

Excerpt from Dr. David C. Reardon's work in progress:
The Eugenics Connection: Shapers of Humanity

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CHAPTER FIVE

1932-1982: Eugenics in Transition

The first two chapters of this book traced the early history of the eugenics movement and Neo-Malthusianism. The second two chapters delved into why the basic premises for Neo-Malthusianism are based on error. The next several chapters will return to the historical development of the Neo-Malthusian movement and examine how it has impacted our culture today.

The present chapter will examine how Neo-Malthusianism has been shaped and reshaped over the last half century in order to make it more palatable to the American public. We will examine how the Neo-Malthusian myths were created and promoted in modern times, and we will look at how the fanatic pursuit of "population control" has led to increased disregard for the reproductive health of "unfit" women.

From Promises to Disillusionments

During the early 1930's, eugenics reached the height of its popularity in pre-World War II America. It was during this period, when their political power was greatest, that eugenicists and Neo-Malthusians became increasingly radical in their demands to eliminate the "unfit," whom they called a "race of chronic paupers, a race parasitic upon the community." The eugenic weapons to be used in this "war between races" were increasingly coercive and destructive. In 1932, at the Third International Congress of Eugenics held in New York City, proposals were made to prevent the "further dilution of the American gene pool" by those who possessed "inferior genes" through segregation, sterilization, birth control, abortion and even infanticide.¹

Supporting infanticide of the “unfit”, Dr. Lena K. Sadler, urged her fellow physicians to stop trying “to save every weak child that is born into the world,” and urged the medical community to cease free treatment of “the unfit baby in our welfare stations, dispensaries and clinics.” For those children who survived post-natal neglect, and for those whose parents refused to accept the logical practicality of allowing their “unfit offspring” to die in infancy, she urged the old standby of forced sterilization.² It should be noted that Sadler’s call for selective infanticide was not directed at children with measurable disabilities alone, but included every “weak child” — particularly those born to parents of the “unfit class.”³

At the same conference, Dr. Russell Robie called for the compulsory sterilization of a *minimum* of 14 million Americans whom he defined as possessing subhuman intelligence. Robie’s speech is particularly notable in its similarities to the rhetoric of the 1970’s population control zealots:

. . . our population has already attained a greater number than is necessary for the efficient functioning of the race as a whole. Certainly our present picture of millions of unemployed [the year, remember, is 1932 — the worst period of the Great Depression] would point to the belief that this suggestion [of 14 million forced sterilizations] is not an unreasonable one. It would undoubtedly be found, if such research was possible, that a major portion of this vast army of unemployed are social inadequates, and in many cases mental defectives, who might have been spared the misery they are now facing if they had never been born.⁴

Such “humanitarian” concern for the misery of the “unfit” was shared by eugenicists of all persuasions. While intellectual capitalists saw rational eugenic programs as necessary to end the drain of the “unfit” on society, Marxists were no less concerned about improving the genetic structure of the world. Professor Hermann Muller expressed the communistic view of “scientific” eugenics to the congress, saying:

Eugenics under our [present] social system cannot work. . . . Only the impending [Marxist] revolution in our economic system will bring us into a position where we can properly judge, from a truly social point of view, what characters are most worthy of man, and what will best serve to carry the species onward to greater power and happiness in a united struggle against nature, and for the mutual betterment of all its members.⁵

Muller believed that only after the revolution of the proletariat would the collective wisdom of man be able to effectively carry out a true and practical program of race hygiene. This

position was perfectly consistent with communist theory, since even Karl Marx had been strongly influenced by eugenic thought. In order to keep his social theory in line with the “scientific rationalism” of his age, Marx had obligingly made the distinction between the deserving “proletariat” (the worthy poor who were victims of capitalism), and the “lumpen proletariat” (those who were the parasitical, vicious, “unfit” poor).⁶

Despite the seemingly universal acceptance of eugenics by educated liberals and wealthy conservatives, by capitalists and socialists, the American enthusiasm for eugenics waned during the '30's and '40's. This was due, in part, to advances in the legitimate sciences. As genetic research became increasingly precise, and empirical rather than subjective, many geneticists began to recognize that the “science” of eugenics was less a study of human heredity than it was a systematic rationalization of prejudice against the poor. At the same time, psychologists were beginning to recognize the inherent deficiencies in IQ tests. Instead of measuring innate intelligence, they found that “mental tests” were really only measuring cultural adaptation. Thus, as scientific knowledge advanced, serious geneticists and psychologists were forced to recognize that environmental factors have a far greater impact on an individual's success than does the genetic pattern of one's “germ-plasm.” In short, as the hard facts accumulated, “the scientific basis of eugenics seemed increasingly untenable.”⁷

But even though serious scientists could no longer believe in eugenics as a science, many still agreed with the eugenics philosophy. Those scientists who did become unsupportive of the eugenics cause generally avoided denouncing their former comrades as frauds. Even the few geneticists who did take strong stands against eugenics generally limited their opposition to the eugenically-inspired immigration laws that were imposed to prevent or curtail the immigration of non Aryan Europeans — often the relatives of the geneticists themselves — and did little to dispel the myths of “scientific racism.”⁸

Another factor which dampened the American enthusiasm for eugenics was the heightened poverty of the Great Depression. Suddenly, many of those in the upper- and middle-classes, who had previously judged hereditary “unfitness” on the basis of economic poverty, now found themselves impoverished. These “new poor” feared that the selection of the “unfit” might be

confused. Finding themselves labeled “the aristocracy of the unfit” by eugenicists, they feared that *they* might be the ones to suffer from compulsory sterilization, not just the “truly unfit.”⁹ Indeed, as noted earlier, it was just that type of broad sterilization program which Robie had called for at the 1932 Eugenics Congress.

But the biggest setback for the original eugenics movement came with World War II. As the extremes of Nazi eugenic programs became well known, even the most devoted eugenicists became wary of associating themselves with the “science” so abused by the German regime. Many eugenicists openly broke ranks, while others simply changed the tone of their rhetoric. Among the latter was Margaret Sanger’s American Birth Control League, which carefully chose a new name for its organization. In 1941, the ABCL adopted the new title of Planned Parenthood, and the Neo-Malthusian leaders of the organization carefully began to emphasize an image of peaceful, voluntary, positive eugenics.¹⁰ They replaced the term eugenics with “family planning,” and old, aggressive slogans such as “More from the Fit, Less From the Unfit,” were set aside in deference for less threatening slogans pleading for “planned children” and “reproductive rights.” Though the “new” Planned Parenthood Federation worked diligently to disassociate itself from the *word* “eugenics,” however, *it never even pretended to extricate itself from the eugenic philosophy on which it was based.* Instead, with their revamped vocabulary and scaled down goals, the leaders of Planned Parenthood, headed by Sanger, continued to work on their agenda of achieving a race of “more *wanted* types” and the elimination of “unwanted children” — through “peaceful,” eugenic birth control.

The Forging of a New Image

The American Birth Control League was not the only group of Neo-Malthusian eugenicists to submerge themselves in a new image. Most significant among others was the prominent eugenics activist Guy Irving Burch. Burch had served as a director of the American Eugenics Society and as a lobbyist for the Coalition of Patriotic Societies, which had successfully pushed for selective immigration barriers against “unfit” races. When it suited his purpose, Burch was

unashamedly honest about his racial prejudices, stating that “my family on both sides were early colonial and pioneer stock and I have long worked. . . to prevent the American people from being replaced by alien or Negro stock, whether it be by immigration or by overly high birth rates among others in this country.”¹¹ As a frequent contributor to Sanger’s eugenics journal, *Birth Control Review*, Burch wrote that if America was to progress, “Scientific Birth Control *must* be practiced by ignorant, diseased and poverty stricken families.” And like most eugenicists, he strongly condemned the “most uncompromising organized opponent of Scientific Birth Control, the Roman Catholic Church.”¹²

Burch founded the Population Reference Bureau in 1929 as a eugenics organization designed to track the success of eugenic programs inflicted on the American population. By 1939, Burch saw that the brewing war in Europe was tainting the humanitarian image of eugenics in general, and realized that to maintain public support, he and other Neo-Malthusians would need to emphasize the population control elements of the eugenics philosophy. The ideas of Galton were becoming unpopular, so the ideas of Malthus needed to be stressed. If the public could be made to believe in the need for *quantity* control, they would again accept its logical extension — *quality* control. So in 1940, while serving as director of his Population Reference Bureau and the editor of its *Population Bulletin*, Burch helped found another “population” front for eugenicists — the Population Association of America.

In 1945, when Nazi eugenicists had yet to be tried for their “crimes against humanity,” Burch had already begun his program to reeducate America on the precepts of “modern” Neo-Malthusianism. In that year, while still serving on the board of directors of the American Eugenics Society, Burch published *Population Roads to Peace or War*. The book was co-authored with Dr. Elmer Pendell, a professional economist and part-time eugenicist specializing in the promotion of surgical sterilization. It was released and promoted as the “official report” from Burch’s own Population Reference Bureau of Washington, D.C. Because the title of his organization was deliberately designed to be impressive, almost as though it were a government agency, this “official report” from the Population Reference Bureau was granted far greater credence than it deserved. In 1947, Burch and Pendell revised and reissued their book

under the title *Human Breeding and Survival*, which was commercially published by Penguin Books. This widely read and influential book and was to become the model for future “scientific” writings on the “population problem.”

Burch and Pendell’s book strictly followed the standard Neo-Malthusian/eugenic philosophy, but it employed new rhetoric to disguise its old themes. The authors were less strident in their denunciation of “unfit” races, and they carefully avoided any such eugenic terminology, but their message was basically the same: the “blind population forces” of underdeveloped individuals and nations threatened the survival of civilization. If there was too many of “them,” there would not be enough for “us” to live out our comfortable “quality” lives. Since our lives already have “quality,” and by inference, their lives are of a “lower quality,” then it is up to us to discourage them from reproducing for their own good. To fail in this moral duty to save the poor from their own children would be to doom their children to lives of hunger and poverty. Attempting to prevent hunger and poverty in any other way, they argued, was simply too expensive.¹³

Keenly aware of the national mood of their times and the longing for peace and democracy, Burch and Pendell were especially bold in their warnings that population growth was the cause of war. They presented this mythical explanation: if the birth rate is kept high the total population eventually reaches the ‘must expand or explode’ stage . . . The way is now prepared for the despot” such as Hitler, who then leads the expanding nation into war.* Their solution included, of course, sterilization:

Since blind population forces are the most persistent influences barring the way to the world-wide attainment of freedom from want and from war, and the attainment of government by the people, then to sponsor those goals is sanctimonious twaddle or pious fraud, *except as one is realistically ready to control the population forces*. In connection with sterilization, it appears that what the United Nations needs to do is to recommend to all nations the adoption of laws which will (a) actually lead to the sterilization of all persons who are inadequate, either biologically or socially, and (b) encourage the voluntary sterilization of normal persons who have had their share of children.”¹⁴

* This “cause of war theory”, has been examined by demographers and has, of course, been proven totally

According to Burch and Pendell, the threat of overpopulation was so catastrophic that even the unpalatable alternatives of abortion and infanticide would be necessary if sterilization and birth control measures were insufficient. They write that “abortion and infanticide may be less horrible than malnutrition, famine, disease, and war, but among the control possibilities, abortion and infanticide rank too far down the scale to claim discussion in a book so brief as this.” In other words, they carefully sidestep discussion of the most controversial eugenic alternatives of abortion and infanticide — fearing that their endorsement of pre- and post-natal euthanasia would arouse more ire than agreement. Instead, they use infanticide and abortion as threats of the “inevitable” if birth control and sterilization are not quickly applied to control the “teeming masses.”¹⁵

To emphasize the peacekeeping value of mass sterilizations, while at the same time ensuring that sterilizations will be applied according to the economic rules of the eugenic philosophy, Burch and Pendell write:

What are the social bases on which sterilization might be indicated in the program to attain peace goals? . . . Looking toward the possibly *economic* test [sic], are persons who are on relief to be encouraged to reproduce while they are on relief, as they have been? . . . Are their children more likely to be social burdens than are the children of those who are in better control of their own environment? . . . Is it reasonable to ask other citizens to pay more taxes in order that relief recipients may reproduce? Is it reasonable to impose the heavier tax burden when that additional pressure on many taxpayers will be just enough to prevent their own [genetically superior] reproduction?¹⁶

Note that while Burch and Pendell phrase their rhetorical questions in a manner to elicit common assent from their readers, they avoid any bold statement of their core argument, which is simply this: poor people, especially those on welfare, will continue to burden society until, and unless, they are sterilized. Period. But rather than stating their thesis, Burch and Pendell resort to leading questions which beg for the reader’s concurrence without offering evidence for their assumptions. By appealing to their reader’s biases and emotions, they prepare the way for their unsettling conclusions without the need to shock their readers by stating them too boldly. By relying on rhetorical questions, they avoid the necessity of proving their claims with empirical data.

It is also worth noting that Burch and Pendell, no longer able to refute the evidence that the poor suffer from environmental rather than genetic deprivation, shift their rhetoric to include those who are unable to “control their environment.” Though they reluctantly admit that “inferiority” is environmental rather than genetic in origin, they cling to the same solutions: coercive birth control programs, compulsory sterilization, abortion, and infanticide. The shift away from genetic arguments for compulsory birth control had begun in 1936, when the American Eugenics Society called for “parents who are unable to rightly train their children” to be the targets of future eugenic projects.¹⁷

This common shift from genetic to environmental deficiencies as justification for eugenic programs did not change the nature of the eugenicists’ prejudice towards the poor. A more accurate diagnosis of a disease does not make an immoral solution more ethical. If any thing, the recognition of the environmental causes for feeble-mindedness, disease, and “immorality” should have served to only further condemn eugenic solutions, since it is within the power of a wealthy nation to improve the environment of its deprived citizens. Thus, through better nutrition, better housing, and better education, the United States could transform its “unfit” into “productive members of society.” But providing the poor with such environmental improvements went against the grain of the Neo-Malthusian philosophy. Instead, they believed, as always, that it is far cheaper and far more expedient to prevent a new generation of the poor from being born than it was to *improve* the lives of those who are already poor.

Bringing a modern twist to an old eugenics argument, Burch and Pendell observed that some states already required premarital health tests to prevent the spread of disease, and they asked, “Is that all we should do . . . for the cause of prosperity, peace and democracy? Or is some sort of health test called for as a pre-requisite to conception?”¹⁸ Thus the State’s “right” to control the quality of those born was deemed necessary to safeguard democracy itself. Like many eugenicists who had gone before them, Burch and Pendell went on to argue that the genetically “diseased” were a serious threat to democracy — presumably because they were too ignorant to cast a proper vote for the “elite” upper class to which Burch and Pendell belonged. This same theme was echoed by Professor Walther Pitkin in his postscript to Burch and Pendell’s book, in

which he wrote:

Reckless breeding has become strangely like a social cancer.... Unless men see the problem and work on it, America soon after the year 2000 will be a nation of high-grade morons ruled by a few surviving clever people. It will be no more of a democracy than any other monkey house.¹⁹

In other words, the democratic concept of freedom and equality for all people can be safeguarded only through the inequality and non-freedom of coercive population control! Eugenic birth control was necessary not just for the sake of preventing suffering among the “unfit” and generating greater wealth for the “fit,” but for the sake of world peace.

The final, and perhaps most significant, contribution Burch and Pendell made to the new eugenics was to broaden the justification for population control outside the borders of our own country. By insisting that population growth in such countries as China, India, and Puerto Rico threatened our own national security, they discovered a new mechanism for inciting a national fear of overpopulation — a fear desperate enough to cause peoples and governments to accept even the most dangerous and coercive forms of eugenic birth control.²⁰

Wrapped in its fresh package of rhetoric, the modern brand of Neo-Malthusianism offered by Burch and Pendell was easily re-accepted by the American public. Despite the unpopularity of eugenics itself, the fifty years of eugenic propaganda which had brainwashed the educated into accepting eugenic precepts as “common sense” facts did not disappear because of Nazi excesses. Modern eugenics — stressing population control first, quality control second — was still palatable and believable to those that had been raised on the fodder of eugenics theories. After Burch and Pendell had set the standard for the “new” eugenics, other eugenicists were quick to resume the propagandizing of America.

Promoting Population-Phobia

In 1948, only three years after Burch and Pendell published *Population Roads to Peace or War*, millionaire Fairfield Osborn, the son of the pre-war eugenics leader Henry Fairfield Osborn, and nephew of one of the major financial backers of the eugenics movement, Fredrick Osborn,

published his own eugenics tract titled *Our Plundered Planet*. The book was an immediate success, selling over 3 million copies. Citing Burch and Pendell ?? as his advisors Guy Burch and William Vogt, Osborn repeated the eugenic-Malthusian myths of “population pressures” as the cause of all scarcity and suffering. But Osborn went beyond the claims of previous population doomsayers, insisting that the primary cause of environmental pollution was population growth. It was a false claim (see Chapter Three), but it was to become a powerful piece of propaganda for the new eugenics. For the movement that would follow, it was an easy cop-out for wealthy and wasteful consumers to believe that the proliferation of the poor and the “overpopulation” of underdeveloped countries were responsible for the deterioration of our environment — even though the poor own no factories, throw nothing away, and take exceptional care of their small parcels of land.

Despite all the facts to the contrary, Osborn reinterpreted the causes of pollution and environmental exploitation so as to support the Neo-Malthusian theory that population growth is the source of all evils. Osborn was so overwhelmed by the imagined threat of “overpopulation” that he felt compelled to warn us that “the problem of the pressure increasing populations — perhaps the greatest problem facing humanity today — cannot be solved in a way consistent with the ideals of humanity.”²¹ In other words, the overpowering threat of Malthusian doom could only be avoided by sacrificing “the ideals of humanity,” and accepting compulsory sterilization, coercive birth control programs, abortion, infanticide, and euthanasia.

In 1948, on the heels of Osborn’s success, eugenicist William Vogt contributed his own entry to the expanding list of Neo-Malthusian literature. Like Osborn’s book, his *Road to Survival* became an instant bestseller to a nation anxious to learn more about the new threats looming in the future. Like Osborn, Vogt gratefully acknowledged the “extraordinary” assistance of Guy Irving Burch, director of the now famous Population Reference Bureau. In keeping with the example of his predecessors, Vogt used his publication to promote the “scientific fact” that the demands of “overpopulation” were outstripping the world’s natural resources and threatened to drag America, and indeed, all of civilization, into disaster.²²

Vogt’s prose was eloquent in his praise of birds and flowers, but when he spoke of human

populations he was much more cynical, stating: "It is certain that for all practical purposes, large areas of the earth now occupied by backward populations will have to be written off the credit side of the ledger." For these peoples who did not measure up to Vogt's Western concept of value and "practical purpose," he suggested that nothing should be done to prevent their deaths. On the contrary, he insisted, "one of the greatest national assets of Chile, perhaps the greatest asset, is its high death rate," and elsewhere that "the greatest tragedy that China could suffer, at the present time, would be a reduction in her death rate." Thus he implied, without explanation, that early deaths were somehow preferable to later deaths, particularly if the untimely deaths occurred among the non-white poor of underdeveloped nations. Such personal tragedies were deemed by Vogt as less important than the utopian goals of Neo-Malthusianism.²³

The shortage of early deaths among the poor, according to Vogt, could be blamed directly on the medical profession's refusal to accept the responsibility for "death selection." Only when doctors learned to discriminate between the "worthy" patient and the "unworthy" patient would the balance of nature — meaning survival of the fittest — be restored. *(Footnote Comment)* He writes:

The modern medical profession, still framing its ethics on the dubious statements of an ignorant man [Hippocrates] who lived more than two thousand years ago continues to believe it has a duty to keep alive as many people as possible. In many parts of the world doctors apply their intelligence to one aspect of man's welfare — survival — and deny their moral right to apply it to the problem as a whole. Through medical care and improved sanitation they are responsible for more millions living more years in increasing misery.²⁴

Vogt firmly believed that for the "best" of mankind to survive, the "lowest" (the poor), must be allowed to die.* Anything which prevented the timely demise of the world's "unworthy types"

* Only thirty years after Vogt called for discriminatory health care, an abandonment of the Hippocratic oath to "do no harm," many in the medical profession were anxiously accepting the new responsibility of "death selection" as a means to improve the world. (See the editorial "A New Ethic for Medicine and Society" in the September 1970 issue of *California Medicine*.) Similarly, in the 1973 *Roe v Wade* decision Justice Blackmun took it upon himself to assert that the Hippocratic Oath, which foreswore the deliberate destruction of life, born or unborn, was little short of superstitious poppycock.

was, in the eyes of Vogt, the Neo-Malthusian equivalent of a mortal sin.²⁵

Every policy which promoted the well-being of underdeveloped countries was subject to Vogt's attacks. Even economic trade with underdeveloped countries was considered dysgenic. Vogt bitterly denounced such trade, saying, "Why the United States . . . should subsidize the unchecked spawning of India, China and other countries by purchasing their goods is difficult to see." To avoid supporting the animalistic "spawning" of non-white races, Vogt urged Americans to refuse to purchase products from underdeveloped nations in the hope that their reduced incomes would either (a) reduce their desire for children, or (b) reduce their ability to provide for their children, thereby increasing the infant death rate.²⁶

Vogt was especially appalled by the suggestion of an Indian scientist that the world still contained vast areas of land where the landless poor of the so-called "overpopulated" countries could immigrate, own land, and produce crops of food and fiber for themselves and the world. Though Vogt did not deny that such resources were available, he ridiculed the concept of providing the impoverished with resources for self-improvement. "In other words," he complained, "Australia, Brazil, the United States and Canada should open their doors to Moslems, Sikhs, Hindus (and their sacred cows) to reduce the pressure caused by untrammelled copulation. Our living standard must be dragged down, to raise that of the backward billion of Asia."²⁷ So saying, Vogt summed up the "us against them" paranoia of all eugenicists and Neo-Malthusians since Galton and Malthus: the living standards of "us" (the wealthy and productive people of the West), are endangered by the feeble-minded, colored "inferiors" who are recklessly breeding their way into dominance. Therefore, under the Neo-Malthusian value system, *any* policy which prevents "their" propagation is moral because it helps to ensure "our" self-preservation.

Finally, again following in Burch's footsteps, Vogt used his publication to propagate the myth that population growth is the primary stimulus to war. He claimed that the world wars in Europe had been due to "population pressure" rather than the political greed of its rulers. Playing the nearsighted prophet, Vogt insisted that Russia was "certainly overpopulated" and the "population pressures" it faced posed a "major threat to Asia." Furthermore, he insisted, India's

burgeoning population “would be a danger to the entire world.” Lastly, with equal non-success, Vogt predicted that Britain, Germany, and Japan would face mass starvation from famines which would take place between 1948 and 1978.²⁸

In hindsight, Vogt’s book is ridiculous in its errors. Every tenet he postulated has been disproven by sociological and demographic studies: wars are not caused by “population pressures;” population growth enhances food production abilities, not vice versa; and poor people are not “reckless breeders,” but do indeed consciously plan their family sizes to suit their needs. But it is when Vogt attempted to foresee the future according to Neo-Malthusian principles that his errors are most apparent. Clearly his target countries of England, Germany, and Japan have never suffered the numerous famines he predicted, and today even India is producing sufficient food for its “untrammelled” population.

Despite Vogt’s errors in both his premises and predictions, *Road to Survival* was to have an enduring impact on the public’s view of the world. After achieving national prominence by promoting overpopulation-phobia and Neo-Malthusian solutions, Vogt was made the national director of the Planned Parenthood Federation of America, a position he held from 1951 to 1961. In that position, Vogt played a major role in the development of U.S. population control policies, including successfully proposing that foreign aid packages to underdeveloped countries be made “contingent on national programs leading to population stabilization.”

Though compliance with such provisions is called “voluntary,” it is clear that they are voluntary in name only. To offer food to a starving man is a good thing; to offer food to a starving man on the condition that he promise not have children is quite another. It is nothing short of economic blackmail. Similarly, granting food and medical aid to a developing country on the condition that it accepts family limitation propagandists and their hard-sell promotion of risky contraceptives and irreversible sterilizations is just another form of eugenic coercion — just as it was meant to be.

Along with Burch, Osborn, and many other Neo-Malthusians, Vogt helped to reshape eugenics propaganda into an appeal for “population control.” Together, they designed the beliefs

and policies of a new generation of eugenicists and population controllers. Together, they not only sustained the eugenic and Neo-Malthusian myths, but they made them stronger.

The Big Sell

By 1954, the new eugenics/population control movement had begun to reestablish its financial basis. Drawn to the movement by Vogt's *The Road to Survival*, millionaire Hugh Moore became one of the financial masterminds of the movement, to which he was to devote the last 18 years of his life. In a book entitled *Breeding Ourselves to Death*, eugenicist apologist Lawrence Lader praised the population control movement and documents Moore's vital role.

With Moore as the showman-salesman for the revived movement, the propagandizing of America began in earnest in 1954 when Moore bailed out Guy Irving Burch's Population Reference Bureau, which was facing financial difficulties. After using his own massive fortune to guarantee the movement's financial and social legitimacy, Moore assisted in attracting back many former financiers who had abandoned the cause during the war years. With major grant monies from, among others, the Ford, Mellon, du Pont, Standard Oil, and Rockefeller Foundations, the old eugenicists were able to aggressively promote their "new" concern for population control.²⁹

By 1961, Moore began to consolidate the various factions of the Neo-Malthusians, organizing the merger of the Planned Parenthood Federation and his own World Population Emergency Campaign, much to the delight of Planned Parenthood's founder Margaret Sanger.³⁰ Previously, in 1948, Sanger had also been working to convince pre-war funders of eugenic works to renew their post-war commitment. With money from the Brush Foundation and the Osborns, Sanger established the International Planned Parenthood Federation (IPPF). Headquartered in London, the IPPF was supplied office space free of charge by the English Eugenics Society.³¹ Though this was the first expansion by the Planned Parenthood Federation of America, it was not the last. Further spin-offs were created, and by the 1970's, every new major population control organization in this apparently broad movement was actually born from the original Planned Parenthood Federation.³² United by a common origin, common goals, and common financial

backers, these organizations were easily dominated by those devoted to the Neo-Malthusian/eugenic philosophy from which they had sprung.

Moore's talents as a salesman were unexcelled. He organized a widespread and costly ad campaign to "educate" the American public about the theories and agendas of the population controllers. These included full one- and even two-page advertisements in "The Washington Post," "The New York Times," "The Wall Street Journal," "Time," "Harper's Bazar," and others. In *The Legacy of Malthus*, Allan Chase composed the following list of "dogmas" promoted by this massive advertising campaign.

(1) Population is exploding independently of such well-defined demographic determinants as infant, child, maternal, and general death rates; family income levels; malnutrition due to substandard wages and the maldistribution of food. (2) The population bomb is the single most important problem facing the world today. (3) The Roman Catholic Church is a major menace to civilization-as-we-know-it. Here the Pope is blamed for the fact that the world's poor people do not earn enough money to pay for the planet's abundantly available food. (4) Muggings and other violent crimes are among the inevitable end products of the population bomb. (5) Environmental degradation is not caused by the abuses of technology by large industries and the greater society, but rather by the most helpless and totally innocent victims of technological pollution: America's newborn babies.³³

Here is a brief example of a population explosion ad printed in a 1969 issue of the *New York Times*:

How many people do you want in your country? Already the cities are packed with youngsters. Thousands of idle victims of discontent and drug addiction. You go out after dark at your peril. . . . Birth control is the answer. . . . The evermounting tidal wave of humanity challenges us to control it, or be submerged along with all of our civilized values.³⁴

This ad clearly implied that racial unrest, drug addiction, and crime are not problems of social injustice, but of "overpopulation." The authors of this ad, incidently, had long been vocal supporters of abortion as "just another form of birth control." Along with coercive sterilization, abortion was one of the "civilized values" they were urging the nation to embrace.³⁵

To complement its massive advertising campaign, the Moore Fund distributed millions of pamphlets on college campuses in order to more directly propagandize the next generation of

educated young people with the “scientific facts” of the new eugenics. They created slogans such as “People Pollute” and “population,” which, though catchy, were misleading. The people attracted to this revamped Neo-Malthusian movement were from diverse backgrounds: conservatives, liberals, young, old, religious, and nonreligious. They all shared one thing in common— a misconception of the controlling mechanisms of population growth and pollution. Though they were all justly concerned about the environment, they were so anxious to learn and so trusting of the “scientific experts,” they were easy prey for the slick slogans and faked facts sold to them by the well-organized population control “experts.” Most were unaware that the “facts” which these “experts” offered them were invented for the sole purpose of keeping alive the old eugenics segregation of the world’s population into two groups — those with a right to reproduce, and those without that right.

But while legitimate environmental scientists realized that population growth played a minor role in the environmental crisis, the more vocal population control organizations, which were better financed and better organized, were successfully promoting their own variety of “facts.” Their goal was to convince a naive public that not only was “overpopulation” the primary cause of pollution, but also that the primary cause of “overpopulation” was the result of “reckless breeding” among the world’s ignorant poor. Ergo, the same poor who consume the least resources, burn the least fuels, and suffer the greatest material hardships, are responsible for degrading the environment which we, the affluent, so rightly deserve.

According to researcher Linda Gordon:

Two major factors underlay the selling of population control in the United States. One was the decision, around 1960, of leading population-control exponents and backers, such as John D. Rockefeller III, to make the U.S. government support population-control services, thus shifting the cost to the taxpayers. In order to accomplish this they naturally had to convince at least vocal parts of the public that population control was in their interest. The second factor behind the campaign to build overpopulation fears in the country was the desire to cut the birth rates of the poor, particularly nonwhites, in the United States. Stemming from the same hereditarian and blaming-the-victim assumptions as eugenic programs always had, population-control propaganda carried sometimes overt, sometimes covert, racist and elitist messages.³⁶

In 1967, entomologist Paul Ehrlich, a specialist in insects, emerged as a self-proclaimed guru of the population explosion movement. Ehrlich proudly acknowledged that when, as a young man, he had read Vogt's eugenic tract *The Road To Survival*, his world and social vision had been dramatically altered by the realization that population growth was the single greatest danger facing the world. Inspired by Vogt's "scientific racism," Ehrlich began wielding his doctorate in entomology as his license to proclaim his vision of "the population bomb." In his widely read book *The Population Bomb*, Ehrlich reiterated the standard Neo-Malthusian creeds, and to further promote the new eugenics, he began a whirlwind tour of TV talk-shows, radio programs, and magazine interviews. Throughout it all, Ehrlich stirred the flames of "overpopulation" panic, urging people to believe that anything and everything must be done to stop "the bomb."

For starters, Ehrlich advocated a triage system for denying food shipments to underdeveloped countries which already had too many people — according to the standards of "population experts" such as himself. For the few underdeveloped countries worthy of being salvaged, Ehrlich advocated a denial of aid until they enacted sufficient population control measures to prevent future overpopulation. Furthermore, he urged the U.S. to bring "extreme political and economic pressure" to bear on "any country impeding a solution to the world's most pressing problem [population]. A good place to start would be breaking off diplomatic relations with the Vatican." At home, he believed, rather arbitrarily, that "150 million people would be the optimum number to live comfortably in the United States." (The current U.S. population is approximately 230 million.) He urged a repeal of all laws against abortion, and the enactment of "federal laws which make instruction in birth control mandatory in all public schools." His fourth step was to redirect medical research from techniques for helping people to techniques for preventing people, saying, ". . . we should change the pattern of federal support of biomedical research so that a majority of it goes into the broad areas of population regulation . . . rather than into short-sighted programs of death control. It is absurd to be preoccupied with the medical quality of life until and unless the problem of quantity of life is solved." If birth control and abortion failed to bring the American population down to Ehrlich's "optimum number," he

advocated “some form of compulsory birth regulation. . . . This might be the addition of a temporary sterilant to staple food, or to the water supply. An antidote would have to be taken to permit reproduction.” In this way, he hoped, the government could completely regulate *who* would be able to have children.³⁷

As the fervor for population control grew, Neo-Malthusians were able to demand increasingly coercive — and dangerous — birth control programs. Writes Allan Chase:

Now the new myth of the new scientific racism had it that, until we had far fewer people, the healthier and longer we made life for the greatest number of people, the more the Menace of Pollution . . . would hasten us to death and extinction.... In future generations, educated people will be astounded, and even highly amused, at how the well-educated people of our times swallowed this crudely baited hook — just as we, in turn, chuckle at the naivete of the eminent Victorian savants and nineteenth-century American college presidents who seriously accepted such a ridiculous fraud as phrenology as a “biological science.” There was only one difference between the neo-Malthusian People Pollute crusade of our times and phrenology: Professor Gall’s phrenology hurt nobody, and peddled nothing but harmless illusion.³⁸

The eugenic solutions to “overpopulation” resulted not only in the waste of taxpayer monies which could have been directed towards *improving* the lives of the poor, but it also pushed *dangerous* forms of birth control. Because the threat of overpopulation seemed so eminent and great, national health organizations were more likely to approve of dangerous birth control methods, doctors were more willing to prescribe them, and women were more willing to use them — though generally women were kept in ignorance of the potential dangers. Any method which would help control population growth, even though “marginally” dangerous, was deemed worth the risks.

Among the more radical birth control techniques which was promoted, of course, was abortion. How the population control movement was instrumental in bringing about legalized abortion will be discussed in detail in the following chapters. But for now, it is worth examining the other dangerous forms of birth control which population controllers pressed upon the unwary. By understanding their preferred methods, we can better understand their basic ethic — “the end justifies the means.”

Some Dangers of Birth Control: Are They Necessary Risks?

Many observers have noted that there is a prevailing attitude among devoted Neo-Malthusians that any birth control device, despite its health risks, is a good one as long as it prevents births. In the book *Male Practice*, for example, Dr. Robert S. Mendelsohn examines how women are frequently treated as second class patients by an often insensitive medical profession. Mendelsohn writes that it is no coincidence that “some of the worse examples of callous experimentation on unsuspecting women involve new forms of birth control.” He reports that today, many of his medical colleagues, perhaps most, have adopted a “penchant for social engineering at the expense of the traditional ethic, ‘First, do no harm.’” He adds:

It is clear to me that present-day physicians will do almost anything to prevent women from having babies, particularly if they are black or brown, uneducated, or poor. They have been so brainwashed by the population-control zealots that no price is too high to pay to lower the birth rate among welfare mothers or in the underdeveloped countries of the world.³⁹

One of the most dangerous contraceptives promoted by modern Neo-Malthusians is the IUD (intra-uterine device). Among the dangers associated with the IUD are anemia; blood poisoning; cervical infection; tubal and ovarian cysts; pain and cramping; puncturing of the womb; heavy bleeding; sterility; and infected miscarriage, which can lead to death.⁴⁰ Mendelsohn comments:

The insertion of foreign objects into the uterus as a means of birth control dates back at least two thousand years. Until the 1960's, when they were co-opted by the population control proponents [under the scientific sounding acronym of IUD], American doctors refused to use them because they caused infections, peritonitis, and death. Only twenty years ago the use of IUDs was considered a form of malpractice, and warnings against their use were given to students in medical schools. As the population control movement gained strength in the United States, attention was focused on the IUD. It was attractive because it could be inserted into the poor, uneducated women who were not strongly motivated to stop having kids. Once it was inserted, the family planners no longer had to worry about whether the women would take the trouble to use a diaphragm or remember to take the Pill. A device like that was too tempting to pass up, despite the risks of infertility and death.⁴¹

In fact, the risk of permanent infertility among IUD users is often viewed as a bonus by

population controllers. For example, at an international conference sponsored in 1962 by the Population Council (which was organized by leading Neo-Malthusians in 1952), the IUD was heavily promoted as a solution to the world's "overpopulation." Dr. J. Robert Willson of the University of Michigan School of Medicine apparently reflected the view of many of the IUD's defenders, saying: "If we look at this from an overall, long-range view, perhaps the individual patient is expendable in the general scheme of things, particularly if the infection she acquires is sterilizing but not lethal."⁴² These "expendable" patients were, of course, the "non productive, irresponsible welfare recipients" in the U.S., plus those "ignorant, impersonal masses" in the world's underdeveloped nations.

Getting women to accept the IUD required a great deal of deception. Even today, informed choice remains out of the question. Doctors and birth control clinics that prescribe IUDs seldom, if ever, tell their patients that the device is not subject to federal supervision or control. The manufacturers are free to market the devices without previously testing their safety. It is a brand of catch-22 in which the only way to test their safety is to give them to women, but the only way women will use them is if they believe they are safe. Doctors cooperate in this testing by using their position of respect and authority to allay their patients' fears and suspicions.⁴³ Not wanting to frighten women away from what *they* know is best for them, many doctors avoid telling their patients that well over one-million women have suffered severe pelvic infections from IUD's since 1970, or that 20 percent of these have been rendered sterile and at least 17 deaths have been *reported*.

For population control programs in underdeveloped nations, most of which are funded by American sources, the IUD deception is even easier. In these countries, unsuspecting women trust the "powerful medicine" from the West. They have no reason to suspect dangers, and if they do ask about risks, they are easily put off with glib reassurances. Population controllers justify the failure to gain informed consent on the basis that properly educating these uneducated people about the risks of birth control is too time consuming and likely only to frighten them away. The risks are "acceptable," they insist, and so they simply make the decision for acceptability on "behalf" of the natives.

Another dangerous form of birth control is the estrogen pill. Whereas the IUD is a mechanical irritant designed to produce spontaneous abortion, the Pill is a chemical disruption of the normal body ecology. Just as a chemical defoliant such as Agent Orange is designed to disrupt the ecology that nourishes plants, the Pill is designed to disrupt the natural balance of the body's chemistry. Because it affects the entire body, the Pill is even more dangerous than the IUD.

Over 100 studies have linked the use of conjugated estrogens (the primary ingredient in birth control pills) to more than fifty adverse side effects.⁴⁴ These include circulation disorders and blood clotting which may result in the amputation of limbs; stroke; death; mental depression and nervous disorders which have been linked to suicides; eye disturbances; liver diseases; cancer; high blood pressure; and, of course, permanent infertility.⁴⁵ One study has shown that the death rate from Pill-related vascular diseases *alone* is twenty times greater than that from pregnancy. When all of its fatal side-effects are combined, the risks are far worse.⁴⁶

One should not think that the dangers faced by Pill users were unexpected by its developers. On the contrary, harmful side-effects were recognized from the first, but as with the IUD, the risks faced by the patient were considered secondary to the primary goal of birth control researchers — preventing births. According to Mendelsohn:

Problems with oral contraceptives were predictable because of the way they affect the body. The desired result is to interfere with a natural process — ovulation — by causing the body to malfunction. Thus, the Pill literally makes every woman who takes it sick. The trick is to make her sick enough to prevent ovulation, but not sick enough to kill her. For some women, the immediate symptoms are mild and scarcely noticeable; for others, they are severe.⁴⁷

The early developers of the Pill (funded by a Neo-Malthusian research organization founded by Margaret Sanger), did not know precisely what side-effects would result, but they were more than anxious to subject the general population to the experiment of finding out. In criticism of this irresponsible attitude, Dr. Philip Ball testified before the U.S. Senate that doctors had been prescribing the untested birth control pill for more than a decade as part of a “massive, double blind, uncontrolled experiment” on 50 million women, who were accepting the drug

under the false pretense that it had already been deemed medically safe. Cooperating with drug companies and population control agencies, doctors were willing to risk the health of their patients because, according to Ball, “The sacred birth control pill has had the halo of being the drug that would control the massive social problems of a burgeoning population. It could be used on the poor, ignorant, illiterate women who scarcely knew what birth control was all about.”⁴⁸

Another critic of subjecting ill-informed patients to this poorly tested drug is Dr. Herbert Ratner, the former Director of Public Health in Oak Park, Illinois. Ratner sarcastically comments that women are the best guinea pigs birth controllers can find, because “they take the Pill without asking any questions, pay for the privilege of taking it, and are the only experimental animals known who feed themselves and keep their own cages clean.”⁴⁹

This type of cooperation between drug manufacturers and doctors, where the manufacturer supplies a potentially dangerous drug and the doctors provide unsuspecting patients as the guinea pigs, is more nearly the rule than the exception. Other products for which women have served as the unwitting experimental subjects include the Dalkon Shield, the hormone DES, and thalidomide. But unlike a valid experiment, the patients are seldom informed that they are participating in a mass market test. This is because the experimenters are less concerned about investigating side-effects than they are about preventing births and making a profit from the sale of this *convenient* method of birth prevention. But since the safety of the Pill is a public issue, and one with which many are properly concerned, promoters of the Pill frequently make strained efforts to “prove” that the Pill is safe. They do this by using the traditional Neo-Malthusian practice of slanted statistics and reinterpreted results.

According to Mendelsohn:

One of the classics [for deceptive studies] was a study publicized by Planned Parenthood-World Population. It was said to prove that Pill users didn’t suffer catastrophic effects. Subsequently, it was revealed that the design of the study included only long-time users of the Pill (excluding those who stopped taking the Pill because of the severity of short-term side-effects) and *excluded the victims who were already dead.*⁵⁰ [Emphasis his own]

In other words, like other slanted studies, this Planned Parenthood study used *only* women

who suffered from the fewest side-effects in order to “prove” that side-effects are rare. One can almost see a tongue-in-cheek investigator explaining the results to a patient in this way: “So you see, since the Pill is safe for many women, you should at least give it a try. And don’t worry, if you give it up because you develop an eye disorder or a subarachnoid hemorrhage, or if you don’t use it long enough because a sudden onslaught of vascular disease causes your untimely death, we’ll just exclude you from the next study so as not to spoil the experiment’s results.” Put even more simply, population controllers have already decided what the conclusion of their Pill experiments will be — now they just need to construct the evidence to support it.

In *Male Practice*, Mendelsohn points out that the concealed dangers of the IUD and the Pill prevent women from making a fully informed health choice. He writes: “I fully appreciate that safe and reliable forms of contraception, such as the diaphragm and the Billings method, may be a nuisance and less appealing than the IUD or the Pill. Still, I am sure that women, if given the facts, would agree that inconvenience is a small price to pay for survival and continued health.”⁵¹ He goes on to comment about the hypocrisy lurking behind the recommendations of birth control advocates, writing:

Planned Parenthood is one of the population control agencies that has promoted the IUD and the Pill with a hard-sell approach. Before you consider using either of these methods, you should know how they are regarded by Planned Parenthood women who peddle them to others. A survey done of 800 of Planned Parenthood’s female staff members revealed a striking aversion to the Pill. Only 8.8 percent of these women take contraceptive pills, but 70 percent of their clients do. . . . The doctors who conducted the study had a simple explanation for these disparities: The Planned Parenthood workers shied away from the Pill because they were exposed every day to clients who suffered from its harmful effects. However, the women they were counseling were willing to take it because they were unaware of the harm the Pill could cause!⁵²

The Pill, however, is not the most radical form of chemical intervention in the Neo-Malthusian stockpile of weapons. That honored position belongs to the drug Depo-Provera, a concentrated hormone which prevents pregnancy for three months. It is essentially the same as taking a three-month dose of the Pill in a single shot. Like the Pill, Depo is linked to several severe side effects, including cancer. Because of its dangers, the FDA banned the use of Depo in

the United States, but American manufacturers *are* allowed to distribute the drug to underdeveloped countries, where it is promoted by Neo-Malthusian organizations such as the International Planned Parenthood Federation.

Though considered unsafe for American women, population controllers believe Depo is ideal for use on the ignorant populations of underdeveloped countries. Since the only thing a patient needs to do is submit to the shot, the use of Depo saves population controllers from the trouble of educating women to use other, safer forms of birth control. In other words, by using Depo, Neo-Malthusians can devote less money, time, and personal interest to the people, while at the same time preventing more births. Furthermore, by requiring the patient to receive one shot every three months, responsibility for fertility control is more completely dominated by the clinic. If a patient changes her mind and wants to have a child, she must wait at least three months (or perhaps longer for the residual effects to subside). During that time, clinic operators will have the opportunity to intensify their efforts to “counsel” her about the expenses and hardships of childbearing.

Though Depo-Provera is not now legal in the United States, American women may not be safe from Depo for long. Drug companies, Planned Parenthood, and the American College of Obstetrics — all of whom have a direct financial interest in the prescription and sale of population control devices like Depo — are strongly lobbying for the FDA to reverse its previous ban. These supporters of Depo do not pretend that it is perfectly safe, but instead argue that it is best suited for some patients, particularly the poor and ignorant — the traditional targets of Neo-Malthusianism.

One of Depo’s supporters, Dr. Howard Ory, justifies its sale in the American market on the basis of inconclusive studies, saying, “You don’t get the impression that Depo is any more harmful than any of the other contraceptives we’re using.”⁵³ Not very reassuring when compared to the records for the IUD and the Pill! But what Ory’s comment does reveal is that once the medical profession accepts one dangerous birth control practice, the door is automatically opened to other technologies which are slightly more, or only slightly less, risky. This approximating of “acceptable” risks inevitably leads to greater and greater risks.

At this writing, the FDA is expected to agree with Dr. Ory's acceptance of Depo and allow the drug to be marketed to American women, with the requirement for follow-up studies on the women who take it. In other words, the FDA appears to be once again about to authorize another birth control experiment using American women as the guinea pigs.⁵⁴

Sterilization Revisited

The IUD, the Pill, and Depo-Provera are all forms of "hard technology" birth control.* They succeed through brute force — by overpowering the reproductive system's normal functioning. As with most "hard technologies," these powerful and unnatural forms of birth control occasionally succeed in their function *too* well. The intended irritation of the uterus

* Technology is the art of applying knowledge. Those who study the nature of technology use the terms "soft" and "hard" technology to compare the manners in which a technical problem can be solved. Hard technologies reach their objective by overpowering Nature's obstacles through brute force, and therefore, they are typically polluting. On the other hand, soft technologies forsake raw power in preference for solutions which *cooperate* with the natural process of Nature. But though soft technologies usually result in minimal pollution, they do require greater compromises and more interaction with nature. Therefore, they are often less convenient or expedient. In order to illustrate this distinction, consider the simple problem of heating a new home. An extreme example of a "hard" solution would be to construct a small nuclear pile from which heat would be piped into the home. Those favoring a "medium" approach would burn firewood or some other combustible fuel; while others seeking a "soft" solution would design their home for passive solar heating. Comparing the alternatives, one would find that the nuclear pile would provide enough heat for even the coldest days, but would also pose difficult control problems and long-lasting waste disposal problems. On the other hand, the firewood solution would be less convenient and would require constant labor. Finally, the passive solar design would require no fuel, but would demand that the residents be willing to accept variations in temperature and even some chilly days. In a like manner, for the purposes of fertility control, the Pill and the IUD are forms of "hard" technology; the diaphragm would be "medium;" and the Billings Method would be "soft." Of course, choices of technology are not necessarily mutually exclusive. For example, combining the medium and soft alternatives listed above, a home owner could design his system for primary dependence on solar heat with the option to use wood heat as a supplement for the coldest days; or a husband and wife could choose to primarily depend on the Billings Method with the option to use the diaphragm during peak days. Such hybrid combinations of soft and medium technologies are not only possible, but can often be most desirable. For a more complete discussion of technology, particularly of its "hard" realities and "soft" alternatives, see *Small is Beautiful* by E.F. Schumacher.

caused by the IUD may become an infection or a puncture; the intended chemical imbalance caused by the Pill or an injection of Depo undermines the body's natural defense mechanisms and makes the womb fertile ground not for an ovum, but for cancer cells.

As with most advanced technologies, birth control technology has developed mechanisms for “fixing” the problems that it has created. Just as birth control failures can be “fixed” by abortion, the bodily damage caused by “hard” contraceptives can often be “fixed” by a favorite surgical treatment — hysterectomy. Thus, what began as temporary and voluntary sterility becomes permanent and involuntary. In most cases, a “corrective” hysterectomy will save the patient's life, but in those unfortunate exceptions when it does not, the guardians of the technology find it easy to shift the blame to the victim. Instead of admitting that their birth control technologies are unsafe, or that their back-up technologies are dangerous, doctors will frequently console the family with the *non sequitur*: “I'm sorry, but she didn't respond to treatment.”⁵⁵ In the eyes of the birth controllers, it is the patient who is deficient, not their powerful and indiscriminate technology.

The hysterectomy is not reserved merely to remove the damaged organs which result from the most honored forms of birth control — the IUD, the Pill, and abortion — but it is also a preferred form of sterilization. Many profit-minded physicians are acutely aware that the federal government's population control program for the poor will pay 90 percent of the medical costs of surgical sterilization, and frequently the state government will pay the remainder. Since total hysterectomies are more expensive than tying tubes, many gynecologists elect to use the more dangerous hysterectomy in order to maximize their personal profits. This unethical practice has been encouraged by the drop in birth rates, which has left many specialists searching for “make-work” alternatives to sustain their expensive lifestyles. Complaining about the shortage of legitimate work, one Baltimore gynecologist frankly admitted to the New York Times that, “Some of us aren't making a living, so out comes a uterus or two each month to pay the rent.”⁵⁶

This practice of encouraging unnecessary hysterectomies is particularly appalling when one remembers how dangerous the operation really is — accounting for some 12,000 deaths per

year.⁵⁷ For the survivors, life without a womb might not be so pleasant either, as Mendelsohn testifies:

All of the facts about posthysterectomy depression and other complications are rarely given to patients in advance of surgery. Too often gynecologists sidestep questions about these consequences by assuring women that those that appear can be dealt with by administering estrogen replacements. This is often not true, and, in fact, the patient may suffer additional damage from the cure [due to the risk of taking estrogen].⁵⁸ [N.B. Look at recent articles on the dangers of hormone replacement therapy — possible tie-in?]

The view that women on welfare are guinea pigs who can easily be deceived into accepting a free, Medicaid paid sterilization is further aggravated by a social bias that is common among physicians. This eugenics-bias is documented by a 1972 study done by Planned Parenthood, which revealed that in various regions of the country 30 to 52 percent of all doctors polled advocated that *all* mothers on welfare who became pregnant should be forced to accept sterilization as a condition for being eligible for public assistance. Though these doctors are unwilling to see their taxes given for the preservation of health for poor women and their children, they are no doubt anxious to accept tax payments for performing the sterilizations. Some physicians have been reported for “selling” sterilizations to distraught women in the middle of a painful abortion, or during the pains of natural labor. One black social worker who has documented these practices has incredulously asked, “How coercive can one get?”⁵⁹ These Neo-Malthusian minded doctors have yet to give her an answer.

Often doctors are aided in this systematic sterilization of the poor by Neo-Malthusian oriented welfare agents. The operators of today’s federally funded family-planning programs have repeatedly been charged with coercing patients into “voluntary” sterilizations. In one case brought before federal judge Gerhard Gessell, the judge observed in his ruling that “the dividing line between family planning and eugenics is murky,” and ruled that the superficial provisions that supposedly were designed to protect patients were “both illegal and arbitrary because they authorize involuntary sterilizations, without statutory or constitutional justification.” Gessell described the case before him, saying:

Although Congress has been insistent that all family planning programs function on a

purely voluntary basis, there is uncontroverted evidence in the record that minors and other incompetents have been sterilized with federal funds and an indefinite number of poor people have been improperly coerced into accepting sterilization operations under the threat that various federally supported welfare benefits would be withdrawn unless they submitted to irreversible sterilization. Patients receiving Medicaid assistance at childbirth are evidently the most frequent targets of this pressure, as the experience of the plaintiffs Waters and Walker illustrate. Mrs. Waters was actually refused medical assistance by her attending physician unless she submitted to tubal ligation after the birth.”⁶⁰

Among the best documented cases of involuntary sterilizations on a mass scale is available in a General Accounting Office (GAO) study of four Indian Health Service (IHS) hospitals, which are federally operated on American Indian reservations. This study discovered that between 1973 and 1976 in these four hospitals alone, 3,406 sterilizations were performed without the patients’ “informed consent.” Furthermore, 36 of these sterilizations had been performed on women under 21 years of age, in direct violation of a 1974 court order prohibiting the operation on minors. Besides the lucrative profit motive for IHS doctors to perform sterilizations, there is a general campaign to restrict the population growth of American Indians. Thus, it has not gone unnoticed that while IHS claims to have insufficient funds to provide vital health care services, there is plenty of money allocated for sterilizations. The success of this sterilization oriented policy is summed up in the statistic showing that fully 25 percent of all American Indian women have been sterilized since 1962.⁶¹

Besides the involuntary loss of fertility, this program has discouraged women from seeking necessary health care. According to one tribe member, two girls had been sterilized at age 15 while undergoing appendectomies. Because of incidents such as this, many young Indian women who fall ill are now refusing to go to IHS hospitals for fear of being sterilized.⁶²

Though these 3,406 violations of superficial standards for voluntary consent were identified at the four IHS hospitals studied, the GAO did not have the manpower to monitor compliance at all fifty IHS hospitals — much less the thousands of general service hospitals around the nation. It is just the tip of the Neo-Malthusian iceberg. In fact, observing the many forms of economic and medical coercion that force unwilling patients to accept sterilizations, one investigator has concluded, “From all present information, it is not unreasonable to fear that

upward of half of the more than one million sterilization operations performed upon American men and women yearly are quite possibly involuntary.”⁶³

Summary

After reaching the height of its popularity in the 1930's, eugenics fell into disrepute during World War II. This allowed the eugenics faction of Neo-Malthusians to consolidate power and reconstruct their image as “population controllers.” This shift in tactics proved to be extremely effective. Rather than speaking in openly racist terms, their rhetoric dwelled on the ambiguities of the total world population in general, but a close examination of their literature demonstrates that their eugenic goals were quite unchanged. The impoverished classes and the peoples of underdeveloped nations were still the targets for their control.

Most of the people who believed in the new myth of “overpopulation” did not realize that the “facts” presented to them were invented solely for the purpose of keeping alive the old “scientific racism” which had divided the world’s population into two groups — those with the right to reproduce, and those without that right. In general, the revamped Neo-Malthusian organizations convinced most of America of the “scientific fact” of overpopulation. This population-phobia resulted in a dropping of the guard against dangerous birth control practices, which in turn led to the political and medical endorsement of dangerous forms of birth control, including the IUD, the Pill, Depo Provera and abortion.

In addition, coercion has been increasingly used to force the poor to accept “voluntary” sterilizations. There should be no doubt, though, that the physicians who perform these sterilizations sincerely believe that what they are doing is in the best interests of the patient and society. Unfortunately such Neo-Malthusian goals for their patient’s reproductive life presume that the doctor’s “wisdom” is superior to the patient’s own “ignorant” goals and desires. It is in this way that the arrogance of the “elite” typically infringes on even the most basic rights of the weak. But, of course, any infringement on the rights of others must always be disguised by a rhetoric which pretends to expand their rights. Such was the case with the legalization of

abortion. In pretending to expand the “freedom to choose,” Neo-Malthusians have in fact been expanding their weapons of coercion. This will be the subject of the following chapters.

Notes

1. Chase, *Legacy of Malthus*, 327.
2. Ibid., 327-329.
3. Ibid., 19-20.
5. Ibid.
5. Ibid., 330.
6. Ibid., 316.
7. Haller, *Eugenics*, 179.
8. Ludmerer, *Genetics and American Society*, 125.
9. Chase, *Legacy of Malthus*, 331.
10. Gordon, *Woman's Body, Woman's Right*, 344.
11. Kennedy, *Birth Control in America*, 119.
12. Chase, *Legacy of Malthus*, 366-367.
13. Ibid., 368-371.

14.Ibid., 256.

15.Ibid., 368.

17.Ibid.

17.Ludmerer, *Genetics and American Society*, 176.

18.Chase, *Legacy of Malthus*, 370.

20.Ibid.

20.Ibid., 371.

21.Ibid., 376-377.

22.Ibid., 378-382.

24.Ibid.

24.Ibid., 379.

25.Ibid., 378-382.

26.Ibid., 379.

28.Ibid.

29.Ibid.

29.Gordon, *Woman's Body, Woman's Right*, 396.

30.Chase, *Legacy of Malthus*, 382 387.

31.Gordon, *Woman's Body, Woman's Right*, 397.

33.Ibid.

33.Chase, *Legacy of Malthus*, 385.

34.Gordon, *Woman's Body, Woman's Right*, 397 398.

36.Ibid.

36.Ibid., 397.

37.Chase, *Legacy of Malthus*, 397 399.

38.Ibid., 366.

39.Ibid., 36 37.

40.“Required Patient Information for IUD's,” *H.E.W. News*, 6 May 1977.

41.Robert S. Mendelsohn, *MalePractice: How Doctors Manipulate Women*(Chicago: Contemporary Books, 1981), 126.

43.Ibid.

43.Ibid., 127.

44.Ibid., 120.

45.From a 1980 pamphlet entitled "Your Body Ecology," distributed by the Body Ecology Organization.

46.Mendelsohn, *MalePractice*, 122.

47.Ibid., 120.

48.Ibid., 34 36.

49.Ibid., 35.

50.Ibid., 124.

51.Ibid., 128.

53.Ibid.

53.Matt Clark, et al., "The Depo-Provera Debate", *Newsweek*, 24 January 1983, 70.

55.Ibid.

55.For a more thorough discussion of such blame shifting tactics, see Robert S. Mendelsohn, *Confessions of a Medical Heretic* (Chicago: Warner Books, 1980).

56.Mendelsohn, *MalePractice*, 104.

57.Chase, *Legacy of Malthus*, 17.

58.Mendelsohn, *MalePractice*, 101.

59.Dyck, "Is Abortion Necessary to Solve Population Problems?", 237.

60.Chase, *Legacy of Malthus*, 17.

61.Miller, et al., "Native American Peoples on the Trail of Tears Once More", 423.

63.Ibid.

63.Chase, *Legacy of M*