do not participate equally with whites.

Family disorganization is most pronounced among both whites and Negroes at lower socio-economic levels. Whether this shows that family disorganization is a function of low socio-economic level remains a question for debate.

A look at census figures reveals a great deal about the make-up of the family and these figures provide the basis for our examination.

In the Detroit Standard Metropolitan Statistical Area (Detroit SMSA) we find that the principal difference in marital status between Negroes and whites is the number of incomplete families. 1960 U.S. census statistics show that of all persons 14 years of age or older 71.4 percent of the males and 68.4 percent of the females are married. For whites these figures were 72 percent and 68.9 percent and for Negroes, 67.4 percent and 65.2 percent respectively. However, we find that only 58 percent of the Negro males 14 and over and 52.6 percent of the Negro females of that age live with their spouses while 69.8 percent of white males and 66.5 percent of white females live with their spouses.

Another way to look at this is to see that 88.7 percent of all families in the Detroit SMSA are husband-wife families. For whites the figure is 90.5 percent; for Negroes it is 77.1 percent. Over 19 percent (or nearly three times the white total) of Negro families are headed by women.

TABLE 1.—*Families by type and race, Detroit area, 1960*

Type of family	Total	White	Nonwhite
All families	943,586	817,675	125,911
Husband-wife families	836,878	739,758	97,120
Other families with male head	26,146	21,402	4,744
Families with female head	80,562	56,515	24,047
All families—percent	100.0	100.0	100.0
Husband-wife families—do	88.7	90.5	77.1
Other families with male head—do	2.8	2.6	3.8
Families with female head—do	8.5	6.9	19.1

Source: "Recent Population and Social Trends in the Detroit Area," United Community Services of Metropolitan Detroit, 1964.

Divorce is not the primary reason that many Negro families disintegrate. Among whites divorce is about three times as common as separation but among Negroes separation is twice as common as divorce. About two-thirds of all separations occurring in the City of Detroit are among Negroes. Twelve percent of the Negro women in the Detroit SMSA who were ever married are separated.

TABLE 2.—*Marital status of households by race*

Marital status	Total		Negro (percent)	White (percent)
	Number	Percent		
Total	[1]2,081	100.0	100.0	100.0
Legally married	1,170	56.2	53.2	61.8
Common law marriage	32	1.5	2.1	.5
Never married	124	6.0	5.7	6.6
Divorced	126	6.1	6.2	6.0
Widowed	394	18.9	18.4	20.7
Separated	208	10.0	13.0	3.6
Deserted	14	.7	.7	.6
Other	13	.6	.8	.3

[1] Includes 31 households of of other races.

Source: Home Interview Study of Low-Income Households in Detroit, Mich., conducted by Greenleigh Associates, Inc, New York, Chicago, February 1965, table 3, p. 14.

THE DETROIT URBAN LEAGUE

MAY 25, 1966.

Hon. ERNEST GRUENING,
U.S. Senate, Committee on Government Operations, Subcommittee on Foreign Aid Expenditures, Washington, D.C.

DEAR SENATOR GRUENING: We were pleased to get your letter relative to our 36-page brochure entitled "The Detroit Low-Income Negro Family." We are sending you two copies as requested.

We would like to get your full reaction to this small research brochure when you have completed reading it.

Sincerely yours,

FRANCIS A. KORNEGAY,
Executive Director.

DECEMBER 2, 1966.

Mr. FRANCIS A. KORNEGAY,
Executive Director, The Detroit Urban League, Detroit, Mich.

DEAR MR. KORNEGAY: Earlier this year I read with interest the Detroit Urban League's study entitled "The Detroit Low-Income Negro Family," which I asked you to send me.

The report's recommendation for free distribution of birth control information and equipment to persons of low income, along with an extensive program of sex education, is especially pertinent to the hearings which the Government Operations Subcommittee on Foreign Aid Expenditures has been holding on the population crisis. The Subcommittee's purpose in holding these hearings has been to bring the population crisis to the attention of as many citizens as possible, so that they may be made aware of the importance of family planning and so that they may, if they wish, choose the family planning method in keeping with their beliefs. The issue at stake is freedom of information. Through the course of the hearings I have stressed the desirability of letting persons know that family planning information is available if they wish to have it.

I have directed that the Detroit Urban League's study be included in the 1966 printed hearing record so that your report can reach a wider audience.

With best wishes, I am,

Cordially yours,

ERNEST GRUENING,
U.S. Senator.

EXHIBIT 218

"THE DETROIT LOW-INCOME NEGRO FAMILY" AND ITS COVERING LETTER

(Prepared by the Research Department of the Detroit Urban League, 1916–1966; A Special Golden Anniversary Publication, April 1966; Francis A. Kornegay, Executive Director; Earl M. Ryan, Acting Research Director; price 50¢)

APRIL 1966.

The Detroit Urban League is pleased to send you its latest research brochure, "The Detroit Low-Income Negro Family."

This publication arose from a need for more information to guide those interested in securing equality for all people. The family is a focal point at which problems of discrimination and segregation manifest themselves in some of their clearest forms. It is the purpose of this publication to point out the multitude of complex, frustrating problems that beset the low-income urban Negro family.

The low income Negro family is today at a crossroads. The Civil Rights Revolution brings the promise of equal opportunity to all those capable of taking advantage of it. "The Detroit Low-Income Negro Family" points out that not all are capable of using their equality of opportunity. For them, imaginative, well-reasoned, immediate assistance is needed.

The Detroit Urban League believes that low-income families cannot wait until equality is a fact to gain a rewarding life. We cannot simply write-off two gen-

erations or more of young people on the pretext that equality will bring with it the millennium. Positive action must be taken so that all families may bring to themselves the fruits of American democracy and prosperity.

It is to this end that "The Detroit Low-Income Negro Family" is dedicated. The recommendations contained in this report must be acted upon immediately by the Detroit community. To hesitate will be to compound the problems of future generations both Negro and white, rich and poor. To act will be a major step toward a great and strong city and nation.

FRANCIS A. KORNEGAY,
Executive Director.

THE DETROIT LOW-INCOME NEGRO FAMILY

FOREWORD

APRIL 1, 1966.

The family, regardless of its unit size, is the oldest and most important human institution. The strength, influence and productive resources of society depend upon the degree to which the community climate is kept wholesome and viable for every citizen on the basis of equality of opportunity and equality of results. When any segment of a community, state or nation is denied equal access to the production of goods and services, their distribution and consumption, whether of the past, present or future—then that group of people becomes impoverished, loses the sense and quality of being, and enters upon a dehumanizing process, laying waste its entire social fabric.

Many historians have recorded a portion of the effects of slavery on the family life of Negroes. No other race in history has withstood such inhumanity perpetrated against Negro slaves in an attempt to destroy every fabric of the family life, stripping it of all filial value and reducing it to an animal stage. Every societal thread necessary for strong family relationship was completely broken, dissolved and eradicated. The Negro male became less than a man. The Negro has labored under great odds to shake these social tentacles which have enveloped him and prevented him from becoming a real person—contributing to sound and strong family life. The achievement of the destruction of the family life of Negroes during slavery and its psychological effects have lingered on like a nightmare—haunting succeeding generations. The social and economic pathologies of the low-income Negro family must receive immediate diagnosis and special treatment if equality of family life is to be extended to this group.

The research on "The Detroit Low-Income Negro Family" is designed to point up the needs of a small percentage of Negro families which have been caught in the ever widening social web at which center spins crime, illegitimacy, delinquency, abortion, and broken families. Therefore, class differences must not be categorized as racial differences. The factors of class differences would appear in Negro and white families of the same socio-economic groupings. Moreover, even among families which show considerable breakdown and disorganization, there exist many causative factors of such magnitude that to discuss the problem without a thorough knowledge of these conditions would do a disservice to the social welfare discipline. In short, what appears to be a shocking disparity in family stability for the Negro can, to a large degree, be traced to "hidden" factors.

That discrimination and segregation have taken a serious toll on the American Negro is long and unpleasant history, but that Americans can right the wrong with their abundant know-how and resources is a fact that can no longer be hidden. We must upgrade these Negro families who need help, with every positive assistance—Not Relief.

How can this be done? The major needs of the Negro are employment and training opportunities. As long as the unemployment of the Negro is twice that of the white rate—affecting more than 25 percent—its effect goes far beyond just money, it gnaws away his manhood and dooms his family. Education at its best, with all kinds of motivational devices, must be available to this group as never before. Tremendous efforts must be made to awaken the inner motivation of individuals so affected.

Equally important is the fact that these people must have fair and decent housing in which to raise their children in a democratic, well-balanced neighborhood.

Family life centers, and family services societies must triple their efforts, their staff, and their volunteers to cope with this group which so badly needs their services. To meet these demands, financial assistance must be made available on a far greater base.

The recommendations are important and therefore a must. The dynamism of Detroit is challenged. Can we afford not to heed this need or shoulder this responsibility?

FRANCIS A. KORNEGAY,
Executive Director, Detroit Urban League.

ACKNOWLEDGMENTS

Quite often, it is, of course, impossible to acknowledge all of the intellectual and physical efforts contributed toward the publication of research surveys, because they are too numerous. However, for specific help in the preparation of this work, the League must thank James Norton, Director of Research at United Community Services; Arthur Hearron, Statistician at Michigan Department of Health; and Robert O. Blood, Sociology Department, University of Michigan.

THE RESEARCH COMMITTEE—DETROIT URBAN LEAGUE

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Mrs. Theresa Sumler, *Secretary*

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    Assistant Professor
    Department of Political Science
    Wayne State University

The year 1966 marks the end of 50 years of service by the Detroit Urban League. The past 50 years have seen great progress made in the area of human relations.

As this report indicates, however, long strides need to be taken in the next 50 years so that the goals that the League has sought will be attained.

"American Teamwork Works" is not merely a motto. It is a goal that the Urban League will seek to attain through many more anniversaries. What America needs is "not alms but opportunity."

INTRODUCTION

In the past year, there has been a new surge of interest in the problems confronted by the Negro Family in America. The main stimulus for this interest seems to be a Department of Labor study entitled "The Negro Family: The Case for National Action" prepared under the direction of Daniel P. Moynihan. Since its publication, a great deal has been said about the Negro family and its position in American society.

This has not been the first time that the Negro family as an institution has come under close scrutiny, however. W. E. B. DuBois recognized the need for looking closely at it. E. Franklin Frazier, over a quarter of a century ago, saw that the Negro, as he moved northward to the cities of Chicago, Detroit, Philadelphia, and Pittsburgh, and westward to Los Angeles and the other cities in the west was becoming uprooted and torn from the simple, traditional rural

Southern life. After World War I, Frazier states, "the migration of the Negro to northern cities has forced him into a much more rigorous type of competition with whites than he has ever faced. . . . Social and welfare agencies have been unable to stem the tide of family disorganization that has followed as a natural consequence of the impact of a simple, peasant folk. Even Negro families with traditions of stable life have not been unaffected by the social and economic forces in urban communities. Family traditions and social distinctions that had meaning and significance in the relatively simple and stable southern communities have lost their meaning in the new world of the modern city." [1]

Thus, the problems faced by the Negro Family have certainly not been lost by scholars and those concerned with the society in which they live. Since Frazier's monumental work appeared a number of smaller articles, Ph. D. dissertations and the like have appeared which concern themselves in one way or another with some aspect of the family life of the Negro American.

It seems that the present time is filled with an even greater necessity for dealing with the hard problems faced by the northern Negro as he fights to maintain family stability and to gain his equal share of the products of society for himself and his family. Now is the time for forthright, conscientious Americans to look at the marks and scars left on the Negro Family by centuries of mistreatment and isolation from the rewards of a productive society and to ask whether or not America can tolerate the conditions that have led and still lead to the deterioration among families and yet remain strong. Today we must act resolutely to bring about conditions which will lead to productive lives for the millions of yet unborn children who must participate in American democracy if it is to succeed.

Legal means to end most kinds of discrimination are available. They await effective enforcement. Since much of the great legislative work is complete the enforcement machinery must move into positive action now. The fulfillment of the rights guaranteed by the Constitution, the Civil Rights Act of 1964, and the Voting Rights Act of 1965, can be achieved only after we realize that these rights are not self-fulfilling and that monumental tasks lie ahead before the Negro can truly achieve equal results.

In June 1965, President Lyndon B. Johnson called upon the nation to help right the wrongs of discrimination and allow broken families to mend and allow Negroes to participate fully in American life.

In August 1965, Whitney Young, Jr. Executive Director of the National Urban League, called upon the delegates to the Urban League Conference to make the Negro male the subject of special effort as a means to the establishment of stability in Negro family life.

Since this problem has been recognized on a national scale, it certainly deserves attention at local levels. The purpose of this report is to show that the problems of the Nation are the problems of Detroit and of any local community.

It is also our purpose to show that all Negro families cannot be put together under one label.

The problems outlined in this report are not the problems of middle-class Negroes or even of all lower status Negroes, but they are the problems faced by that group of disadvantaged Negro families which has been hidden away and forgotten by urban society. It is this group, which, because it has not been able to acquire the means to compete equally, will be the subject of this study.

The rights of the Constitution and the 1964 Civil Rights Act are meaningless unless all Negroes can participate fully in modern, urban life and acquire the means to "fulfill these rights."

It is probable that the information presented in this report is not sufficient to demonstrate the true complexities of the problem. Statistics concerning divorces, illegitimacy, income, and family size can only present a partial view of the picture. Current, accurate, and relevant information is needed before the complete picture of the problems of families in cities can be seen; the causes, the effects and the prevention.

This is one of the reasons for this report. It is not meant to be the final word on the Negro Family in Detroit. It has failed if it does not provoke discussion, further study, and most important of all, action. It has succeeded if the community can be shown the need for concerted action in the area of family disorganization.

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[1] E. Franklin Frazier, "The Negro Family in the United States" (University of Chicago: Chicago), 1939, page 485.

Certainly, the problems delineated here are not peculiar to the Negro. They afflict all of the groups in our civilization to some extent. We must realize that there are two severely complicating factors in the problems of the Negro Family. The factors of racial discrimination and segregation have aggravated the problems of the Negro Family. The factors of racial discrimination and segregation have aggravated the problems of the Negro to the point at which these problems are significantly more difficult for the Negro than for the white. Therefore, there is a very good reason for concentrating attention on the Negro Family of low income.

These conditions have victimized many Negroes, impairing their upward social and economic mobility. They have been prolonged by the inertia of power structures such a real estate brokers, labor unions, and employers with closed job classifications. Their authority can remove most of these barriers.

THE LOW-INCOME NEGRO FAMILY IN DETROIT

In the early years of the twentieth century before World War I, the Negro population of Detroit amounted to only about one percent of the entire population. This small number (about 4,000–6,000 people) was concentrated in a small area on the near east side of the city in the so-called "St. Antoine Section."

The rise of the automobile industry and the concentration of war production in Detroit caused a large-scale movement into the city during and after World War I. The Negro population rose from 5,741 in 1910 to 40,838 in 1920 to about 81,000 in 1925 and to 120,066 in 1930. Since that time, the rate of growth of the Detroit Negro population has been more moderate but it has more than tripled in the last 30 years and is well over 500,000 in Detroit and about 650,000 in the Detroit SMSA.

Each increase in this population, every movement throughout the area has made the Negro more visible to the remainder of the population.

One of the increasingly visible segments of this expanding Negro population is the relatively new Negro middle class.

There have always been Negroes in this country who have been able to provide themselves with a comfortable life, but during the last two decades, with the increase in prosperity experienced by the United States, more and more Negroes have risen into the lower middle class "at an income range where decent homes and college education are no longer flat impossibilities." [2] This increase in the numbers of middle-class Negroes has led to the impression that the lot of the Negro in this country is improving and has improved to the point at which there is little more to do.

Unfortunately, this impression is true enough to make it misleading. It is certain that Negroes are moving into the middle class in greater numbers and that the present generation of Negroes has improved its position in many respects from that of thirty years ago. The point that many people fail to see is that while many Negroes—probably a majority—have been able to move into positions of reasonable security, another group has not been able to do so. For one reason or another these people have remained disadvantaged and have not been as visible to most people as has been the rising Negro middle class.

It is this second group with which we will concern ourselves in this report. We wish to also make clear that each case in which we report a set of statistics or make a statement there is another side. When we say, for instance, that one-third of nonwhite children live in broken homes we must be equally aware that two-thirds live in normal homes and when we say that one non-white female in five is living apart from her spouse or is divorced we must also say that four out of five *are* living with their husbands. It is too simple to infer from a few sets of data that family disorganization is a problem that besets virtually the entire Negro population. Conversely, it is also too simple to infer from the data available that Negroes are sharing equally in the prosperity of the Nation and that no problems exist.

The real situation is a mixture of progress and poverty, of success and failure, and of hope and despair. It cannot be said of the Negro that he is not par-

[2] Wattenberg, Ben J. and Scammon, Richard M., "This U.S.A." (Doubleday: Garden City, N.Y.), 1965, Page 279.

ticipating in American prosperity. What can be said, however, that, as a group, Negroes do not participate equally with whites.

Family disorganization is most pronounced among both whites and Negroes at lower socio-economic levels. Whether this shows that family disorganization is a function of low socio-economic level remains a question for debate.

A look at census figures reveals a great deal about the make-up of the family and these figures provide the basis for our examination.

In the Detroit Standard Metropolitan Statistical Area (Detroit SMSA) we find that the principal difference in marital status between Negroes and whites is the number of incomplete families. 1960 U.S. census statistics show that of all persons 14 years of age or older 71.4 percent of the males and 68.4 percent of the females are married. For whites these figures were 72 percent and 68.9 percent and for Negroes, 67.4 percent and 65.2 percent respectively. However, we find that only 58 percent of the Negro males 14 and over and 52.6 percent of the Negro females of that age live with their spouses while 69.8 percent of white males and 66.5 percent of white females live with their spouses.

Another way to look at this is to see that 88.7 percent of all families in the Detroit SMSA are husband-wife families. For whites the figure is 90.5 percent; for Negroes it is 77.1 percent. Over 19 percent (or nearly three times the white total) of Negro families are headed by women.

TABLE 1.—*Families by type and race, Detroit area, 1960*

Type of family	Total	White	Nonwhite
All families	943, 586	817, 675	125, 911
Husband-wife families	836, 878	739, 758	97, 120
Other families with male head	26, 146	21, 402	4, 744
Families with female head	80, 562	56, 515	24, 047
All families—percent	100. 0	100. 0	100. 0
Husband-wife families—do	88. 7	90. 5	77. 1
Other families with male head—do	2. 8	2. 6	3. 8
Families with female head—do	8. 5	6. 9	19. 1

Source: "Recent Population and Social Trends in the Detroit Area," United Community Services of Metropolitan Detroit, 1964.

Divorce is not the primary reason that many Negro families disintegrate. Among whites divorce is about three times as common as separation but among Negroes separation is twice as common as divorce. About two-thirds of all separations occurring in the City of Detroit are among Negroes. Twelve percent of the Negro women in the Detroit SMSA who were ever married are separated.

TABLE 2.—*Marital status of households by race*

Marital status	Total		Negro (percent)	White (percent)
	Number	Percent		
Total	[1] 2, 081	100. 0	100. 0	100. 0
Legally married	1, 170	56. 2	53. 2	61. 8
Common law marriage	32	1. 5	2. 1	.5
Never married	124	6. 0	5. 7	6. 6
Divorced	126	6. 1	6. 2	6. 0
Widowed	394	18. 9	18. 4	20. 7
Separated	208	10. 0	13. 0	3. 6
Deserted	14	.7	.7	.6
Other	13	.6	.8	.3

[1] Includes 31 households of of other races.

Source: Home Interview Study of Low-Income Households in Detroit, Mich., conducted by Greenleigh Associates, Inc, New York, Chicago, February 1965, table 3, p. 14.

There are a number of likely causes for this high rate of separation. First, in cases of actual marital discord among persons of low-income, separation becomes a sort of common-law divorce. Divorce is a relatively expensive procedure and separation often becomes the only alternative when a low-income family experiences difficulty.

Statistically, the census bureau does know the highest number of noncounted persons during the last census were Negro males of 25–44 age group—"the crucial years for the development of a stable family group with children." [3]

In any event, whatever the explanation, we find that Negroes are underrepresented in every marital status category except divorce and separation. For example, Negroes should constitute approximately 26 percent of those separated and divorced in the city. Instead, the figures are 67.9 percent and 31.7 percent for separation and divorce, respectively.

TABLE 3.—*Marital status and percentage of total 14 and over population, city of Detroit, 1960*

	White		Nonwhite	
	Number	Percent of total 14 and over population	Number	Percent of total 14 and over population
Total 14 and over	901,996	74.0	316,398	26.0
Single	207,092	75.4	67,560	24.6
Married	579,478	76.1	182,363	23.9
Separated	12,460	32.1	26,380	67.9
Separated as percent of those married		2.2		14.5
Divorced	31,902	68.3	14,808	31.7
Widowed	81,065	76.2	25,287	23.8

Source: U.S. Census of Population, 1960 Census Tracts Detroit, Michigan Standard Metropolitan Statistical Area, PHC (1)–40, Table P–2, p. 79.

Recommendation 1.—The extension of family services such as neighborhood family counseling clinics by both public and private agencies.

An interesting set of data was compiled and published by Greenleigh-Associates in February, 1965 and was entitled "Home Interview Study of Low-Income Households in Detroit, Michigan." [4] The study was based on interviews of 2081 families who live in blighted or substandard housing or low-rent publicly-subsidized housing. "The median income for households in the study was only $2,640 and the per capita income was $912, compared to median family income in Michigan of $6,256 (1959) and a state per capita of $2,416 (1962).

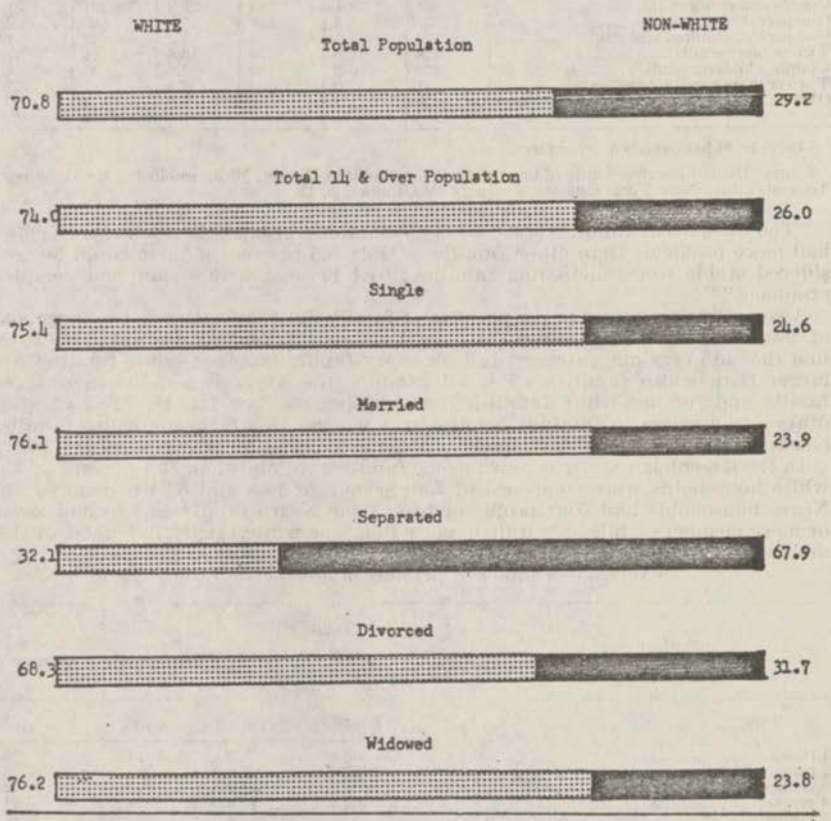
"Negro households comprised 67.8 percent of all study households and were poorer than white families. Monthly per capita income for Negro families was $68 compared to a monthly per capita of $88 in white families." [5]

In its discussion of families, the report states that a "total of 1,120, or 53.8 percent, of all households included one or more children. However, these families do not resemble the typical American television commercial family. Almost one out of three of these families had only one parent at home. The majority of families with children, 71.4 percent, were Negro . . ."

"The Negro households with children had a very different pattern of family composition than white households with children, they were much more frequently single parent households." [6]

[3] *Ibid.*, pg. 267.
[4] Greenleigh Associates, Inc., "Home Interview Study of Low-Income Households in Detroit, Mich" (New York, Chicago), February, 1965.
[5] *Ibid.*, pg. 3.
[6] *Ibid.*, pp. 7 and 68.

NON-WHITES IN DETROIT ARE UNDER REPRESENTED IN EVERY MARITAL STATUS CATEGORY EXCEPT SEPARATION AND DIVORCE (1960)



ONE-SEVENTH OF ALL MARRIED DETROIT NON-WHITES ARE SEPARATED

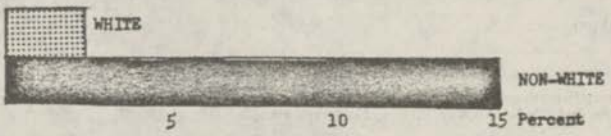


TABLE 4.—*Household composition by race*

Household composition	Total		Negro		White	
	Number	Percent	Number	Percent	Number	Percent
Total	[1] 2,081	100.0	1,412	100.0	638	100.0
Single individual	338	16.2	205	14.5	132	20.7
Couple	336	16.1	217	15.4	117	18.3
Couple and adult	59	2.8	37	2.6	20	3.1
Couple and children	606	29.1	385	27.3	201	31.5
One parent and children	257	12.3	218	15.4	39	6.1
One parent, children and adult	72	3.5	60	4.2	12	1.9
Two or more adults	228	11.0	153	10.8	71	11.1
Couple, children, adult	128	6.2	93	6.6	35	5.5
T wo or more families together	41	2.0	34	2.4	7	1.1
Other	16	.8	10	.7	4	.6

[1] Includes 31 households of other races.

Source: Home Interview Study of Low-Income Households in Detroit, Mich., conducted by Greenleigh Associates, Inc., New York, Chicago, February 1965, table 2, p. 13.

"The one-parent families were a very vulnerable group—they were poorer and had more problems than other families. Only 5.5 percent of them could be considered stable well-functioning families; 67.1 percent had severe and complex problems." [7]

A complicating aspect to the problem of family disorganization is the large size of low-income Negro families. In the 1960 census for the Detroit SMSA we find that in every age category and for every family type non-white families are larger than white families. For all families the average is 3.72 persons per family and for non-white families it is 4.07 persons per family. The greatest difference appears in families headed by a woman in which non-white families consist of an average of 3.86 members and the average for all families is 3.20.

In the Greenleigh study of low-income families we find that 71.5 percent of the white households were composed of four people or less and 63.4 percent of the Negro households had four people or less. One Negro family in five had seven or more members while only a little more than one white family in eight had this number.

TABLE 5.—*Number of persons in household by race*

Size of household	Total		Negro (percent)	White (percent)
	Number	Percent		
Total	[1] 2,081	100.0	100.0	100.0
1 person	338	16.2	14.5	20.7
2 people	533	25.6	25.3	26.8
3 people	269	12.9	12.8	12.9
4 people	227	10.9	10.8	11.1
5 people	183	8.8	8.9	8.5
6 people	164	7.9	8.2	6.9
7 people	121	5.8	6.9	4.5
8 people	83	4.0	4.3	3.3
9 people	66	3.2	3.6	2.0
10 persons and over	97	4.7	5.2	3.3

[1] Includes 31 households of other races.

Source: Home Interview Study of Low-Income Households in Detroit, Mich., conducted by Greenleigh Associates, Inc., New York, Chicago, February 1965, table 5, p. 15.

Recommendation 2.—The free distribution of birth-control information and equipment to persons of low income. In addition, programs of sex education should be carried on freely by all schools. The Detroit Urban League has had pro-

[7] *Ibid.*, pg. 7.

grams of this sort for several years but they must be institutionalized into the public schools so that all children will learn the correct information from proper sources instead of picking up misinformation in the street.

Coupled with the large size of families, Negro households have a larger number of persons who are not members of the husband-wife-child family. This includes grandparents, uncles, boarders, brothers-in-law and anyone else who does not make up the "television commercial" family. Of white households, 5.6 percent of their members are not in the husband-wife-child family and of non-white households the figure is 14.2 percent.

TABLE 6.—*Persons in household other than husband, wife, and children of head of family, Detroit SMSA, 1960*

	White		Nonwhite	
	Number	Percent	Number	Percent
Total in households	3,156,935	100.0	558,308	100.0
Persons other than husband, wife, and children of head	177,468	5.6	79,504	14.2

Source: "U.S. Census of Population, 1960, Michigan (Detailed Characteristics)," PC(1)—24D, table 106, pp. 415-416.

The Greenleigh study also found that in "Negro households there were also somewhat more children living with other relatives or non-relatives than in white households." [8]

The income of Negro families is also lower, as noted earlier in the Greenleigh study. The problem of unequal income and employment is a vital factor in family disorganization among Negroes and the solution of this problem could certainly alleviate much of the distress of the Negro family. Education, experience, maturity often seems to amount to nothing when a Negro applies for a job or hopes to be upgraded within an organization. Statistics show that the average Negro college graduate makes less than the average white high school graduate who has not gone on to college.

TABLE 7.—*Income by years of school completed and color (of males, aged 25 and over with income) State of Michigan*

Years completed	Number		Median income		Difference white from nonwhite	Percent under $5,000	
	White	Nonwhite	White	Nonwhite		White	Nonwhite
None	22,220	4,137	$1,720	$1,954	−$234	86	85
Elementary:							
1 to 4	74,225	22,392	2,303	3,138	−835	78	79
5 to 7	218,499	35,951	3,927	3,842	85	65	73
8	374,379	27,181	4,647	4,042	605	55	72
High school:							
1 to 3	398,764	38,984	5,489	4,064	1,425	40	71
4	424,833	24,240	5,969	4,391	1,578	32	64
College:							
1 to 3	152,723	8,602	6,631	4,643	1,988	28	58
4 or more	167,114	5,183	8,182	5,571	2,611	19	38
Total	1,842,757	166,670	5,404	4,039	1,365	43	71

Source: Employment and Income By Age, Sex, Color and Residence (prepared by Detroit Commission, on Community Relations), May 1963.

Recommendation 3.—The elimination of racially segregated housing in the entire Detroit area by means of a state-wide fair-housing law, anti "block buster" ordinances and through the increased actions of volunteer community groups interested in open housing.

Recommendation 4.—Concerted efforts to raise the standards and quality of education in inner-city schools using every appropriate tool available to ensure

[8] *Ibid.*, pg. 69.

racial balance. This would include extension of new programs designed to strengthen racially changing schools and care on the part of the Board of Education in selecting sites for new schools.

The inability of the Negro male to compete equally with the white male has a great deal to do with continuing the problem of family disorganization. When the male is either discriminated against, or through lack of essential education, cannot qualify for rewarding employment, the effect on the family structure can be disastrous.

Continued improvement in the labor market will be a major force in helping to create stable families simply by providing employment and higher wages.

The tight labor market can be a powerful stimulant in reducing discrimination in employment by forcing employers to accept people for work who previously may have been victims of discrimination. As James Tobin, a former member of the Council of Economic Advisers, states:

"This phenomenon is important for many Negro families. Statistically, their poverty now appears to be due more often to the lack of a breadwinner in the labor force than to unemployment. But in a tight labor market many members of these families, including families on public assistance, would be drawn into employment. Labor-force participation rates are roughly 2 per cent lower for nonwhite men than for white men, and the disparity increases in years of slack labor markets. The story is different for women. Negro women have always been in the labor force to a much greater extent than white women. A real improvement in the economic status of Negro men and in the stability of Negro families would probably lead to a reduction in labor force participation by Negro women." [9]

Tobin goes on to say that a tight labor market helps to reduce discrimination in high paying positions and trades and that a concentration should be made to get Negroes into professions and highly skilled trades.[10]

In concluding his argument, Tobin states that the over-all state of the U.S. economy is of primary importance to the Negro.

"A vigorously expanding economy with a steadily tight labor market will rapidly raise the position of the Negro, both absolutely and relatively. Favored by such a climate, the host of specific measures to eliminate discrimination, improve education and training, provide housing, and strengthen the family can yield substantial additional results. In a less beneficent economic climate, where jobs are short rather than men, the wars against racial inequality and poverty will be uphill battles, and some highly touted weapons may turn out to be dangerously futile." [11]

Recommendation 5.—The elimination of discriminatory hiring, job-upgrading and firing practices in Detroit business, industry, and government. Management at all levels should undertake to review thoroughly their employment practices to determine whether all employees and prospective employees are treated on an equal basis. Entrance examinations should be examined for their relevance to job performance qualifications.

Recommendation 6.—The elimination of discrimination in labor union apprenticeship programs. The practices of local unions must be made to comply fully with the top labor union executive policy. The Civil Rights Act of 1964 covers this and should be stringently enforced in this area.

Recommendation 7.—The development of effective programs on the part of all city agencies and private social agencies to allow the low status Negro male to develop into a responsible, contributing husband and parent.

A study by Robert O. Blood, Jr., and Donald Wolfe,[12] both of the University of Michigan, shows that among workingclass Negroes and whites in the Detroit area that the Negro male has less familial influence than the white male. Wife-dominant families are more prevalent among Negro families than among white families. "The differences are so great that the modal pattern shifts from equalitarianism for white families to wife-dominance for Negro families." [13]

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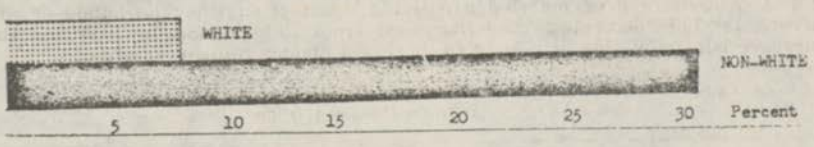
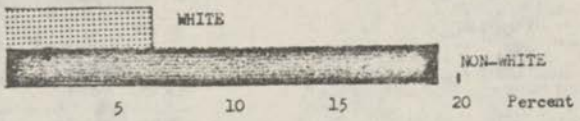
[9] James Tobin, "On Improving the Economic Status of the Negro", "Daedalus," Vol. 94, Fall 1965, pg. 882.
[10] *Ibid.*, page 889.
[11] *Ibid.*, page 895.
[12] Robert O. Blood, Jr. and Donald Wolfe, Negro-White Differences in Workingclass Marriage Patterns in a Northern Metropolis, Speech before American Sociological Association, New York City, August 29, 1960.
[13] *Ibid.*

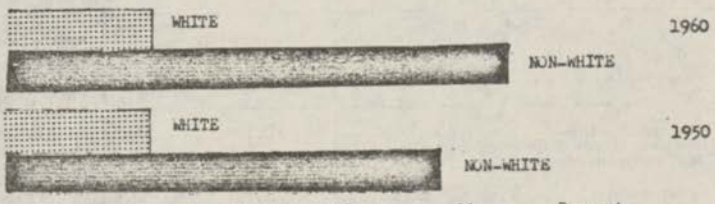
NEARLY ONE-THIRD OF DETROIT AREA NON-WHITES UNDER 18 LIVE IN BROKEN HOMES (1960)



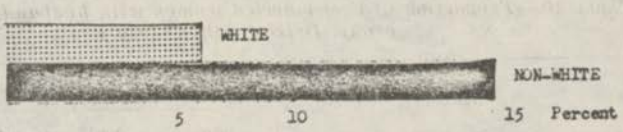
ALMOST ONE DETROIT AREA NON-WHITE FAMILY OUT OF FIVE IS HEADED BY A WOMAN, (1960)



ABOUT TWENTY PERCENT OF DETROIT AREA NON-WHITE FEMALES WHO WERE EVER MARRIED ARE DIVORCED OR LIVE APART FROM THEIR HUSBANDS (1950-1960)



ONE OUT OF SEVEN PERSONS IN DETROIT AREA NON-WHITE HOUSEHOLDS ARE NOT MEMBERS OF THE HUSBAND-WIFE-CHILD FAMILY, (1960)



This apparently is not a happy situation for Negro wives who are often placed in the position of becoming the family breadwinner. The Wolfe and Blood comparison of Negro and White workingclass marriages "shows significant differences in many variables—differences always in the direction of greater deprivation for the Negro wives. In decision-making they get such little cooperation from their husbands that they must make more of the family decisions unaided. In the division of labor at home, their husbands less often come to their aid when difficult circumstances arise. In the leisure-time aspects of marriage which are becoming increasingly important in America, less interaction takes place between Negro husbands and wives. Husbands less often share their day's experiences with their wives and wives less often share their troubles in return. These objective deficiencies in marital interaction patterns are marital companionship and in greater dissatisfaction of Negro wives with their mates." [14]

[14] *Ibid.*

The Negro woman tends to head her family more often than the white woman. Census figures show that 22 percent of the non-white females in the Detroit SMSA who were ever married are living apart from their husbands or are divorced. This percentage has increased from 19.1 percent in 1950 and the increase is attributable primarily to increases among younger families.

TABLE 8.—*Distribution of ever-married females with husbands absent or divorced, Detroit SMSA, 1960*

	White		Nonwhite	
	Number	Percent	Number	Percent
Total, ever married	932,836	100.0	156,331	100.0
Husbands absent or divorced	62,773	6.7	34,443	22.0
Total, husbands absent	27,151	2.9	24,094	15.4
Separated	13,280	1.4	18,701	12.0
Absent for other reasons	13,871	1.5	5,393	3.4
Total, divorced	35,622	3.8	10,349	6.6

Source: U.S. Census of Population, 1960, Michigan, Detailed Characteristics, PC (1) 24D, table 105, p. 407.

TABLE 9.—*Distribution of ever-married females with husbands absent or divorced, Detroit SMSA, 1950*

	White		Nonwhite	
	Number	Percent	Number	Percent
Total ever married	813,150	100.0	113,945	100.0
Husbands, absent or divorced	52,564	6.5	21,756	19.1
Total, husbands absent	22,450	2.8	13,180	13.3
Separated	12,550	1.6	12,635	11.1
Absent for other reasons	9,900	1.2	2,545	2.2
Total, divorced	30,120	3.7	6,570	5.8

Source: U.S. Census of Population, 1950, Michigan Detailed Characteristics.

TABLE 10.—*Proportion of ever-married women with husband present by age group, Detroit SMSA, 1950–60*

Age	White		Nonwhite	
	1950	1960	1950	1960
14 to 19	90.9	84.1	79.9	66.9
20 to 24	93.7	92.3	79.1	72.7
25 to 29	94.2	95.9	73.8	75.3
30 to 34	93.4	94.4	75.2	75.2
35 to 44	92.4	93.7	76.0	76.5
45 to 54	91.6	92.4	78.7	79.0

Source: U.S. Census of Population, 1950, Michigan, Detailed Characteristics, table 57, p. 177. U.S. Census of Population, 1960, Michigan, Detailed Characteristics, PC (1) 24D, table 105, p. 407.

Families headed by women are generally in an extremely unenviable position. The median income for women in the Detroit SMSA who head families is only $2,074 (1959) compared to the $5,914 median for male heads of families who have wives present. The Negro female has a one in five chance of heading her household and this means that many more Negro households are headed by women who do not earn as much as a father would. Furthermore, the effect upon the children is profound. The absence of the father and the forced employment of the mother (which, incidentally, keeps her away from the home much of the day) is not a healthy situation from any standpoint.

TABLE 11.—*Income of persons 14 years old and over, by family status and sex, Detroit area, 1959*

Family status and sex:	*Median income*
Males, 14 years and over [1]	$5,313
In families	5,461
Head	5,883
Married, wife present	5,914
Other marital status	4,744
Relative of head	1,718
14 to 19 years	659
20 to 64 years	3,448
65 years and over	1,371
Unrelated individuals:	
Primary individuals [2]	3,958
Secondary individuals [2]	2,818
Females, 14 years and over [1]	1,700
In families	1,669
Head	2,074
Wife of head	1,739
Other relative of head	1,227
14 to 19 years	714
20 to 64 years	2,741
65 years and over	670
Unrelated individuals:	
Primary individuals [2]	2,027
Secondary individuals [2]	1,387

[1] Persons with income. Inmates of institutions not included.
[2] Primary individuals are unrelated individuals who are household heads. Secondary individuals are unrelated individuals who are not household heads. Unrelated individuals are persons other than inmates of institutions, who are not living with any relatives.

Source: "Recent Population an Social Trends in the Detroit Area," United Community Services of Metropolitan Detroit, 1964.

TABLE 12.—*Income of families by race, Detroit area, 1959*

Income	Total	White	Nonwhite
	Number		
All families	943,586	817,675	125,911
Under $1,000	33,168	19,258	13,910
$1,000 to $1,999	44,405	28,990	15,415
$2,000 to $2,999	50,008	36,645	13,363
$3,000 to $3,999	54,185	41,028	13,157
$4,000 to $4,999	80,346	61,898	18,448
$5,000 to $5,999	117,396	99,621	17,775
$6,000 to $6,999	111,849	101,427	10,422
$7,000 to $7,999	97,737	91,057	6,680
$8,000 to $8,999	81,704	76,589	5,115
$9,000 to $9,999	65,862	61,946	3,916
$10,000 to $14,999	148,792	142,393	6,399
$15,000 and over	58,134	56,823	1,311
Median income	$6,825	$7,219	$4,385
	Percent		
All families	100.0	100.0	100.0
Under $1,000	3.5	2.4	11.0
$1,000 to $1,999	4.7	3.5	12.2
$2,000 to $2,999	5.3	4.5	10.6
$3,000 to $3,999	5.7	5.0	10.5
$4,000 to $4,999	8.5	7.6	14.7
$5,000 to $5,999	12.4	12.2	14.1
$6,000 to $6,999	11.8	12.4	8.3
$7,000 to $7,999	10.4	11.1	5.3
$8,000 to $8,999	8.7	9.4	4.1
$9,000 to $9,999	7.0	7.6	3.1
$10,000 to $14,999	15.8	17.4	5.1
$15,000 and over	6.2	6.9	1.0

Sources: "Recent Population and Social Trends in the Detroit Area," United Community Services of Metropolitan Detroit, 1964.

TABLE 13.—*Income of families by type of family, Detroit area: 1959*

Income	All families	Husband-wife families	Other families with male head	Families with male head
	Number			
All families	943,586	836,878	26,146	80,562
Under $1,000	33,168	19,376	1,238	12,554
$1,000 to $1,999	44,405	30,421	1,509	12,475
$2,000 to $2,999	50,008	37,427	1,738	10,843
$3,000 to $3,999	54,185	43,785	1,863	8,537
$4,000 to $4,999	80,346	69,357	2,598	8,391
$5,000 to $5,999	117,396	106,979	3,289	7,128
$6,000 to $6,999	111,849	103,743	2,863	5,243
$7,000 to $9,999	245,303	230,546	5,609	9,148
$10,000 to $14,999	148,792	140,353	3,756	4,683
$15,000 and over	58,134	54,891	1,683	1,560
Median income	$6,825	$7,096	$6,293	$3,516
	Percent			
All families	100.0	100.0	100.0	100.0
Under $1,000	3.5	2.3	4.7	15.6
$1,000 to $1,999	4.7	3.6	5.8	15.5
$2,000 to $2,999	5.3	4.5	6.6	13.5
$3,000 to $3,999	5.7	5.2	7.1	10.6
$4,000 to $4,999	8.5	8.3	9.9	10.4
$5,000 to $5,999	12.4	12.8	12.6	8.8
$6,000 to $6,999	11.8	12.4	11.0	6.5
$7,000 to $9,999	26.1	27.5	21.5	11.4
$10,000 to $14,999	15.8	16.8	14.4	5.8
$15,000 and over	6.2	6.6	6.4	1.9

Source: "Recent Population and Social Trends in the Detroit Area," United Community Services of Metropolitan Detroit, 1964.

The Greenleigh Study shows that there are several kinds of problems which plague low-income families, several of which are more important among Negro families than among white families. Two problems high on the list of both whites and Negroes are school learning problems and day care needs. Over 36 percent of Negro families interviewed cited day care as an important problem and this reflects the working Negro mother and to an extent, absent Negro father.

It is interesting to note that among both Negroes and whites the problems of children ranked highest on the list among family problems. Serious marital discord plagued only 9.1 percent of the respondents while school learning problems were listed by 36 percent, need for day care by 32.3 percent, children's behavior problem by 21.7 percent, and parent-child relationship problems by 20.7 percent. The authors of the report state the problems in this way:

"In a high proportion of families children were having behavior problems and difficulties in school. Among the families with children 12 to 17 years old, 11.2 percent had one or more high school drop-outs. Almost one-half, 42.6 percent, of the families that did have teenagers in school indicated that they were having problems in school, primarily learning difficulties such as reading problems. In 30.8 percent of the families with 6- to 11-year-old children, similar school learning and adjustment difficulties were identified.

"In families with preschool children almost one out of every three needed some form of day care because of the need for the mother to work or because of the social problems in the home. In many cases needing day care these were one-parent households, and often these children had been born out of wedlock." [15]

[15] Greenleigh Associates, Inc., *op. cit.*, pg. 7.

TABLE 14.—*Percentage distribution of households, by family problems and race*

Family problem	Total	Negro	White
Total	[1] 2,081	1,412	638
Serious marital discord	9.1	9.3	8.8
Marital status unclear	3.2	4.3	.9
Out-of-wedlock children [2]	18.8	24.9	4.0
Parent-child relationship problem [2]	20.7	22.0	19.1
Other family problems	4.9	5.0	4.9
School learning problem [2]	36.0	38.5	29.9
Peer relationship problem [2]	6.7	6.4	8.1
Children's behavior problem [2]	21.7	23.5	18.1
Day care needed [3]	32.3	36.1	23.1
Physically neglected [2]	3.8	4.3	3.0
School drop-out [4]	17.3	16.3	20.5
Other children's problem [2]	6.3	5.5	8.7
Lacks aspirations for adults	19.6	21.9	14.7
Lacks aspirations for children [2]	11.4	11.5	11.1
Legal problems	15.9	18.8	9.4
Socially isolated	12.5	10.1	17.9

[1] Includes 22 households of other ethnic groups.
[2] Based on number of households with children.
[3] Based on number of households with children under age 6.
[4] Based on number of households with children age 12 to 17.

Source: "Home Interview Study of Low-Income Households in Detroit, Mich.," conducted by Greenleigh Associates, Inc., New York, Chicago, February 1965, table 51, p. 74.

Recommendation 8.—The extension of day care services to low-income families on a constantly increasing basis in order to allow mothers to work in order to provide a decent environment for their children.

Recommendation 9.—The establishment of child guidance and mental health clinics in low income areas to help provide the children of low income families with the opportunities to gain some direction.

Many Negro children do not have anything approximating the opportunity to live their lives with both of their parents. In 1960 in the Detroit SMSA nearly one-third of all non-whites under the age of 18 lived in broken homes. This compared with 7.6 percent for white children. It is estimated that more than one-half of all Negro children in the United States reach the age of 18 without living with both parents for the whole time.[16] The same is probably true for Detroit.

TABLE 15.—*Persons under 18 years old living and not living with both parents, by race, Detroit area, 1960*

Category	Total	White	Nonwhite
	Number		
Persons under 18 years old	1,404,095	1,170,492	233,603
Living with both parents	1,242,486	1,081,838	160,648
Not living with both parents	161,609	88,654	72,955
	Percent		
Persons under 18 years old	100.0	100.0	100.0
Living with both parents	88.5	92.4	68.8
Not living with both parents	11.5	7.6	31.2

Source: "Recent Population and Social Trends in the Detroit Area," United Community Services of Metropolitan Detroit, 1964.

Another difficulty is illegitimacy. It is with some reluctance that statistics are presented regarding this problem since there are so many qualifying details that need to be examined. In considering statistics concerning illegitimacy we must use health department figures carefully because, although they are collected conscientiously and are as accurate as is reasonably possible, they are

[16] "The Negro Family: The Case for National Action," *op. cit.*, pg. 9.

ordinarily incomplete. We must qualify the health department data in many ways.

First of all, it is generally believed that white illegitimate births are underreported. Private hospitals often do not report such data comprehensively and are used by whites in a disproportionate number. This and discriminatory reporting may lead to the discrepancy. It may also be that Negro illegitimacies are overreported. This may or may not be true and it is based on the tenuous suspicion that some mothers with low incomes may report themselves as single, even though they are married, in order to conform with certain legal requirements for receiving public assistance for their families.

Secondly, as stated by William F. Pratt in his study at the University of Michigan, "Premarital Pregnancy and Age at Marriage in a Metropolitan Community" although the illegitimate birth rate for Negro women may be as much as eight times higher than that for white women, the premarital conception rate may be as little as three times as high since many more whites marry before the illegitimately conceived child is born. Furthermore, as shown in Table 17, many more Negro women have second or third illegitimate children which means that pure numbers of illegitimate children do not represent the number of women who have had them.

Third, in an article in *The Nation* by Harvard psychologist William Ryan, it is pointed out that "more than 1 million illegal and unreported induced abortions are performed each year. Authorities agree that one-fourth to one-half of these are performed for unmarried women, and that the overwhelming majority of abortion patients are white." [17] This data must be taken into account when discussing illegitimacy.

Finally, it is likely that contraceptive devices are not equally available to low-income persons and this condition is not going to help to reduce illegitimate births.

The Greenleigh study reports that "in 18.8 percent of households with children there were children who were reported born out of wedlock. There was a significant difference between Negro and white families in this: 24.9 percent of the Negro households reported out-of-wedlock children and only 4.0 percent of the white households did so. This, of course, reflects differences in cultural, economic, social variables that influence the status of birth in the Negro and white cultures. It may be that Negro respondents with out-of-wedlock children discuss their marital status more freely. In addition, the Negro male finds it more difficult to support a family than the white male. For this reason marriage is less likely to take place even if there are children. A common pattern found was for older children to be legitimate and younger children to be illegitimate. This is frequently linked to the difficulty and cost of seeking divorce." [18]

TABLE 16.—*Total live births, illegitimate live births and illegitimacy ratio,*[1] *Detroit SMSA, 1950–64*

Year	Total live births		Illegitimate live births		Ratio	
	White	Nonwhite	White	Nonwhite	White	Nonwhite
1964 [2]	67,033	14,686	2,313	3,354	34.5	228.4
1963	68,407	14,384	1,967	3,038	28.8	211.2
1962	69,383	14,678	1,814	2,820	26.1	192.1
1961	74,425	15,434	1,697	2,951	22.8	191.2
1960	76,527	15,876	1,590	2,752	20.8	173.3
1959	78,893	16,311	1,430	2,638	18.1	161.7
1958	80,966	17,282	1,397	2,790	17.3	161.4
1957	84,517	17,699	1,390	2,773	16.4	156.7
1956	83,937	17,690	1,356	2,643	16.2	149.4
1955	79,824	16,330	1,191	2,329	14.9	142.6
1954	77,937	15,983	1,167	2,228	15.0	139.4
1953	74,898	14,323	1,039	1,871	13.9	130.6
1952	73,271	13,062	991	1,735	13.5	132.8
1951	70,726	12,337	981	1,603	13.9	129.9
1950	65,159	11,188	975	1,544	15.0	138.0

[1] Ratio—Illegitimate live births per 1,000 total live births.
[2] 1964 figures are provisional.

Source: Michigan Department of Public Health.

[17] William Ryan, "Savage Discovery: The Moynihan Report," *The Nation*, November 22, 1965, page 381.
[18] Greenleigh Associates, op. cit., p. 70.

DETROIT AREA NON-WHITE ILLEGITIMACY RATES
ARE 8 TO 9 TIMES HIGHER THAN THOSE OF WHITES

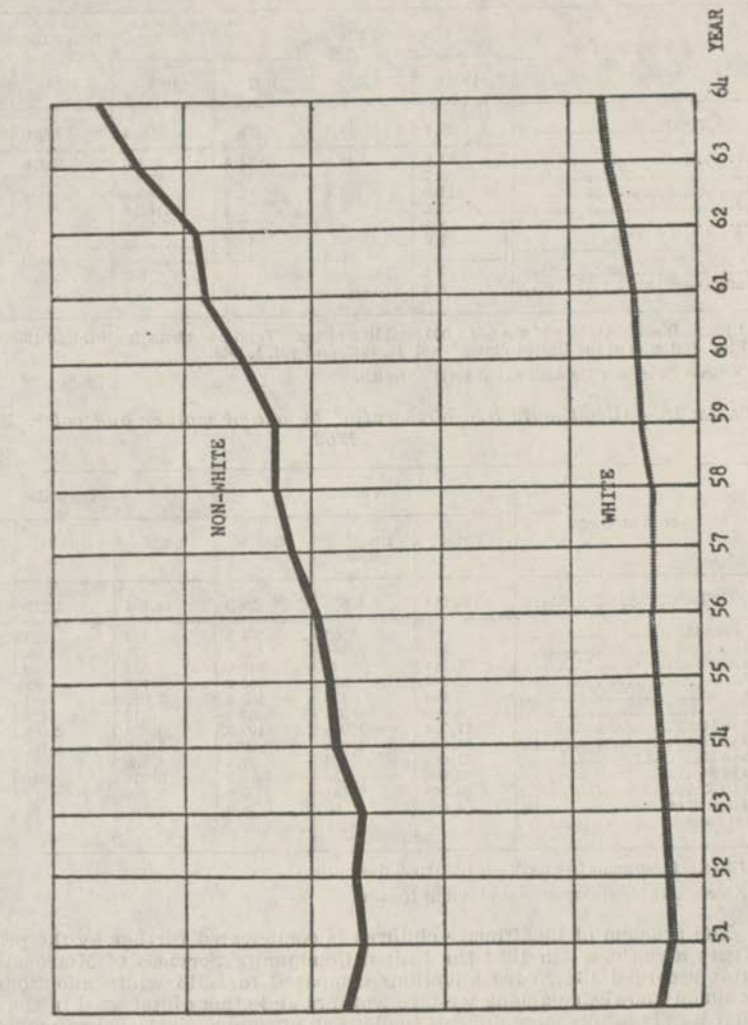


TABLE 17.—*Illegitimate live birth ratio[1] by live birth order and color, Michigan, 1947, 1955, and 1963*

Live birth order	White			Nonwhite		
	1963	1955	1947	1963	1955	1947
Total	29.3	16.7	19.9	206.4	139.0	127.4
1	85.9	45.8	34.4	456.6	314.9	224.6
2	16.7	9.2	10.0	220.9	139.5	116.1
3	11.9	5.6	7.8	138.9	87.4	71.0
4	11.9	4.6	6.4	104.1	71.1	46.3
5	8.0		7.1	95.9		28.4
6	9.0		10.8			39.3
		5.5	10.8		51.0	
7	7.8			80.2		
8 and over	4.8		8.4	56.4		27.0

[1] Ratio, illegitimate live births per 1,000 total live births. Total live births for 1947 and 1955 taken from "Vital Statistics of the United States," vol. II, 1947, and vol. I, 1955.

Source: Michigan Department of Public Health.

TABLE 18.—*Illegitimate live birth ratio[1] by age of mother and color, Michigan, 1963*

Age of mother	White			Nonwhite		
	Total	Illegitimate	Ratio	Total	Illegitimate	Ratio
Total	158,914	4,650	29.3	19,957	4,119	206.4
Under 15	82	63	768.3	128	123	960.9
15	340	148	435.3	278	243	874.1
16	1,314	328	249.6	558	396	709.7
17	2,583	388	150.2	777	462	594.6
18	5,034	520	103.3	1,097	494	450.3
19	8,490	575	67.7	1,215	414	340.7
15 to 19	17,761	1,959	102.3	3,925	2,009	511.8
20 to 24	56,925	1,674	29.4	5,909	1,142	193.3
25 to 29	41,654	504	12.1	4,409	448	101.6
30 to 34	25,086	256	10.2	3,278	240	73.2
35 to 39	13,318	131	9.8	1,799	112	62.3
40 and over	4,082	63	15.4	506	42	83.0
Not stated	6			3	3	1,000.0

[1] Ratio, illegitimate live birth per 1,000 total live births.

Source: Michigan Department of Public Health.

The problem of illegitimate children is complicated further by the problem of Negro adoptions. In 1964 the United Community Services of Metropolitan Detroit recorded 132 Negro adoptions compared to 1,213 white adoptions. It is common knowledge among welfare workers and others interested in the problem that it is infinitely more difficult to place an unwanted Negro baby in a home than an unwanted white baby. This is due to several reasons. There are more unwanted Negro babies per capita than white babies. The proportion of Negro households which are financially and educationally equipped to handle an adopted child is reasonably low. Finally, the adoption agencies themselves often impose unreasonable and arbitrary standards which militate against adoption by many people who actually may be qualified.

Another related factor which contributes to unequal family structure is health. Death rates, life expectancy and infant mortality are all weighted against the Negro family.

Of ten major causes of death in Michigan in 1960 only two, heart disease and arteriosclerosis, were more prevalent among whites than among Negroes. In

some cases the differences between white and nonwhite death rates were astounding. For example, 62.2 nonwhites per 100,000 died of pneumonia and influenza as compared to a rate of 27.8 per 100,000 for whites and 15.0 nonwhites per 100,000 died of tuberculosis as compared to 4.7 per 100,000 for whites. Some rates were very close, but the statistics show that the Negro, generally, suffers from more diseases than whites and this has a great effect on families.

TABLE 19.—*Children placed in adoptive homes by race and kind of planning agency, 1963 and 1964*

Item	1964			1963		
	Total	Negro	Other [1]	Total	Negro	Other [1]
Total	1,345	132	1,213	1,223	109	1,114
UCS member agencies, total	1,303	132	1,171	1,196	109	1,087
Other agencies	42		42	27		27

[1] Includes white and nonwhite other than Negro.

Source: "1964 Statistics: Adoption Placement," Voluntary Agencies of Adoption Clearance Committee, United Community Services of Metropolitan Detroit, 1965, p. 4.

For example, there have been white families wanting to adopt Negro babies only to find adoption policies and practices prohibiting this action.

Recommendation 10.—The institution of action on the part of adoption agencies to make it simpler for Negro children to be adopted. Furthermore, a more active role must be played by adoption agencies in finding Negro families to adopt children.

TABLE 20.—*Age-adjusted death rates,[1] Michigan, 1960*

Cause	White			Nonwhite		
	Male	Female	Total	Male	Female	Total
Diseases of heart	469.3	268.7	366.2	383.2	310.8	345.9
Cancer	180.9	133.9	156.1	198.0	144.6	170.2
Vascular lesions of cns	114.6	102.9	108.6	141.7	161.5	152.0
Accidents	45.9	25.9	35.5	51.2	34.2	42.3
Pneumonia and influenza	36.0	20.3	27.8	72.4	52.0	62.2
Diabetes mellitus	20.9	28.8	25.0	19.7	35.5	27.6
General arteriosclerosis	21.8	19.4	20.6	4.7	11.3	8.2
Congenital malformations	13.1	10.9	12.0	14.9	11.2	13.1
Cirrhosis of liver	15.9	6.7	11.3	10.3	9.2	9.8
Tuberculosis	7.5	2.1	4.7	22.4	7.9	15.0

[1] Rates per 100,000 population in specified group.

Source: Michigan Department of Public Health.

Long hospitalization and doctor care are frequently needed. Time may be taken off from work. The wife may be forced to leave home and work if the illness occurs to the husband. All of these things will occur more often and, when they do occur, will be more devastating because the family ordinarily will be less affluent than the typical white family.

Nonwhite fathers also die sooner than white fathers. Studies by the University of Michigan Population Studies Center show that 1 percent of the white males who reach age 35 die before they are 40. On the other hand, this point is reached in 20–25 age group among nonwhite males and over 2 percent of those who reach age 35 die before age 40. This may seem insignificant, but it shows that a nonwhite family has about twice as much chance of losing the father through death as the white family. It is not until very late in life that the nonwhite person has the same life expectancy as the white.

TABLE 21.—*Average future lifetime, Michigan, 1959–61 (average number of years of life remaining at beginning of year of age x)*

Year of age (x to xth)	Males		Females	
	White	Nonwhite	White	Nonwhite
0 to 1	67.84	64.56	74.11	68.49
1 to 5	68.56	66.25	74.54	69.77
5 to 10	64.80	62.57	70.76	66.04
10 to 15	59.97	57.75	65.88	61.17
15 to 20	55.12	52.96	60.97	56.29
20 to 25	50.42	48.33	56.11	51.51
25 to 30	45.81	43.83	51.27	46.79
30 to 35	41.08	39.18	46.44	42.16
35 to 40	36.38	34.92	41.64	37.75
40 to 45	31.76	30.62	36.90	33.40
45 to 50	27.31	26.52	32.30	29.24
50 to 55	23.15	22.74	27.86	25.42
55 to 60	19.33	19.40	23.59	21.90
60 to 65	15.85	16.32	19.52	18.71
65 to 70	12.77	13.78	15.75	16.00
70 to 75	10.09	11.91	12.36	13.43
75 to 80	7.82	10.25	9.34	11.37
80 to 85	5.93	8.35	6.89	9.21
85 plus	4.55	7.40	5.13	7.68

Source: University of Michigan Population Studies Center and Michigan Department of Public Health.

Another area is that of infant mortality. In 1950 in Michigan 25.4 white infants per 1,000 live births' died while 35.6 nonwhite infants per 1,000 died. By 1963 the white rate had declined to 21.6 after steady improvement while the nonwhite rate had actually gone to 36.1 after fourteen years of fluctuation (never below 34.4 and as high as 40.4).

TABLE 22.—*Number and rate of infant deaths, Michigan, 1950–63*

Year	Total		White		Nonwhite	
	Number	Rate	Number	Rate	Number	Rate
1950	4,214	26.3	3,719	25.4	495	35.6
1951	4,505	26.1	3,904	24.9	601	38.8
1952	4,689	26.4	4,096	25.4	593	35.9
1953	4,728	25.8	4,039	24.5	689	37.7
1954	4,795	25.0	4,069	23.7	726	35.1
1955	4,873	24.8	4,056	23.2	817	38.2
1956	5,047	24.5	4,182	22.9	865	37.1
1957	5,093	24.4	4,247	23.0	846	36.0
1958	4,980	24.6	4,193	23.3	787	34.4
1959	4,846	24.4	4,058	23.0	788	36.1
1960	4,702	24.1	3,834	22.1	858	40.4
1961	4,604	23.9	3,873	22.6	731	34.4
1962	4,367	23.9	3,648	22.4	719	35.5
1963	4,150	23.2	3,429	21.6	721	36.1

Source: Michigan Department of Public Health.

Health, then, is another significant factor in the problems of low-income Negro families.

Recommendation 11.—Hospitals and clinics should review their practices to make certain that all health facilities are available on an entirely equal basis. Insurance companies should require equal services from health institutions as a prerequisite for participation in insurance programs.

The effects of broken homes and disrupted families on the children are very serious, irrespective of race. High numbers of school drop-outs, high rates of crime, alcoholism and narcotics addiction, inability to find good employment are all results—and causes—of family disorganization.

The young Negro male, deprived of a father, is unlikely to learn the role of head of family. In a low-income one-parent home he is all too often socialized, not by a stable family, but by the environment he finds outside his home. This environment often contains crime and other kinds of antisocial behavior.

CONCLUSION

The family is the primary unit of socialization. It performs one of the most important functions in society, and, considering its small size and its structural defects, it performs this function amazingly well. Nevertheless, there are circumstances under which this group will break down and its ability to give its young members the tools with which to operate effectively in society is severely impaired. The child who comes from a family whose ability to socialize him properly is negligible will be handicapped for the rest of his life.

The circumstances of slavery, discrimination, and segregation have been effective in rendering a disproportionate number of Negro families incapable of performing the socialization function in a satisfactory manner. Past and present injustices in employment, housing, and education are showing their effects on the low-income Negro family.

The Negro male is the prime victim of this set of factors. The low-income Negro family tends to be wife-dominated, the male loses a great deal of his self-respect and his family loses respect for him. The results of this condition can be disastrous for an entire family. It is not implied that there is anything intrinsically wrong with a matriarchal family. A number of societies have them. However, American society of 1966 recognizes the equalitarian or, occasionally, the husband-dominated family, in which the father is the chief provider, as the norm and anything deviating from this is ordinarily less effective and tends to be damaging to the male's self-respect. Exceptions exist, of course, but, generally speaking, the wife-dominated family is a handicap to its members.

Wolfe and Blood[19] note that as Negro families join the middle class they become more and more husband-oriented and so the problem is basically that of the low-income Negro family.

The disoriented Negro family is both cause and effect. This makes the solution much more difficult, for if it were only an effect or discrimination it would become reasonably equal in orientation to the white family as soon as the discrimination ceased. But it is also a cause and, as such would likely keep on generating other disorganized families in the future even if discrimination were ended.

This is why a two-pronged attack on the problem is necessary. Discrimination and segregation must be ended before total success may be achieved. Concurrent with the action against racial discrimination must be the increased extension of services to help as many families as possible become stable.

The final recommendation is the key to the implementation of all of the others. Unfortunately, it will be the most difficult to enact.

Recommendation 12.—The general recognition by the public that these problems do exist and that they concern the entire Detroit metropolitan community. Further study, discussion, and debate are essential in securing action that is as rational as possible.

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Senator GRUENING. From time to time the weekly publication "Congressional Quarterly" reviews the state of birth control programs and action in this area by the legislative and executive branches of the Federal Government. I shall direct at this time that an article appearing in the June 10, 1966, issue of the Congressional Quarterly, which is a fact sheet on birth control, be made a part of the hearing record.

(The above-mentioned article follows:)

EXHIBIT 219

CQ FACT SHEET ON BIRTH CONTROL

(1966 Congressional Quarterly Inc., June 10, 1966, pp. 1235–1238)

CONGRESS MAY APPROVE FIRST BIRTH CONTROL BILL IN 1966

Congress in 1966 could approve its first measure specifically to promote birth control programs.

Observers believe that amendments to the Food for Freedom bill (H.R. 14929) to authorize birth control assistance to foreign nations have a strong chance of Congressional approval. The amendments were approved by the House Agriculture Committee May 18.

The Johnson Administration in 1966 expanded its birth control activities. Government agencies increased their level of support for birth control and family planning. Mr. Johnson spoke in favor of Government birth control and family planning efforts in his Jan. 12 state of the Union message, his Feb. 2 international health and education message, his Feb. 10 Food for Freedom message and his March 1 domestic health and education message (Weekly Report, p. 32, 327, 411, 497).

The increased federal activity reflected growing public support for Government involvement in birth control programs. Most Americans, including a majority of Roman Catholics, favor Government support for birth control at home and abroad, according to public opinion polls. Support for birth control was buttressed by fears of widespread famine in the underdeveloped countries if population growth is not checked. The United Nations Food and Agriculture Organization May 16 said world food production declined slightly in 1966 while population grew at a rate of 2 percent. One expert told Congress that 10 to 12 million Indians may starve in 1966 (Weekly Report, p. 626).

BACKGROUND

(Reference—for previous Fact Sheet on Birth Control, see 1965 Weekly Report, p. 1181.)

Federal funds have been spent for state and local birth control programs for more than 20 years, according to Department of Health, Education, and Welfare (HEW) officials. Funds authorized by the public assistance provisions of the

Social Security Act of 1935 (P.L. 74–721) and its amendments have been used by health and welfare agencies in several Southern states since the late 1930s.

However, the Federal Government remained officially unaware of the programs until 1965. (See below.) The first birth control programs conducted directly by the Federal Government were population studies and research into reproductive biology undertaken in the 1950s. However, birth control remained a taboo subject in Government circles and was rarely mentioned.

The year 1965 seemed to be the great divide in Government birth control policy. Government agencies openly spent federal funds to supply birth control information and devices to recipients of health and welfare services. The subject was discussed in Congress, and President Johnson repeatedly endorsed U.S. efforts to check population growth.

PRESIDENTS' POSITION

The U.S. Presidents' views on birth control have been completely reversed in the course of three administrations. The views ranged from outright rejection of a federal role by President Eisenhower, through the caution of the Kennedy Administration to Mr. Johnson's open endorsement of federal birth control activities at home and abroad.

Eisenhower.—President Eisenhower in 1959 said birth control was not "a proper political or governmental activity or function or responsibility." He was commenting on a report by the U.S. Military Assistance Program which recommended U.S. support for studies and research that could help nations set up birth control programs.

Kennedy.—President Kennedy's strongest statement on the subject came in 1963 when he said Americans should "know more about the whole reproductive cycle and . . . this information (should) be made available to the world so that everyone could make their own judgment. . . ."

Johnson.—President Johnson went further in supporting birth control than any previous President in his 1965 State of the Union Message: "I will seek new ways to use our knowledge to help deal with the explosion of world population and the growing scarcity of world resources." (1965 Weekly Report, p. 1181).

Mr. Johnson endorsed birth control efforts in the United States, as well as overseas, at the 20th anniversary observance of the founding of the United Nations. He said, "Let us in all our lands—including this one—face forthrightly the multiplying problems of our multiplying populations and seek to answer this most profound challenge to the future of the world." (1965 Weekly Report, p. 1294).

Mr. Johnson in his Jan. 12, 1966, state of the Union message said the United States would "help countries trying to control population growth by increasing our research—and we will earmark funds to help their efforts." In his Feb. 2 message on international health and education he requested expanded research in human reproduction and population dynamics, increased training of American and foreign specialists in population problems and aid for family planning programs in nations which ask for help. In his Food for Freedom message Feb. 10, Mr. Johnson said, "A balance between agricultural productivity and population is necessary to prevent the shadow of hunger from becoming a nightmare of famine."

Mr. Johnson called for expanded research to study human reproduction in his March 1 domestic health and education message. He said the Children's Bureau and Office of Economic Opportunity would support family planning in the maternal and infant care programs in local communities when requested.

LEGISLATION

The first attempt in Congress to promote birth control activities came in 1963. Sen. Ernest Gruening (D Alaska) introduced a bill (S. Con. Res. 56), which urged increased research in reproductive biology by the National Institutes of Health (NIH) and called for a President's Commission on Population to educate the public and the Government about population problems and make recommendations to solve them. An identical bill was introduced by Rep. Morris K. Udall (D Ariz.) in 1964. Neither bill received action.

1965 Bills.—Seven bills were introduced in Congress April 1, 1965, to create Offices of Population Problems in the HEW and State Departments and to authorize a White House Conference on Population in 1967. The principal sponsors were Gruening (S. 1676) and Udall (H.R. 7073). Five identical bills were introduced in the House.

The only action on birth control bills in 1965 was by the Foreign Aid Expenditures Subcommittee of the Senate Government Operations Committee which held 15 days of hearings on S. 1676. The hearings opened dramatically on June 22. Gruening, the Subcommittee chairman, read a letter from former President Eisenhower in which he completely reversed his 1959 stand: "If we now ignore the plight of those unborn generations which, because of our unreadiness to take corrective action in controlling population growth, will be denied any expectations beyond abject proverty and suffering, then history will rightly condemn us." S. 1676 was not reported, but 12 Senators eventually joined Gruening as cosponsors, including Philip A. Hart (D. Mich.), a Roman Catholic (1965 Weekly Report, p. 2081; 1965 Almanac, p. 311).

Two bills (H.R. 8440, H.R. 8451) were introduced by Rep. James H. Scheuer (D. N.Y.). The bills would repeal laws which forbid importation, interstate transportation or mailing of contraceptive devices and information.

Gruening v. Gardner.—Gruening's Subcommittee continued hearings on S. 1676 in 1966. His office said 92 witnesses testified at 27 days of hearings held in 1965 and 1966. On April 7, Gruening clashed with HEW Secretary John W. Gardner, who said S. 1676 was not needed. Gardner argued that the Department has sufficient authority to "get the job done," which he said was more important than titles and "organizational boxes." Gruening said Gardner's approach was "negative" and did not dramatize the birth control program sufficiently. The Senator also was disappointed by other Administration witnesses. AID Administrator David E. Bell and Under Secretary of State Thomas C. Mann said S. 1676 was not required (for hearings on S. 1676, see Weekly Report p. 362, 628, 801).

Food for Freedom.—The House Agriculture Committee May 18 approved a Food for Freedom bill (H.R. 14929) by a 30–3 vote with amendments authorizing the spending of U.S.-acquired foreign currencies to help finance birth control programs in friendly nations. The amendments also make the activity of nations "related to the problems of population growth" one of the criteria the President will consider in deciding who should be aided under the bill. The amendments were proposed by Rep. Paul H. Todd, Jr. (D. Mich.) and were introduced in the Committee by Spark M. Matsunaga (D. Hawaii).

Similar amendments to the Senate Food for Freedom bill (S. 2933) were proposed by Joseph D. Tydings (D. Md.), Ralph W. Yarborough (D. Texas) and several cosponsors.

Tydings' Bills.—Sen. Joseph D. Tydings (D Md.) and eight cosponsors Feb. 28 introduced bills (S 2992, S 2993) to authorize the use of U.S.-owned foreign currencies to promote family planning in foreign nations and to authorize spending $225 million in fiscal years 1967–71 to aid family planning efforts in the United States.

The Senate Labor and Public Welfare Subcommittee on Employment, Manpower and Poverty May 10 began hearings on S 2993, the domestic measure. Dr. Philip R. Lee, HEW Assistant Secretary for Health and Scientific Affairs, said the Department did not need the authority granted in S 2993. Lee had been named by Gardner to oversee the Department's birth control program. Subcommittee Chairman Joseph S. Clark (D Pa.), one of the bill's cosponsors, said he believed the Bureau of the Budget would not let HEW officials endorse any measure for which funds were not provided in the fiscal 1967 Budget (Weekly Report, p. 994)

Legislative Outlook.—Congressional sources said the birth control amendments to the Food for Freedom bill have a strong chance of passage this year. One source said the "big test" would be on the floor of the House. Action on the bill is expected in the House sometime in June.

After hearing the lack of enthusiasm of Administration witnesses for S 1676, Gruening said he probably would not seek a vote on the measure in 1966. An aide said Gruening's purpose in continuing hearings was to dramatize the population problem. Gruening will reintroduce the measure in the 90th Congress if he feels further hearings are needed, according to the aide. Observers believe no action is likely on Sen. Tydings' bill to promote domestic birth control programs in view of the Administration's opposition.

FEDERAL PROGRAMS

The major federal birth control programs are carried out by four Government agencies—the HEW Department, the Office of Economic Opportunity (OEO), the Interior Department and the Agency for International Development.

HEW Department.—HEW Department policy permits birth control information and devices to go to both married and unmarried women, under a Jan. 24, 1966, memorandum signed by Secretary Gardner. The memorandum stated that the Assistant Secretary for Health and Scientific Affairs, Dr. Philip R. Lee, would be in charge of birth control programs. Dr. Lee said the memorandum did not set new policy, but spelled out the existing one.

HEW Under Secretary Wilbur J. Cohen May 5 said that a new post, Deputy Assistant Secretary for Science and Population, had been established. Dr. Milo Leavitt, who was named to the post, was to be in direct charge of HEW birth control programs under Dr. Lee. Cohen said that the HEW Department was organizing a series of regional meetings to explain Department birth control policies, with a Task Force to evaluate the meetings and to make recommendations on the desirability of holding a national conference. He said the Department had established a Secretary's Committee on Population and Family Planning to evaluate its policies and programs. The actions taken were similar to provisions of Sen. Gruening's bills (see above).

HEW officials said the new title XIX added to the Social Security Act in 1965 would provide added impetus to the Department's birth control program. The title provides health services for persons receiving public assistance payments, including families with dependent children, the blind and the permanently and totally disabled. Cohen said the funds provided to the states under Title XIX may be used for family planning.

HEW Officials said an estimated $3 million in maternal and child health and maternity and infant care funds were spent in fiscal 1966 for family planning programs in 32 states, in contrast to 13 states in 1964. An estimated $5 million will be spent in fiscal 1967, they said. In addition, Gardner told the Senate Foreign Aid Expenditures Subcommittee, $6.5 million was being spent in fiscal 1966 for applied research in population studies. About $2 million will be spent in fiscal 1966 for research directly related to fertility regulation, about double the amount in fiscal 1965, he said. He said $1.7 milion was being spent for personnel training in fiscal 1966. Gardner said 165 professional and technical staff members were working on population matters in the Department.

The HEW Department's family planning assistance is carried out chiefly by the Children's Bureau and the Bureau of Family Services. These agencies provide grants to state and local health and welfare agencies which provide the services as part of their regular programs. The Public Health Service also supplies information and devices through its hospitals and to its employees and their families. The National Institute of Child Health and Human Development carries out research into all phases of human reproduction.

An HEW Department official said states in the South had been using HEW grants to supply birth control services to health and welfare recipients since the 1930s. North Carolina in 1937 became the first state to establish a birth control program. It was followed closely by Alabama, Florida, Georgia, Mississippi, South Carolina and Virginia. Puerto Rico also set up a program in 1937.

The Department claims authority to provide birth control services under several laws. The major ones cited are the Social Security Act of 1935, the Public Assistance Amendments of 1961 (P.L. 87–64) and the Maternal and Child Welfare Amendments of 1963 (P.L. 88–156). Services also are provided under several sections of the 1944 Public Health Service Act. The Department's major research program is authorized by the 1962 law (P.L. 87–838) which created the National Institute of Child Health and Human Development. However, none of the legislation cited mentions birth control or family planing specifically.

Office of Economic Opportunity.—The Nation's antipoverty program offers birth control aid and information to the poor through its community action program. The OEO so far in fiscal 1966 has approved birth control programs in 31 community action projects, compared to seven in fiscal 1965. The assistance is offered as part of the projects' regular health program. An OEO spokesman said no specific amount of money is allocated for birth control.

OEO Director R. Sargent Shriver said Jan. 14 that birth control information could be dispensed to women regardless of marital status. But he restated the limitation that contraceptive drugs and devices purchased with federal funds could be given only to married women living with their husbands. There is no limitation on the 10-percent non-federal matching funds required for community action projects

Interior Department.—The Department of Interior in 1966 continued to offer birth control aid as part of its regular welfare services. Under a June 20, 1965,

memorandum by Interior Secretary Stewart L. Udall, about 380,000 American Indians living on reservations, 232,000 residents of trust territories such as American Samoa and Alaskan Eskimos qualify for assistance. Udall's directive said the aid should be given only on request and for services "generally available in their communities throughout the nation." Information, drugs and devices are dispensed as part of the regular welfare program of the Bureau of Indian Affairs and Office of Territories. (The Public Health Service (PHS) in the HEW Department also supplies family planning services to American Indians. PHS is in charge of all Indian health services.)

Agency for International Development.—The Agency for International Development (AID) supports demographic studies in foreign nations, research in cooperation with the NIH and other agencies and training in public health and maternal and child welfare of foreign nationals and Americans for service overseas. AID provides no birth control devices to nations overseas. Generally they are supplied by private groups such as Planned Parenthood-World Population or are manufactured in the nation conducting the birth control program.

AID Administrator David F. Bell told the Senate Foreign Aid Expenditures Subcommittee April 8 that AID supported population and public health training starting in the early 1950s. In 1962, the agency released a publication, "A Development Manual Order on Population," which said AID would help countries conduct demographic studies and would recommend sources of information on ways to control population.

Thomas C. Mann, then Assistant Secretary of State for Inter-American Affairs, said in 1964 that the United States would help other nations "in training and research in demography and exchange information. . . ." AID also said in 1964 that it would appoint an official in each AID mission to be responsible for population problems. In 1965, the agency anounced it would consider requests for assistance in family planning activities from governments which were undertaking their own programs, if such programs were based on freedom of choice for the individuals and families involved.

AID claims authority to proivde birth control assistance under legislation which permits the agency to provide economic assistance to foreign nations. It cites specifically the Agricultural Trade Development and Assistance Act of 1954 (Food for Peace—P.L. 83-480) and the Foreign Assistance Act of 1961 (P.L. 87-195).

Programs.—The U.S. foreign aid program will spend about $10 million in fiscal 1967 for family planning activities, Bell told the Subcommittee on Foreign Aid Expenditures. He said the amount was $5.5 million in fiscal 1966 and $2 million in 1965.

Under its program, AID provides technical assistance such as vehicles to transport health workers. Turkey, for example, has requested this type of assistance. AID officials said South Korea and Nationalist China are using AID-generated local currencies to support birth control programs. The agency is considering requests for family planning aid from Pakistan, Honduras, Tunisia and India.

Each of the 70 AID missions has one person responsible for coordinating birth control programs and helping governments set up programs. The missions and American embassies maintain family planning libraries for use by the host nations.

AID supports programs to train doctors, public health workers and midwives for overseas service at the University of North Carolina and the Johns Hopkins University. Midwives and nurses are being trained in cooperation with the Children's Bureau; statisticians are being trained for family planning work by the National Center for Health Statistics and the Census Bureau is training census and survey specialists. AID supports population studies by the Pan American Health Organization, the Latin American Center for Demography and Statistical Studies in Chile, the National Center for Studies of Population and Development in Peru and the Central American Demographic Studies Unit in Guatemala.

OTHER DEVELOPMENTS

Connecticut Law.—The U.S. Supreme Court June 7, 1965, by a 7-2 decision struck down a Connecticut law which prohibited the use of contraceptive devices or the distribution of information about their use (1965 Weekly Report p. 1129).

White House Conferences.—The Nov. 3-4 White House Conference on Health recommended a $60-$75 million federal program to provide birth control services

to the poor. The Nov. 29–Dec. 1 White House Conference on International Cooperation called on the United States to make $300 million available over three years to aid nations seeking help in curbing their birth rates (1965 Weekly Report, p. 2327, 2441).

Roman Catholic Church.—Pope Paul VI Feb. 13, 1965, reaffirmed the Roman Catholic Church's position that the rhythm method was the only acceptable form of family limitation for Roman Catholics. On March 3, the Pope named Alfredo Cardinal Ottaviani, a conservative, as chairman of a reorganized papal commission studying the church's position on birth control.

In the United States, support seemed to be growing among Roman Catholics for birth control. A Gallup Poll in October 1965 showed that 59 percent of the Roman Catholics polled favored spending federal funds for birth control programs. Another Gallup Poll in February 1966 showed that 56 percent of the Catholics polled favored a change in the church's position on birth control.

Foreign Nations.—Many underdeveloped nations are seeking to curb their population growth, including the world's two most populous countries. India announced April 10 that it would spend $237.5 million on birth control during the next five years. India made population control a part of its two previous five-year plans. Newspaper reports said Commmunist China was increasingly moving to curb the birth rate. The Chinese reportedly are encouraged to undergo sterilization, to marry late and to limit the number of children. It was reported that the government threatened to cut off food and clothing ration cards for families with more than three children. Some other nations with birth control programs are Japan, Pakistan, Ceylon, Egypt, and Turkey.

United Nations.—The United Nations Food and Agriculture Organization said on May 16 that world food production declined in 1965. The world's population increased at a rate of 2 percent a year. On May 18, the UN's World Health Organization (WHO) voted to limit its birth control activities to an advisory role. The vote killed chances for a decision on a U.S.-sponsored resolution under which the WHO would have provided direct birth control assistance.

Ford Foundation.—The Ford Foundation in 1966 announced its first grants for direct birth control assistance in the United States. The $3.6 million in grants for family planning in the United States and abroad included $250,000 to the American Public Health Assn. to assist family planning work in health and welfare agencies and to stimulate family planning training in medical, social work and nursing schools. A $25,000 grant to the Urban League was for planning educational programs to reach poor families.

Senator GRUENING. The meeting will recess until further call of the Chair.

(Whereupon, at 1:30 p.m., the committee was adjourned, to reconvene subject to the call of the Chair.)

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