MS-603: Rabbi Marc H. Tanenbaum Collection, 1945-1992.

Series E: General Alphabetical Files. 1960-1992

Box 88, Folder 6, Planned Parenthood, 1966.

3101 Clifton Ave, Cincinnati, Ohio 45220
(513) 221-1875 phone, (513) 221-7812 fax
americanjewisharchives.org

Planned Parenthood-
World Population

Statement by Alan F. Guttmacher, M. D.
President, Planned Parenthood-World Population
before Subcommittee on Manpower, Employment and Poverty
of Senate Committee on Labor and Public Welfare
May 10, 1966

I am honored to appear before you as the President of Planned Parenthood-World Population, the voluntary family planning organization founded by Margaret Sanger which has operated birth control clinics in the United States for 50 years. I am instructed by the Board of Directors of my organization to appear in support of S.2993, a bill introduced by Senator Tydings and co-sponsored by Senator Gruening, the distinguished chairman of this Subcommittee, and six other members of the Senate.

In the half-century during which the family planning movement has been in existence, we have led the work in educating all Americans to appreciate the value of responsible and planned parenthood. In this work we have mobilized the support of hundreds of thousands of citizens behind efforts to make voluntary family planning available to all who need and want it. Our Affiliates, in 130 communities throughout the nation, last year provided medical service in conception control to 320,000 Americans, two-thirds of whom had incomes below $75 weekly. The patient load has tripled since 1960.

We have never felt that as a private organization, we could or should provide these services to the millions of Americans who cannot afford private health care. Our role has been the traditional one of the voluntary health organization -- pioneering in new areas of service and preparing the ground for the eventual inclusion of our special field into routine medical care.

Therefore, we are heartened by mounting evidence during the last several years that general health services, both tax and community-supported are becoming

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 515 MADISON AVENUE, NEW YORK, N.Y. 10022 AREA 212, PLAZA 2-2100

increasingly interested in making family planning available to their patients, in the same manner as they provide other critical health care. This was tangibly demonstrated in the National Conference on Family Planning which we sponsored here in Washington last week, with the participation of 1,000 delegates, including representatives of 65 major national health, welfare, religious and civic organizations. The participants were a stellar group of professional men and women in this field culled from many of the nation's most important hospitals, health departments and universities. At this historical conference, spokesmen for several Federal agencies indicated the Administration's intention to move ahead with more active programs in family planning. We were particularly pleased to hear the Under Secretary of the Department of Health, Education and Welfare announce the establishment of the post of Deputy Assistant Secretary for Science and Population, and the plan to convene a series of regional conferences on family planning in preparation for a possible national conference. In our view this action represents substantial agreement by the Department with two of the major objectives of S. 1676, the legislation introduced last year by Senator Gruening.

However, I am sure that the distinguished Under Secretary is under no illusion that these two steps, by themselves, will be sufficient to make family planning services actually available to impoverished American couples who do not have present access to them. Our Research Department has estimated that there are now in the U. S. approximately 5 million fertile, medically indigent women who are neither pregnant nor seeking pregnancy at any given time and who thus could be considered potential patients for subsidized family planning service. Our studies also indicate that of this number, slightly more than one in ten is now receiving this service from either Planned Parenthood, community or tax-supported clinics.

These conservative calculations approximate the measure of the need. They are based on the application of the major findings of recent social research to

the problem of defining the unmet need for family planning. For example, studies show that Americans of all social classes, including the poor, desire an average of three children. Our formula postulates that each impoverished couple will want to have this average number of offspring. We also employed a very low income figure to define poverty and medical indigency, since the distinguished scientists who serve on our Social Science Committee felt that it would be wiser to err, if at all, on the conservative side.

We believe that it is possible to extend quality family planning assistance to all these five million impoverished families within a short time, offering especially the modern methods of conception control which have proven so acceptable to low-income parents. To do this requires that all components of the American health service system undertake to provide family planning with skill and dignity. Yet it is clear from experience in communities throughout the country that local health services at the present time do not have available sufficient financial resources to undertake family planning programs on the large scale required to insure comprehensive availability. Budgets for local health departments and hospitals are already strained, and existing sources of outside financial assistance are too specialized to permit the establishment of much beyond demonstration services.

Our studies indicate that good quality services can be delivered at an average cost per patient of approximately $20 annually, including supplies. S. 2993 would make available sufficient Federal funds to make possible the extension of these services to all the indigent within the next five years.

A number of our Affiliates have made preliminary studies attempting to project the financial requirements over the next five years for increasing the availability of family planning service in their communities. They also attempted to assess which medical agencies and institutions could be expected to provide the

service, the projection being based on current capabilities, locations and normal patterns of health care delivery. Many of these studies will be published during the next several weeks but I would like to share with this Committee some pertinent findings which demonstrate conclusively the need for S. 2993. These findings are embodied in a chart which I would like to append to my statement for the record. I will mention only a few of the findings, after first emphasizing that the cities involved in these studies already have the most extensive existing network of family planning services under community and public auspices. In other communities, presently there exist no such facilities. Thus the chart is, if anything, an underestimate of the need throughout the country.

In your home city of Philadelphia, Mr. Chairman, our estimate is that only 20% of the indicated patient load is currently being served, and that comprehensive services for the nearly 40,000 potential patients not now served would require energetic efforts by the public and community hospitals, and the Health Department as well as expansion of Planned Parenthood's service program. To accomplish this, an additional $796,000 would have to be budgeted for family planning services.

In Baltimore, a city with widespread public agency birth control services as well as an active Planned Parenthood program, only 31% of impoverished families now receive service, and the funds needed to close the gap in family planning services by 1970 come to $394,000 annually.

Chicago estimates that 29% of the indicated patient load is now being served and that $1,209,190 will be required.

In Kansas City, 26% of the patient load is receiving service and $407,541 is needed each year to accomplish the full job.

Perhaps the most impressive demonstration of the need for S. 2993 is contained in the results for New York City, which currently has no less than 67

family planning clinics in public and community hospitals (including five Catholic hospital rhythm clinics), health departments and Planned Parenthood centers. These agencies last year served 73,000 patients, but there were still some 83,800 patients unserved. To extend full service to these families will require $1,876,000 in additional funds for family planning.

New York is not a typical American city in many ways. One is the intensive effort which all components of the health service system have made in the past several years to make family planning services available to all the poor. Yet New York, with all of its resources, cannot complete the task without help. In one of the best papers presented at our Conference last week, Dr. Alonzo Yerby, New York City's eminent Commissioner of Hospitals, detailed the great progress that has been made in family planning in New York during the last several years and went on to discuss the prospects for serving the remaining 56% of impoverished New Yorkers not now being served:

> "To accomplish this within the foreseeable future, it will be necessary to secure considerably larger budgets for family planning that can be expected from local sources even in the largest city of the country. We must not delude ourselves: If health administrators are forced to choose between spending inadequate budget funds on oral contraceptives or on antibiotics, precious little family planning care will be made available to the poor . . . If we mean what we say about the medical and social urgency of making fertility control available to all Americans, Federal funds in significant amounts will be needed to assist in the financing of local family planning services. The time has come for a broad Federal program of financial assistance in family planning which will permit suitable local health agencies, public and private, to develop services adequate to meet community needs."

It is our view that S. 2993 would offer the kind of broad Federal program which Dr. Yerby so earnestly requests. We believe that it carries out the President's intent when he singled out the need for the expansion of family planning service as one of four critical health problems demanding special and categorical attention.

We are not unmindful of the important efforts that the Administration is now initiating to move toward more comprehensive health service. In supporting these moves we are convinced that family planning service should and must ultimately be included as an integral and routine part of high quality medical care for all Americans. This has been the basic philosophy of Planned Parenthood for a half-century.

But we cannot ignore the fact that until very recently this component of health services has been a tabooed subject. At present it is clear that many, perhaps most, of our public and community health services lack both the experience and the knowledge to provide family planning. As Senator Tydings stated, "To overcome the years of inattention it will be necessary to devote to this field special attention."

Indeed, it has been the experience in New York and in many communities throughout the country that the initiation of a quality family planning service is actually instrumental in helping to make available to the poor more comprehensive medical services than would otherwise be available. Thus we feel that enactment of S. 2993 would assist the Administration to move toward its goal of comprehensive health services.

I would like to submit for the record the resolution on this bill which was adopted unanimously by PPWP's Board of Directors at its meeting last Saturday, as well as the summary of recommendations which emerged from last week's National Conference at the Shoreham. This distillation of the views of our eminent speakers, panelists and other participants provides an excellent overview of what needs to be done in this field.

Mr. Chairman, we in the United States have a unique opportunity to do something which has never been done before in the world -- to move forward with

dispatch to make high-quality family planning service actually available to all citizens, even the very least among us. Such an accomplishment would be a meaningful demonstration of the sincerity and urgency of our concern with the population crisis to the peoples of the world. Modern medicine has made this an obtainable objective in our country within the brief span of five years. S. 2993 would provide the modest financial resources, that is, in terms of total national health expenditures, to accomplish an historic task.

#######

CLOSING THE GAP IN FAMILY PLANNING SERVICES FOR MEDICALLY DEPENDENT FAMILIES IN SELECTED U.S. METROPOLITAN AREAS BY 1970[1]

City	Estimated Minimum Number of Potential Patients[2]	Current Low-Income Patients, Planned Parenthood[3]	Current Low-Income Patients, Other Agencies	% of Estimated Number Now Served, All Agencies	Est. No. Low-Income Patients NOT Now Served	Projected Targets to Close Gap by 1970 - Total No. of Low-Income Patients by Agency[4]						Financing of Family Planning Services -- All Agencies[5]	
						P.P.	Public Hosp.	Volunt. Hosp.	Health Dept.	Poverty Program	Other	Now Being Spent	Additional Funds Needed To Close Gap by 1970
New York, N. Y.	166,800	20,000	53,000	44%	83,800	35,000	60,000	36,000	18,000	17,800	-	$1,460,000	$ 1,876,000
Chicago, Ill.	96,380	22,925	5,397	29%	68,058	35,000	15,000	4,000	18,000	24,380	-	524,650	1,209,190
Washington, D.C.	22,000	6,800	5,267	55%	9,933	8,000	2,500	1,000	10,000	-	500	267,000	238,000
Baltimore, Md.	33,100	4,500	5,700	31%	22,900	7,000	4,000	5,100	5,000	12,000	-	204,000	458,000
Philadelphia, Pa.	50,000	3,700	6,500	20%	39,800	7,200	3,000	14,500	13,330	12,000	-	204,000	796,000
Milwaukee, Wisc.	13,300	817	1,205	15%	11,278	2,043	3,780	2,300	-	5,177	-	40,440	225,560
Phoenix, Ariz.	22,300	3,200	450	16%	18,650	5,500	1,800	378	9,122	5,000	500	54,000	392,000
Newark, N.J.	19,000	2,600	1,307	21%	15,093	7,400	3,150	1,950	-	3,000	3,500	90,500	289,500
Syracuse, N.Y.	13,200	2,100	-	16%	11,100	4,000	2,000	3,000	2,000	2,000	200	34,000	230,000
Kansas City, Mo.	26,677	2,953	4,100	26%	19,624	5,906	10,385	2,077	1,662	5,193	1,454	139,000	407,541
Columbus, O.	14,000	3,380	3,490	49%	7,110	6,700	2,000	1,000	500	1,800	2,000	147,073	146,927
El Paso, Texas	10,200	3,185	407	35%	6,608	5,393	1,405	1,000	1,570	-	832	68,231	135,769

1. Derived from detailed studies made by Planned Parenthood of Manhattan and the Bronx; Planned Parenthood of Brooklyn; Planned Parenthood Association, Chicago Area; Planned Parenthood of Metropolitan Washington, D.C.; Planned Parenthood Association of Maryland; Planned Parenthood Association of Philadelphia; Planned Parenthood Association of Milwaukee; Planned Parenthood Association of Phoenix; Essex County Committee for Planned Parenthood; Planned Parenthood Center of Syracuse; Planned Parenthood Association of Greater Kansas City; Planned Parenthood of Columbus; Planned Parenthood of El Paso.

2. Estimated minimum number of medically dependent fertile women who are not pregnant or seeking a desired pregnancy at any given time.

3. 1965 patient load with family incomes below $74 weekly.

4. Projections based on growth rate of Planned Parenthood patient loads between 1961 and 1965, and capabilities and location of hospitals, health department clinics and other agencies.

5. Based in most cases on average annual cost of family planning service of $20 per patient, including supplies.

Department of Program Planning and Development, Planned Parenthood-World Population, 515 Madison Avenue, New York, N. Y. May 1966

Planned Parenthood-
World Population

RESOLUTION ADOPTED BY BOARD OF DIRECTORS OF PLANNED PARENTHOOD WORLD POPULATION
May 7, 1966

Within the last year, three White House Conferences have stressed the need to expand family planning services at home and abroad. The President has characterized the solution of the population problem as "second only to the search for peace . . . humanity's greatest challenge", and has singled out family planning as one of four domestic health problems requiring special attention.

An overwhelming consensus has emerged among Americans of diverse viewpoints in support of vigorous action by the United States to help meet the world population crisis and domestic family planning needs -- a consensus broad enough to constitute a mandate for decisive and unequivocal programs. Neither the problems in the developing countries overseas nor in the poverty areas of our own country will be solved with timid, hesitating efforts. The time has come for our nation to move beyond token programs and to allocate resources to this field commensurate with its world-wide urgency.

The Board of Directors of PPWP is heartened by the new forward-looking programs announced within the last few days by Federal Agencies. We feel these programs will be accelerated if recent legislative efforts to expand substantially the financial resources available for this field are successful.

We support the principles of the proposed amendments to the Foreign Assistance Act and the Food for Freedom bill which would make clear that U.S. counterpart funds in developing nations overseas can be used, at the request of the recipient country, to finance family planning programs conducted by suitable local agencies.

We likewise support the principles embodied in S.2993 which would make available, over the next five years, Federal matching funds ranging from $15 million annually to $75 million to finance family planning programs in the U.S. operated by public hospitals and health departments, and voluntary hospitals and health agencies. The need for this legislation is clear, since local budgets for health services are already strained and few local operating agencies presently have the experience or the capability to integrate family planning services into their programs. The financial assistance proposed in S.2993 would make possible the kind of vigorous leadership which is required in this field and would go a long way toward making competent family planning services actually available, within the next five years, to all medically dependent Americans who need and want them.

D-530

STATEMENT BEFORE THE
SUBCOMMITTEE ON EMPLOYMENT, MANPOWER, AND POVERTY
OF THE SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE,
JOSEPH S. CLARK, CHAIRMAN, ON S. 2993,

Presented by John Whitridge, Jr., M.D.
Chief, Bureau of Preventive Medicine
Maryland State Department of Health,

May 10, 1966

Mr. Chairman, I welcome this opportunity to present to you and the honorable members of the Committee, my views on family planning. As a physician engaged in full-time public health administration for over twenty years, I have been made increasingly aware of the tremendous importance of the population problem, not only on a worldwide basis, but as it affects these United States of America.

The remarks which follow are my own personal views and also represent the official policies of the Maryland State Department of Health.

I thought perhaps I could be of most assistance to this Committee by outlining for you very briefly what has been happening in relation to family planning in the State of Maryland. A brief historical review of what has transpired in Maryland in recent years is as follows: Prior to the fall of 1962, family planning services for the indigent and medically indigent in Maryland, including the City of Baltimore, were virtually non-existent. Those limited services being offered to those unable to afford private medical care were being made available almost entirely through a voluntary agency; namely, the Planned Parenthood Association. In three or four of Maryland's counties, rather ineffective sporadic attempts were being made to include this type of service through Health Department clinics.

The basic reason for this state of affairs can be said to have been apathy and a feeling that public opinion would be against any widespread effort to provide family planning services through tax funds.

In 1962, however, there began a rapid shift in public attitude and at long last the time seemed propitious for positive action on the part of the State Health Department to make family planning services available for those unable to pay. This change in attitude was actually triggered by a policy statement of the Maryland State Board of Welfare, in which, for the first time, welfare case workers were directed to begin making referrals, when indicated and desired, of welfare clients for family planning. The results during the succeeding three and one-half years have been gratifying, though perhaps not spectacular. At the present time, 22 of Maryland's 24 political subdivisions have programs of family planning through Health Department auspices. The remaining two counties will begin services sometime during the summer of 1966, so that there will be official endorsement, in principle, of providing family planning through Health Department facilities throughout the entire state.

The above described situation, however, sounds better than it is in reality. To adopt in principle the provision of any type of health services and to meet the need fully are two totally different things. Through the use of a formula developed by Dr. Steven Polgar, we estimate that there are at least 100,000 women in Maryland who would, and should, be receiving family planning advice and services if it were made available to them. This estimate and the formula used to arrive at this conclusion are based upon the number of women in the childbearing age in Maryland and the median family income of the various communities in the state.

Currently, through the combined resources of the health departments in the state and the Planned Parenthood Associations, we estimate that approximately 12,000 women from low income families received services for child spacing and prevention of pregnancy during 1965. It is immediately apparent, therefore, that a tremendous gap exists between what is needed and what is being provided, in that in excess of 80,000 women presumably eligible for and wishing contraceptive advice are not receiving it.

In the development of Maryland's program to its present level, let me emphasize that there has been, to the best of my knowledge, no communitywide opposition whatever to what the health departments have been doing. On the contrary, the family planning services have proved to be extremely popular and the problem now is that we have more potential users of this service than we can accommodate. Let me give one situation to illustrate what is happening. In the city of Hagerstown, Maryland, two years ago family planning services were inaugurated by establishing one clinic per month in the Health Department. The rapid demand for services has resulted in the situation now being that two clinics per week are necessary to meet the patient load. Similar program growth has occurred in many other areas of the state. Parenthetically, it is important to note that whereas family planning is the basic reason why patients are coming to our health centers, their appearance provides a golden opportunity for these same families to receive other much needed health services. This is important to keep in mind because so often one tends to think of family planning as being nothing but birth control, whereas actually in the broad sense it affords an opportunity for comprehensive health care to the

individuals concerned over a continuing period of time. All patients, for example, coming to our family planning clinics are examined carefully for any evidence of cancer. As our nurses and doctors talk with women about the use of family planning, they also use this opportunity to engage in general comprehensive health education and advice concerning responsible parenthood.

The problem facing Maryland today is essentially one of how to expand the existing program to meet the needs. The crucial factor, as in all other health services, is one of personnel. We need to make provisions for more physicians to staff our clinics, more public health nurses, and more ancillary and supporting personnel. The training and employment of such people is expensive. Thus far, we have muddled along using a combination of local, state, and federal funds, the latter coming through maternal and child health funds through the United States Children's Bureau. We estimate that, at the very most, the public health agencies in Maryland are spending $100,000. a year on family planning. To do the job properly will cost us in the neighborhood of around one million and a half dollars per annum. These additional funds are needed, as indicated above, for further training in the techniques of family planning for physicians and nurses, for their employment, and for equipment and supplies. Assistance to states of the type outlined in S 2993 would be invaluable in helping us reach our objective; namely, of seeing that no citizen of Maryland eligible for, and desirous of, family planning advice and services is denied them. These funds, however, would be categorically limited and could not be spent for any other program

function. We need funds which support basic services,especially to low income groups, on a broad base which could well include family planning services as well as others such as prenatal care, nutrition, and improvement of social conditions.

In closing this brief report, the members of this honorable committee may be interested in a few statistics. An unexpected thing happened in 1965; namely, a rather sharp decrease in the number of births. I say unexpected, because the trend has been steadily upward for the past 15 years. In 1950 there were approximately 56,000 resident births recorded in Maryland. Year by year this increased to the largest total ever recorded for the State of 79,000 in 1964. A projection would have led to the prediction that we would exceed 80,000 births in 1965. Instead of this, it is estimated at this point that there were only approximately 74,000 births; that is, a reduction of 5,000 from the previous year.

One cannot necessarily conclude that the introduction of public supported family planning services is the sole factor that is responsible for this unexpected turn of events. Whereas, however, it may not be the only factor involved, it seems to me difficult to eliminate the effect of family planning services completely as one of the major causes in the drop in birth rate and number of births.

Please do not be misled by the above reference to birth rates and births. The basic objective of a comprehensive adequate family planning program is not one of producing statistical changes. The transcendent objective is not simply a reduction in birth rates, but the promotion of

stable families in which all children are wanted children and in which child spacing allows couples to have a wanted child at the time they wish. In other words, this is not a numbers game, but is a program that should be dedicated to the welfare, stability and health of the family unit.

Mr. Chairman, I thank you again for this opportunity to express my views and brief comments on this important legislation.

STATEMENT BEFORE THE
SUBCOMMITTEE ON EMPLOYMENT, MANPOWER, AND POVERTY
OF THE SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE,
JOSEPH S. CLARK, CHAIRMAN, ON S. 2993.

Presented by Dr. William V. D'Antonio, Associate Professor of Sociology, University of Notre Dame and Chairman of the Catholic Committee on Population and Government Policy, Box 435, Notre Dame, Indiana, before the Subcommittee on Manpower, Employment and Poverty of the Senate Committee on Labor and Public Welfare

May 10, 1966

I am here as Chairman of the Executive Committee of the Catholic Committee on Population and Government Policy. The Executive Committee of my group is composed of professors from Fordham, Georgetown, Harvard, Hunter, Pace, University of Pennsylvania as well as the University of Notre Dame. I am an Associate Professor of Sociology at the University of Notre Dame.

Our involvement in the efforts to expand Government action in the field of family planning stems from the deep impression which was made on us by the courageous statement presented by Rev. Dexter L. Hanley, S.J. of Georgetown University School of Law to the Family Law Section, American Bar Association, Miami, Florida, August 1965. The following is the statement presented by Father Hanley which annotates both his position and our position:

> "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 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 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."

A group of faculty members at Notre Dame met and discussed how they might best show their support for the position taken by Father Hanley and supported by 56 other prominent Roman Catholics. Almost immediately we obtained the support of forty other faculty members from the University of Notre Dame. After achieving this, we felt that we should offer the opportunity to support this position to Roman Catholics throughout the country, which we did by placing advertisements in the Commonweal, America and Cross Currents.

Initially, we thought that perhaps 100 signatures from around the country from Catholic scholars, who were in sympathy with the belief that the Federal Government had a right and perhaps even an obligation to offer family planning services, would be an adequate testimony. But, the ads appeared less than a month ago, and we have in fact received 517 signatures already. And, we are still receiving responses of affirmation such as the following from Francis E. Powell, PhD, Department of Sociology of Boston College:

"The Hanley statement is being circulated by various members of the Department of Sociology and also various faculty members

throughout the university. Within the next few months, I shall send you a list of signatures, including my own, supporting the statement."

It is significant to note that out of 522 responses, only five have been negative. We are happy to note that the signatures include persons from 57 colleges and universities, 21 medical doctors, 45 Catholic clergy, 21 nuns, 17 lawyers (included among these is Dean Joseph O'Meara, School of Law, University of Notre Dame, Associate Dean William T. O'Hara, School of Law, University of Connecticut and Dean Leo Huard, School of Law, University of Santa Clara) and nine corporate executives. Scholars from every academic discipline -- the humanities, social sciences, physical and natural sciences, theology -- are represented in the group of signatures as well as citizens from 37 states.

The members of the Executive Committee of the Catholic Committee on Population and Government Policy are:

William V. D'Antonio, Ph.D.
G. Robert Blakey, LLB
Louis Dupre, Ph.D.
Margaret Donnelly, Ph.D.
Rev. Joseph D. Hassett, S.J.
John Kosa, Ph.D.
William T. Liu, Ph.D.
Luigi Mastroianni, M.D.
A. Kenneth Pye, Professor
Irene Popovitch, Ph.D.
Paul Reiss, Ph.D.

The 517 signatures which this Executive Committee secured, I will leave with the Committee to form a part of my testimony.

In summary, I think what we are asserting here by my presence this morning and by the position taken by the signees and the Executive Committee of the Catholic Committee on Population and Government Policy is our belief that action by the Federal Government in the field of family planning is well within the constitutional limits and seen by us as desirable social legislation. Most importantly, we would like to emphasize the fact that, in a

pluralistic society, some legislation may be desirable even though it may not be in accord with the moral principles of a minority of the society's members. It seems clear in the present case that a vast majority of Americans approve of Federal aid for family planning clinics - 65% according to Gallup Poll of October 1965. Furthermore, 59% of American Catholics in this Poll also approved of such aid. We stand with these majorities!

PLANNED PARENTHOOD

News from

May 5th
and May 6th,
Shoreham Hotel,
Washington, D.C.

NATIONAL CONFERENCE ON FAMILY PLANNING: PARTNERS FOR PROGRESS

Planned Parenthood-
World Population and
Planned Parenthood
of Metropolitan
Washington

For conference information

Summary of Recommendations

Presented by George N. Lindsay, Chairman, PP-WP
at Final Plenary Session

National Conference on Family Planning
4:00 P.M. Friday, May 6, 1966

This has been an historic National Conference on Family Planning and an exciting one. On Wednesday, we saw the repeal of the nation's last remaining restrictive law on birth control. Yesterday we heard of a major step forward in the policy of the Federal government in the domestic field and today, in the action of the House Agriculture Committee on the "Food for Freedom" bill, we have learned of a similarly promising breakthrough in our ability to help nations overseas. We can feel some satisfaction that these developments are not entirely unrelated to our Conference.

All of us have worked hard for two days. We have had the privilege of hearing from some of the most knowledgeable physicians, scientists, health and welfare administrators, religious, business and political leaders in the United States.

Participating Organizations: Amalgamated Clothing Workers of America, AFL-CIO • The American Assembly • The American Association of University Women • American Association on Mental Deficiency • American Bar Association • American Civil Liberties Union • The American College of Obstetricians and Gynecologists • Americans for Democratic Action • American Ethical Union • American Friends Service Committee • American Jewish Committee • American Jewish Congress • The American Lutheran Church • American Medical Association • American Nurses' Association • American Public Health Association • American Public Welfare Association • Arrow, Inc. • Board of Christian Social Concerns, The Methodist Church • Catholic Council on Civil Liberties • Central Conference of American Rabbis • The Child Welfare League of America • The Choate Foundation • Community Service Society • Congress of Racial Equality • The Cooperative League of the U.S.A. • Delta Sigma Theta Sorority • Family Service Association of America • HARYOU-Act, Inc. • Institute for Study of Population and Social Change at Notre Dame • International Convention of Christian Churches • Lutheran Church in America • Margaret Sanger Research Bureau • Medical Committee for Human Rights • National Association for the Advancement of Colored People • National Association of Manufacturers • National Association of Social Workers • National Council of the Churches of Christ in the U.S.A. • National Conference of Christians and Jews • National Education Association • National Federation of Catholic Physicians' Guilds • National League for Nursing • National Medical Association • National Social Welfare Assembly • National Urban League • Population Crisis Committee • Presbyterian Interracial Council • Protestant Episcopal Church • Resources for the Future, Inc. • Sex Information and Education Council of the U.S. • Southern Christian Leadership Conference • State Charities Aid Association • Task Force on Economic Growth & Opportunity, Chamber of Commerce of the U.S. • The United Presbyterian Church in the U.S.A. • Young Women's Christian Association.

The highlight statistics themselves tell an impressive story: More than 1,000 participants, including representatives of 65 national organizations; 84 panelists; 8 major addresses. The groups participating in this Conference comprise one of the most representative arrays of national organizations ever brought together under private auspices in this Capital. Surely this distinguished assemblage augurs well for the great partnership of public and private effort which will be necessary to meet the world population crisis and U.S. family planning needs.

There have been no formal resolutions at the Conference and not all participating organizations would necessarily be in agreement with all the recommendations for a positive forward program which have been made in the various panels and addresses. The significant contributions of organizational representatives to our deliberations, however, have made clear that Americans of diverse beliefs and viewpoints share a deep common concern over this issue. In this summary we have attempted to distill the sense of the discussions as a broad framework for continued creative collaboration.

Running through all of the panels and addresses has been the basic concept that the right to high quality family planning services is a fundamental human right which enlarges the individual's opportunity freely to make basic, life-shaping choices. In the spirit of the movement for emancipation which Margaret Sanger launched a half century ago, this Conference has been committed to two central propositions: First, that family planning is a personal and private matter

which must remain entirely free of outside coercion. Second, that parents' voluntary decisions in this area can only be made when competent medical services are actively offered and made accessible to all with dignity and without discrimination. It is the task of our pluralistic service system, encompassing a variety of health, welfare, religious and educational institutions in both private and public sectors, to work together to make these goals a reality without further delay.

There was overwhelming agreement on two major program emphases:

1. In the United States, we face a considerable backlog in the provision of family planning services. This backlog is the result of long standing deficiencies in our medical care system and of widespread discrimination in the provision of health services to the poor. At the same time, the United States has the resources, capacity and obligation to face this backlog forthrightly and to provide, within the foreseeable future, competent family planning services to all families that need them and want them. The services should be offered with the aim of enhancing individual freedom of choice in regard to family size and child spacing. A variety of methods must be made available to guarantee that the family can choose a technique consistent with personal or religious beliefs.

2. In the United States, we presently have the resources, capacity and obligation also to provide far greater assistance -- financial and technical -- to nations overseas which require and request help in this field.

The extension of family planning was seen as decisive to the success of efforts to reduce poverty both at home and abroad. In addition to its intrinsic importance in helping poor couples and poor nations to help themselves, reports from many communities made clear that the initiation of family planning services can be instrumental in improving the general health services available to the poor and in opening up many new opportunities for employment of the poor in creative subprofessional jobs.

Although our existing knowledge and experience provide an adequate base for immediate and rapid expansion of programs at home and abroad, there is a continuing and pressing need for the extension of our fundamental knowledge in the area of fertility and infertility, and for further testing, experimentation and development of new medical techniques and improved methods of delivering this service.

At the same time, there is an immediate as well as a continuing need to train the physicians, scientists, nurses, social workers, administrators and subprofessional workers who will be required in these programs. Therefore, considerable expansion of educational and training efforts at undergraduate, graduate, and postgraduate levels will be required, as well as a wide variety of in-service training programs.

Perhaps one of the most extraordinary developments of this extraordinary Conference was the clear and heartwarming demonstration that the dialogue between the major religious faiths has been transformed into a true working partnership for the enhancement of world and family health, welfare and freedom.

DOMESTIC PROGRAMS

In keeping within President Johnson's characterization of family planning as one of four critical domestic health problems demanding special attention, the panels yesterday and today attempted to define the scope of the need, assess the adequacy of current programs and project feasible means of meeting these needs. There remain substantial groups of Americans for whom family planning services are not currently available. The economically, culturally and geographically disadvantaged are deprived of adequate care in this field, as they are still deprived of other types of health care. It has been estimated that approximately five million fertile impoverished women are not pregnant or seeking a desired pregnancy at any given time, and that only one out of ten currently has access to competent family planning services. Low-income parents want as few children as higher-income parents -- or even fewer -- and respond in significant numbers when quality family planning services are made available with dignity and skill. To provide competent services to these families will require an estimated $100 million annually. Legislation to earmark the necessary Federal funds to augment local public and private funds for this program has been introduced by Senators Tydings, Gruening, Clark and others; but whether through new legislation or through the already existing administrative authority residing in the Department of Health, Education and Welfare for the allocation of such funds, this relatively modest amount, in terms of our total national health budget, is needed for family planning services over the next five years.

Federal and state funds should be made available on a matching basis specifically to make programs possible in local public and voluntary hospitals, health departments and suitable voluntary agencies.

Family planning must receive higher priority among the nation's health services. The gap between the overwhelming professional consensus and existing programs must be closed without further delay so that family planning enters the mainstream of American medical practice. Federal, state and local governments must take leadership, in cooperation with private agencies, to establish and maintain an adequate network of family planning services.

Among the specific recommendations for domestic programs were the following:

1. Rapid establishment of comprehensive free or heavily subsidized post-partum family planning clinics in every public and voluntary hospital with an obstetric service, as the most efficient and economic base for an adequate network of services.

2. Massive expansion of family planning clinics operated by Health Departments, with special attention to the needs of rural areas.

3. The rapid implementation of the new forward-looking policies announced yesterday by the Department of Health, Education and Welfare. The Department must assign its best resources to this program and should call for the inclusion of voluntary family planning services in any comprehensive state health plan utilizing Federal matching funds.

4. Higher priority to family planning in the war against poverty: Encouragement of a family planning component in all community

action programs funded by the Office of Economic Opportunity to provide neighborhood-based services in the heart of poverty areas, and removal of arbitrary restrictions on eligibility for service, such as the limitation on use of OEO funds to purchase family planning supplies only for married women living with their husbands.

5. Sufficient trained staff and consultants in both HEW and OEO to provide on-the-spot technical assistance to local hospitals, health departments and community action programs in the organization and delivery of family planning services.

6. Planning at Federal, state and community levels to coordinate public and private programs, guarantee comprehensive coverage and secure better deployment of manpower and improved use of facilities.

7. Special attention must be directed to social, health and educational services that meet the needs of adolescents. Acceptable programs must be devised with proper safeguards, to assist our young people in reducing the incidence of out-of-wedlock births and early marriage necessitated by pregnancy.

ASSISTANCE TO OTHER NATIONS

The U.S. must provide substantially greater assistance to the developing nations to help them reduce their rates of population growth which threaten to nullify all efforts for economic and social development. Such assistance should be given at the request of the recipient nation and should be integrated into comprehensive aid for general economic and social development.

While there has been progress in U.S. aid in the population field during the last several years, much more can and must be done. Among the recommendations were the following:

1. Larger expenditures for assistance on family planning programs, similar to the proposal of the White House Conference on International Cooperation that the U.S. make available up to $100 million annually over the next three years to help other countries implement these programs and strengthen national health and social services necessary for their support.

2. The U.S. should forthrightly make known to recipient countries that counterpart funds in sizeable amounts can be utilized to help finance family planning programs in those countries, as authorized in the amended "Food for Freedom" Bill reported by the House Agriculture Committee today.

3. The U.S. government, in cooperation with the United Nations and other international organizations, private organizations and universities, should encourage the substantial expansion of facilities for education and training of U.S. and foreign personnel in all aspects of the population problem and the implementation of family planning programs.

RESEARCH

If the population problem is, as the President put it, second only to the search for lasting peace in its importance for the future of mankind, this priority remains to be reflected in the allocation of scientific resources in the U.S. Almost every other field of

scientific and medical interest -- space, cancer, heart disease, blindness, mental health and so on -- commands a considerably larger share of Federal research funds than the $2 million which Secretary Gardner stated will be spent this year for research directly related to the regulation of human fertility.

There was agreement that the time has indeed arrived to correct this situation. With our scientific capability and financial resources, it is indisputable that one of the most significant contributions we can make to the solution of the population problem throughout the world is through massive research to discover methods of fertility control suitable for use in different nations and cultures and acceptable to all faiths; to determine optimum patterns for implementation and administration of family planning services; to illuminate the factors which condition family size preferences; and to explain the relationship between population growth and economic development. It was suggested that the global population explosion is of such urgency as to require a "crash program" in which the great strides forward in biological knowledge are applied to this field. Specific recommendations included:

1. An aggressive, large-scale program should be initiated by the Federal government and private institutions to recruit scientific investigators to work in this field. Appropriate incentive programs, such as fellowships, professorships, and career development awards, should be established on a broad scale to insure that enough workers in the scientific disciplines involved are attracted to the field.

2. This year's appropriation for the National Institute of Child Health and Human Development should be increased substantially

to allocate a minimum of $25 million, specifically and categorically, for research directly related to fertility control.

3. Federal funds and energetic leadership should be provided to establish an appropriate number of major institutes throughout the country within the next five years for the interdisciplinary study of human reproduction, fertility, and family planning.

4. Special emphasis should be placed on research to increase the acceptance and reliability of the rhythm method, and to discover and make available other new techniques of fertility control.

TRAINING AND EDUCATION

To carry out these programs will require thousands of trained workers -- physicians, nurses, social workers, scientific investigators, administrators, planners, minister-counselors, clinic aides, community workers and other subprofessional workers. In addition, the next generation must be given adequate opportunity to learn about population dynamics, human reproductive and fertility regulation. Such education should be made available to children at the earliest ages, consonant with their level of comprehension.

At the present time, education on family planning and population dynamics is inadequate in the nation's professional schools and almost non-existent in the nation's colleges and high schools. Specific recommendations in this area include:

1. A coordinated program involving the major professional groupings -- the American Medical Association, the American Public Health Association, the American Public Welfare Association, the

American Nurses Association, the National Association of Social Workers, and the religious groups -- to insure the inclusion of comprehensive material on family planning and population dynamics in the curricula of the relevant professional schools, and to develop intensive programs at the post-graduate level.

2. Regional training institutes for the diverse professional groupings, financed by the Federal agencies with responsibilities in this field (Public Health Service, Children's Bureau, Office of Economic Opportunity).

3. An extensive training program, conducted jointly by the operating agencies and appropriate educational institutions, to train persons for subprofessional jobs in family planning clinics and the community education program associated with them. It has been estimated that the equivalent of 55,000 full-time jobs would be created in domestic family planning services alone. Such a training program should receive high priority in the war against poverty.

4. A major effort, involving educational and professional organizations and private foundations, to integrate appropriate material on population dynamics, reproductive physiology and fertility control in high school and college curricula.

5. Development by the Public Health Service of mass educational materials on population dynamics and family planning for all Americans.

6. Special training for clergy and ministerial students to equip them to counsel parishioners in this field.

GENERAL

Additionally, there were several more general proposals. It was felt that the dialogue among the major religious groups which has developed in this field during the last several years has demonstrated beyond doubt overwhelming agreement on the necessity for family planning, as long as personal beliefs are respected in these programs. It was evident that the dialogue will be intensified to deal with such questions as the moral issues associated with more widespread use of family planning and the need to involve all segments of the religious community in the social action and cooperation that will be necessary to provide family planning help to those most in need. Interfaith cooperation and mutual understanding in this field is not only desirable but has indeed become a moral imperative. The need for increased attention by the schools, the churches and other institutions to the total fabric of family life was also emphasized.

Similarly, the dialogue among business leaders and economists on the relationship between various rates of population growth and the future of the economy must be continued and broadened. Questions were raised as to the quality of life in an overcrowded America if present growth rates continue. The first order of business was seen as the extension of competent family planning services to those Americans now deprived of them, but it was clear that a major educational effort must be initiated now to alert all Americans to the threat posed by rapid population growth. We need more systematic exploration of the diverse factors influencing the family size preferences of individual parents

and the potential tension between these individual desires and overall social needs.

In sum, then, the clear message of this Conference is that family planning is an urgent issue in the U.S. and throughout the world, and that we have the knowledge and the resources to get the job done within the foreseeable future through a creative partnership of public and private institutions.

PLANNED PARENTHOOD

STATEMENT BEFORE THE
SUBCOMMITTEE ON EMPLOYMENT, MANPOWER, AND POVERTY
OF THE SENATE COMMITTEE ON LABOR AND PUBLIC WELFARE,
JOSEPH S. CLARK, CHAIRMAN, ON S. 2993,

Presented by The Rev. Dexter L. Hanley, S.J., Professor of Law and Director of the Institute of Law, Human Rights, and Social Values, of Georgetown University Law Center, Washington, D. C., on Tuesday, May 10, 1966

Mr. Chairman and Members of the Committee:

I am grateful for the opportunity to testify today concerning Senate Bill 2993, which is designed to provide federal financial assistance to public and private groups in support of comprehensive family planning programs.

The concern of this Congress for the civil rights of our citizens and for the religious convictions of each citizen has been manifested in the particular attention which has been given to Catholic sensibilities and interests in the area of family planning. Indeed, it would be a sad thing were it to be otherwise. And, in turn, I think it is no less important that individual Catholics should be prepared to address themselves to the broad problems of public policy.

As perhaps you may know, I have given some attention to legislative and political procedures which may serve to insure full freedom of conscience for all citizens while guaranteeing civil liberty to each and while permitting governmental action in areas of legitimate social interest. The preliminary results of this study were presented last August 24th before the Subcommittee on Foreign Aid Expenditures of the Senate Committee on Government Operations, under the chairmanship of Senator Gruening. Although that record is available to this Committee, I should perhaps

emphasize a few items of that testimony at this time.

First, I will support a government program which, in its legitimate concern about education, health, and welfare in a rapidly expanding population, permits each citizen a fully free moral choice in matters of family planning and aids him in implementing choice.

Second, in making this statement, I speak for myself and not for my Church or its leaders. I have come to my conclusion with full respect for and adherence to Catholic doctrine and traditional Catholic teaching on the questions of morality in family planning. Still, there are other Catholics who express opposition, usually on what they consider to be sound political and social grounds. There is no definitive Catholic teaching which requires a specific position on this public-policy question.

Third, the conclusion carries certain implications: that the government will not express a preference for one acceptable medical procedure over another nor lend its authority to one moral position rather than another. The government must be neutral. But such neutrality can be present where the government permits a free choice on the part of its citizens, provided the choice is both uncoerced and informed.

Fourth, there are related areas, such as abortion and surgical sterilization, which present particular problems both in the moral and in the social spheres. I do not read the bill before this committee as encouraging, permitting, or supporting either procedure. Such procedures, in my judgment, introduce new dimensions in the problems of public policy, dimensions justifying opposition on both moral and social grounds.

If it will be of help to this Committee to study more fully the complex religious and social issues which are involved in reconciling

principles of private morality with the needs of public interests in the area of family planning, I will leave with the Committee a speech on this question which I recently presented in Washington before a Catholic group. (The Catholic and Population Policy, April 22, 1966.)

The reconciliation of these principles and needs is, however, dependent upon the existence of a legitimate social interest, one which is properly a concern of government and not merely a matter of private interest for private groups. I believe that the United States has such an interest, both at home and abroad, both in terms of our own welfare and of the needs of others. I support the position presented by Senator Tydings that "it is a proper function of Government to provide family planning information and assistance to those, both at home and abroad, who explicitly request it." (Cong. Rec., 89th Cong., 2d Sess., pg. 4100, Feb. 28, 1966, daily ed.)

However, the limits of this function must be very carefully drawn. I personally believe that there has been a great deal of imprecision in defining "government interests" and that there has been a confusion over its description. Though some may think that this is merely a semantic difficulty, I believe that it may rather go to the heart of the matter of finding a political ground upon which differing moral convictions may agree.

The real reason which justifies government participation in and support of family-planning programs is the general welfare, in terms of education, housing, health, and other problems. This interest is dramatized abroad where there is need to prevent hunger and famine by bringing

resources and population into balance. The problem is no less real at home, where the quality of life and the opportunities of our citizens are affected by the population growth. At least, available evidence seems to point this out, and I am willing to accept such evidence at this time.

But poverty as such is not a reason for government interest in family planning. This can perhaps be made clear by supposing for a moment that all of our other problems (of housing, education, opportunity, and so forth) were solved, that adequate support could be given to those whose income was otherwise inadequate. I would find it hard to say that the federal government should then propose to enter upon a field so delicate, so involved with religious and moral overtones, merely to assure that there be an equality of choice in this question among all the citizens. There are many areas in which economic differences are accepted and private action is preferable. This, I suggest, would be one.

I make this point at this time, however, because I think that the shift of emphasis to the "poor", rather than to underlying social problems which affect all, serves to attract opposition and to make it difficult to find an acceptable common ground. If attention be given to the basic social problems, then the economically handicapped will still be well served. For, as a matter of concrete fact, many of these social problems weigh most heavily upon the economically disadvantaged. Yet, it is these factors which are the government's concern. Poverty is a reason for government action in some fields, but alone it is not a reason for establishing family planning. To make it so is to give grounds for

fears that the program is one of social engineering which will give economic costs priority over human values, or reason to suspect that the program is really one which throws its weight behind particular methods or moral convictions.

Thus you will note that, while supporting Senator Tydings' conclusions, I do not fully accept the analysis of his reasons. He has suggested in his speech introducing this bill that "wealth cannot be the basis for determining man's rights, his responsibility as a parent, and his ability to make a decision reflecting the future of his family." I would add that this is true, if, and only if, decisions as to family size have clearly defined social consequences. That they do, we both agree. I think this, however, is a vital and necessary condition for government support.

I turn now to areas of mutual concern in the preservation of civil liberties and personal convictions.

There are two specific questions to which I would have the Congress direct its attention. First is our mutual concern in these programs to avoid coercion, both direct and indirect. To this end, we need guidelines carefully formulated. These will not always be easily arrived at. What to some will seem perfectly proper will to others seem to be coercive. This will often be due to the moral attitudes of the individuals concerned. Now I think that it must be borne in mind that it will be as difficult for the non-Catholic to shed some of his predispositions when approaching matters of public policy as it will be for the Catholic. Neutrality is not found in any one-sided surrender of interests. To avoid

coercive overtones and to achieve the best kind of a program will require open and fair discussion.

To achieve this, it is clear that Catholic participation is required in the formulation of guidelines and in the administration of programs, and I am sure it will be forthcoming. Without it, I am very sure that interests which I think should be safeguarded may be overlooked. Thus I view it as a responsibility of individual Catholics, according to their convictions as to the political propriety of these programs, to cooperate in developing specific guidelines and procedures. At the same time, I would call upon governmental and private agencies to openly court such participation. I must confess that I am not so sure it will be sought as I am sure that it is available. There is an understandable tendency to avoid becoming embroiled in discussions which may slow down the immediate acceptance of a specific program, a feeling that so long as Catholics do not block the program it is better to "do it my own way." This, however, is to overlook the very fundamental civic values which are at stake; it is a failure to make best use of a democratic process.

The second question is one of mutual concern over the preservation of the public morality. By "public morality," I have reference to those standards of conduct which society has chosen to set for itself, standards which we hope embody the highest of ethical and spiritual ideals. Law is a matrix into which many of these ideals have been poured; law itself is part of public morality and helps to form public attitudes. Now, if it be the right of those in society to try to have it reflect fundamental values, then a co-ordinated effort may be expected to see that these values are not

lost and that support be given to public attitudes which strengthen family life. Leaders of Planned Parenthood themselves realize the need of channeling the resources of religion so as to protect these fundamental values. They, too, realize that the available of contraceptives is having a profound effect on society.

Thus, a sincere attempt should be made to co-ordinate family-planning programs with counselling. Such counselling should touch upon the social, economic, religious, medical, and personal issues which are involved. This, I insist, is a matter of common concern to all citizens and to all religious bodies. Only so can an informed choice be made and liberty truly protected. Only so can we make available for the family all the resources which are necessary for "family" planning in the full sense of the words. Only so can we avoid depersonalizing the program and, in my judgment, risking a collapse of the public morality.

The development of such a program will again be difficult. But I am sure that a program which is limited solely to medical advice and prescriptions will inevitably be coercive in its effects. For, if one is freely to choose, he must be fully informed as to the full nature of his choice.

Before turning to the specifics of a federal program, I would like to say a brief word about legal arguments which I have seen which purport to show that the action of the federal government in supporting family planning would be an unconstitutional abridgement of a right of privacy. Without detailing my argument or burdening this Committee with citations, I will offer my personal legal judgment that such arguments are invalid.

But now what of the central question before you? What of the specifics of a federal program? At this time, I would like to do something I failed to do last August. Before the Gruening Subcommittee, I limited my testimony to a cautious statement that there were no grounds of private morality which would demand that I oppose the bill. Upon reflection, and specifically upon consideration of S. 2993 before this Committee, I am prepared to offer my support of the Gruening recommendation.

I have for instance tried to collect data concerning the functioning of programs throughout the United States. It is difficult to do, and it has been next to impossible to evaluate the conduct of such programs in any meaningful way. Senate Bill 1676 provides for co-ordinating information and for reporting on programs. This is to be done through the establishment of the office of an assistant secretary for Health, Medical Services, and Population Problems in the Department of Health, Education, and Welfare. I shall not detail his functions; I am sure they are well known to you. Of course, there are some who feel that the power which will reside in this office is too great and is too dangerous. On the other hand, I am fearful that, lacking such a coordinating power, there is even greater danger of private programs deviating from approved guidelines and a greater impossibility of exercising supervision and control.

Indeed, I will go further and suggest that there should also be a special subcommittee in Congress to which reports on domestic and international programs will be made and which will exercise supervisory control over the guidelines and programs. Especially as such programs grow and proliferate, it is the responsibility of the elected representatives of

the people to see that the programs properly serve all the people. It will again be a difficult task, but I believe the matter is too important and delicate to be left to piecemeal implementation by government agencies, whether acting by themselves or in co-operation with private groups.

In similar fashion, I would express a strong preference for entrusting the initial programs to governmental medical services. Here I realize that there are problems of departmental organization and that this may overlook the existence of private and well-organized groups ready to begin operation. There are conflicting interests involved, but I would like to see at least some attention given to the possibility of greater utilization of government medical services. In this way, and especially in the formative periods, more prompt control and co-ordination is possible, along with better training of personnel for the future.

At last, I turn to the specific language of Senate Bill 2993.

I am pleased that specific authorization is now being sought. The matter of population policy is too important to be left to the present procedures, which have seemed to some to be without Congressional authorization. Both at home and abroad, a clear and definitive policy must be set.

There is no doubt that authorization for studies and research carries with it an almost universal approbation. The dissemination of information and the distribution of supplies may also, for the reasons I have given, be a proper government function. I have indicated a preference for the programs being under more direct government control, rather than through private agencies. But I lack information as to the

extent and capabilities of private and of government medical services. At this time, then, I do not give specific approval to a broad program of private services; I can only reserve my judgment as to which is the more advisable procedure.

I am in favor of the provision (§ 2(b)) which assures that individuals will not be pressured into accepting services out of a fear they will be deprived of other welfare and medical services.

The bill provides (Sec. 3(c)) that the Secretary will not deny a grant on the ground that the applicant, under standards it prescribes, provides assistance to unmarried individuals.

On this point, I would like to offer specific testimony. The policy of offering contraceptive advice to the unmarried has been a perennial source of argument. It is an explosive question and one to which I can offer no definitive answer. But there are several grounds for supporting the proposal in the bill.

It is clearly true that the problem of illegitimacy creates moral, social, and legal problems. A child has a moral and a legal right to be born legitimate. I do not hesitate to affirm that premarital and extra-marital intercourse is a moral evil. But it is also a moral evil to procreate a child in circumstances where he cannot be born into a family. Of course, morality requires a cessation of an illicit relationship. But where, contrary to this moral and social precept, one still engages in the relationship, can it be said there is an obligation to procreate? I suggest that there is an obligation to the contrary, and that the essential moral evil of these situations is the

illicit relationship itself, not the contraceptive practice. Thus, to avoid the clear social evils of illegitimacy, I think it proper for the government to permit the distribution of contraceptive advice.

Yet, there are those who sincerely feel that the distribution of information and supplies to the unmarried will encourage promiscuity and a breakdown of public morality. This, of course, is not the exclusive concern of any one group, social or religious. It is an objection to be weighed. I think that, if contraceptive advice is to be distributed to the unmarried, two things will be necessary. First, as I have earlier emphasized, adequate counselling and increased attention to family values will have to be encouraged, both in and out of the planning programs. Secondly, doctors and counsellors will have to be able to exercise discretion. There is a real difference involved in the indiscriminate prescription of contraceptive supplies and a prescription which is concerned with an individual who has already made a mature decision. Where the patient has already made a decision to enter upon a relationship, I do not see where the social harms are increased by permitting contraceptive counselling. But, the doctor and others should not neglect the responsibility which is implicit in the giving of all such information and advice: an obligation to see that the individual has had an opportunity to make a fully informed choice. There is for instance a difference between what the doctor may choose to do for a young girl who is just thinking of entering upon a liaison and what he might do for one who has consistently borne illegitimates.

Thus, while supporting this provision in principle, I am not in favor of allowing the guidelines to be set entirely by the applicant.

There are a few questions I have about the bill. First, in section 3(a), it is stated that grants will be given to applicants whose services are limited in scope. While this may prove helpful to Catholic interests in that they will be able to operate rhythm clinics, it will also create a problem in areas where no such clinic exists and where all the counselling is done by private clinics which do not offer rhythm instruction. This lack of full freedom of choice among methods in individual clinics poses problems for careful consideration. It may again indicate a reason for my preference to have the government services (federal and state) handle the initial programs.

Second, in proposing the bill, Senator Tydings explained that procedures will be established to assure that "no individual will be provided with any information, medical assistance, or supplies which such individual states to be inconsistent with his or her moral, philosophical, or religious beliefs." (Cong. Rec., 89th Cong., 2d Sess., p. 4101, Feb. 28, 1966, daily ed.) The bill before me does not contain the word "information" in the relevant section (§ 2(a)(1)). This leads to some problems. Do not the guidelines have to assure that, even in the presentation of information about the programs, there must be protection for individual beliefs? Where individuals state that information is objectionable, at this point, at least, should not the presentation cease? Will the way be left open for proselytizing? I would suggest the inclusion of the word "information" in section 2(a)(1) of the bill so as to accord with Senator Tydings' explanation on the floor of the Senate.

But even then a possible difficulty can arise. While we all agree that a clear statement that a program is inconsistent with one's belief

should be enough, does not respect for the individual conscience begin even earlier? Suppose one is speaking to a patient who is not fully instructed in his or her own beliefs. Is there not some obligation to make referral so that the person can make an informed choice? Again, I come back to the importance of a program integrated with full family counselling and to the importance of congressional review of and responsibility for the guidelines.

In closing, I would like to express my thanks to this Committee for the invitation to appear here today. In spite of a growing consensus as to the importance of the population problem and as to the need of government programs, there are still unexplored areas of mutual concern about the protection of civil liberty and of freedom of conscience. These can be worked out, I am sure, in a discussion which is free, open, and honest. I am pleased to have had this opportunity to present my views on these most important matters.