

PRO-LIFE REPORTER

Taxpayers Guide to Federal Anti-Life Programs

PART I US-AID Funded Foreign Population Control Programs

TITLE X—PROGRAMS RELATING TO POPULATION GROWTH¹²³

SEC. 291.¹²⁴ GENERAL PROVISIONS.—(a) It is the sense of the Congress that, while every nation is and should be free to determine its own policies and procedures with respect to problems of population growth and family planning within its own boundaries, nevertheless, voluntary family planning programs to provide individual couples with the knowledge and medical facilities to plan their family size in accordance with their own moral convictions and the latest medical information, can make a substantial contribution to improve health, family stability, greater individual opportunity, economic development, a sufficiency of food, and a higher standard of living.

(b) To carry out the intent of Congress as expressed in subsection (a), the President is authorized to provide assistance for programs relating to population growth in friendly foreign countries and areas, on such terms and conditions as he shall determine, to foreign governments, the United Nations, its specialized agencies, and other interna-

tional organizations and programs, United States and foreign nonprofit organizations, universities, hospitals, accredited health institutions, and voluntary health or other qualified organizations.

(c) In carrying out programs authorized in this title, the President shall establish reasonable procedures to insure, whenever family-planning assistance from the United States is involved, that no individual will be coerced to practice methods of family planning inconsistent with his or her moral, philosophical, or religious beliefs.

(d) As used in this title, the term "programs relating to population growth" includes but is not limited to demographic studies, medical, psychological, and sociological research and voluntary family planning programs, including personnel training, the construction and staffing of clinics and rural health centers, specialized training of doctors and paramedical personnel, the manufacture of medical supplies, and the dissemination of family-planning information, and provision of medical assistance and supplies.

SEC. 292.¹²⁵ AUTHORIZATION.—Of the funds provided to carry out the provisions of part I of this Act for the fiscal year 1969, \$50,000,000 shall be available only to carry out the purposes of this title and, notwithstanding any other provision of this Act, funds used for such purposes may be used on a loan or grant basis.

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**TESTIMONY OF
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EXECUTIVE DIRECTOR
UNITED STATES COALITION FOR LIFE**

**COMMITTEE ON
INTERNATIONAL
RELATIONS**

**UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.**

**FOREIGN ASSISTANCE PROGRAM
FY.-1978
APRIL 18, 1977**

Mr. Chairman and Members of the Committee:

I am Randy Engel, Executive Director of the United States Coalition for Life, an international research agency founded in 1972 for the purpose of monitoring American population control programs at home and abroad. Our agency which is headquartered in Export (Pittsburgh) Pennsylvania has an outstanding board of more than thirty national and international advisors and experts in a wide variety of fields including demography, economics, agriculture, medicine, law and all aspects of population control including contraception, abortion and sterilization. This unique composition makes possible the continuous monitoring and evaluation of population control programs funded by the Agency for International Development of the Department of State under Title X — Programs Relating to Population Growth Sec. 291 of the Foreign Assistance Act of 1961 as amended in 1968.

INDIA:

The Prototype AID Program?

Mr. Chairman, I should like to open my testimony by presenting an overview and an update on a research project carried out by the Coalition in the Fall of 1976 designed to document the role of the Agency for International Development in the population control programs and policies of the Indian Government under Indira Ghandi and her Congress Party which culminated in the adoption of State laws mandating sterilization and in specific cases compulsory abortion.

The findings of our research were subsequently published in the November issue of **The Linacre Quarterly** under the title "India: The Great Population Control Experiment".

It might be of interest to this Committee that the Indian project was initiated by Indian physicians opposed to the programs of forced sterilization and who suspected that the core of the Indian population control movement was being financed by American interests with U.S.-A.I.D. dollars channeled through so called private international and quasi-governmental agencies in order to maintain what Ambassador Marshall Green, Coordinator of Population Affairs, Department of State so eloquently refers to as "a low profile". Our research verified and documented these suspicions as fact that is to say that American U.S.-A.I.D. dollars were and had been used for over the last ten years to finance and promote India's population control program and services both directly and indirectly through the United Nations Fund for Population, The World Health Organization, the World Bank and the International Planned Parenthood Federation and Population Council. I ask that the attached article be entered in its entirety into the public record of this hearing on U.S.-A.I.D. foreign assistance programs. (Attachment #1)

A second matter of interest to this Committee related to the findings of the Coalition on the Indian project is the fact that the Indian program represents the **PROTOTYPE** of AID's ultimate population control objectives in the developing nations of the world. Thus, India's "Final Solution" to her expanding population i.e. compulsory sterilization (and abortion) was not opposed to but rather the logical outcome of Title X programs carried out under the direction of R.T. Ravenholt and his Malthusian cohorts both within the State Department and in the quasi-governmental and 'private' sphere.

Total press censorship during the critical buildup of India's population control program of compulsory sterilization made any real appreciation of the brutality of the program impossible for outsiders. However, in March 1977, one of our international advisors from India was able to send me some details on the bloody riots which took place in several States which undertook programs of compulsory sterilization. I think you all will find the incidents unforgettable.

✓ • In the village of Peepli in the State of Haryana a Block Development Officer and sterilization medical team accompanied by the police dragged off the local pahlwan to be vasectomized. Thousands of peasants armed with sickles and shovels and knives converged on the sterilization compound demanding the release of the pahlwan. In the meantime, the victim's sister entered the facility and was slapped by the Block Officer and told to get out. The woman retaliated with a blow of her sickle and in the melee which followed the police were forced to take flight for their lives. Later when Congress Party leaders came to tell the villagers that the forced sterilization campaign was called to a halt they were beaten and their cars burnt down.

✓ • In both Haryana and Delhi the State Administrators had been asked to provide sterilization "incentives" but when the officials did not meet their quotas by voluntary means they instituted a system of "decentives" and ruthlessly enforced them. Salaries were withheld, rations denied to adults and their families including the children, and medical and educational benefits suspended. Police action was widespread and numerous deaths of both peasants and sterilization officials were reported.

✓ • In Pratapgarh District, two villagers trapped for sterilization and kept in custody, ran away. One of them was drowned in the nearby river in his escape attempt.

• In Allahabad, a police constable was forced to get himself sterilized at a time when his only son, age five, was dying of typhoid. Upon the child's death the anguished father took the body of his son to the Police Station resulting in an immediate police strike in protest of the sterilization program.

✓ • The worst blood bath however took place in Uttar Pradesh where on October 18, the District Magistrate angered by the low turn out of volunteers for the sterilization program ordered the occupants from two densely populated mohalas into the sterilization tent area. There was a mini-uprising and before the day was over more than forty persons were dead. News of the event was blacked out and the district officer quickly transferred by the Government.

✓ • In the national Capital, the forced sterilization program around the historic Jama Masjid went hand-in-hand with the demolition at Turkman Gate where the people were awaiting the rebuilding of their ancestral homes. The officials had the demolition crew move in and then announced that the people must submit to sterilization before the

Government would rebuild their homes. The resistance was lead by burqa-clad women and by the end of the day twenty-five persons were dead, many bodies were buried under the debris and at least one was crushed under a bulldozer.

Against this partial background, it is significant to note that during the recent Indian elections, the northern State of Haryana whose public officials were boasting of 20,000 sterilizations a month in December of 1976, members of the ruling Congress Party **LOST EVERY SEAT** to the opposition. One can only regret that un-elected AID population bureaucrats were not on the scene to taste the bitter fruit of their population programs and policies.

As this Committee I am sure knows, India's new Minister of Health and Family Planning has announced the end of all compulsory sterilization programs and has ordered all programs of "cash incentives" for sterilization which he called bribes to be halted. Minister Raj Nardin has renewed programs of birth control through self-control and stable family life. Abortion has been ruled out completely. Thus the events in India have proven to be a temporary setback to the world-wide Neo-Malthusian Movement which has as its ultimate objective the regulation of births and deaths by the State in accordance with the fluctuation of the needs of Society. Thus the human person becomes a mere commodity designed to be regulated as any other commodity in the employment of efficient management by the State.

Last Fall, the Population Crisis Committee which is generally a reliable bellwether of the sentiments of the Population control Establishment on Capital Hill, ran a special issue on the Draper World Population Fund Report on "Voluntary Sterilization" containing an article on the Indian program titled "Compulsory Sterilization: A New Dimension in India's Population Policy" by Kaval Gulhati.

Ms. Gulhati conclusion is extremely interesting . . .

Any decision to move toward compulsory sterilization for family planning is a momentous one. It is an attempt to revolutionize fertility while other developmental factors

remain at an evolutionary pace. Some policymakers view the use of coercive laws to reduce fertility as a necessary intervention. Maharashtra's leaders seem to regard compulsory sterilization as an easy, short-cut way to success. But legislative measures in other socio-economic matters, such as the Prohibition of Dowry Act or the Tenancy Act, have been completely ineffective in practice. For a coercive program to work, a hugely expanded commitment of administrative and financial resources will be necessary. The world will be watching India's policy closely to see if, and how, state governments follow up their new legislation with bigger budgets and more effective action.

On the back cover of the PCC Report a complete listing of both Population Crisis Committee leaders and sponsors of the Draper World Population Fund are given. (Attachment #2). I draw the attention of the members of this Committee to the fact that key congressmen and Senators who control and influence foreign and domestic birth control funds are included in the listing as well as a number of former AID administrators including William S. Gaud and John A. Hannah. The well-known process of cross bureaucratic fertilization between AID and other State Department officials and key population control agencies including the Population Crisis Committee, the Population Council and similar agencies insure an ongoing and uninterrupted flow of federal dollars to the Population Control Establishment at home and abroad. A number of these individuals are former Hugh Moore Ad signatories a complete list of which is provided in Attachment #3.

Earlier I mentioned that it is likely that the results of the forced sterilization program in India are likely to prove merely a temporary setback for the Population Control Establishment. How "temporary" may be judged by the fact that shortly after the Indian elections and the routing of the Congress Party, the Environmental Fund and the Rockefeller Brothers' Fund an-

nounced their support for foreign assistance programs tied directly to population control strings in the developing nations of the world. The statements were entered into the Congressional Record on March 30, 1977, by the Hon. Frederick Richmond of New York.

According to the Rockefeller Brothers' Fund findings, "This condition (i.e. no aid without population control) for population sterilization may interfere with some freedoms, but it lets each government accomplish that interference as it sees fit . . ."

But what perhaps is more chilling in the Fund statement is the comment attributed to Senator Sparkman, chairman of the Senate Foreign Relations Committee who expresses approval of the Fund policy and states that he (Sparkman) will urge the Carter Administration to establish a direct correlation between economic assistance and effective population control measures.

However, given the intimate association and loyalty of the Carter Administration to the Rockefeller family and the personal messianic support of Miss Lillian to population control as evidenced in her **Playboy** interview with Robert Scheer, it is quite unlikely that this Administration will need any push from the House or Senate to embark on a new and expanded program of population control both in the United States and abroad.

On the way over from Pittsburgh, I read, re-read I should say, a copy of, "Something Beautiful for God," which is Mother Theresa's famous work in India, where she preaches the gospel of Christ and she sees that all men are brothers and she loves the poor because the poor enable us to serve them.

Now we have heard statements today of another kind of gospel issued with the same missionary zeal. It is the Malthusian gospel for the males and the Sangerite gospels for the females. It is basically that they love the poor so much that they simply wish there were less of them.



Cartoons are used in Pakistan to draw attention to the growing burden of overpopulation and to encourage family planning.

The main function, and if you will at this point — I make that point only to show that the ideology which AID backs is, indeed, an ideology carried out with religious fervor and it really should in no way find expression in public policy.

There would be no objection to promoting those particular gospels if they used their own money and then we could fight them on the same level. We, proliferators of course, have to

fight such agencies which are tax subsidized.

If the committee will turn now to the part two of my testimony, which I am going to indicate some objections that have come up with regard to the violations of the Helms Amendment and also the general topic of Title X, funding with regard to volunteerism.

In the past, as you know, Congressman Zablocki, we have taken the position that we would offer

recommendations within the framework of Title X, but because the Helms Amendment has been so intensely violated and because Title X funds are used by groups who promote abortion abroad as well as contraception and sterilization and population control, which is the whole three, we, therefore, must take the position in complete opposition to any and all continued support for Title X funding.

INDIA:

The Great Population Control Experiment*

In his classic work, *Catholic Viewpoint on Over-Population*,¹ priest-demographer Anthony Zimmerman, S.V.D. offers a memorable anecdote on one Indian's reaction to initial population control efforts in his country during the 1950's.

Warning that newly developing nations are not so naïve as to be unable to distinguish between authentic assistance programs and those directed at birth prevention, Zimmerman tells of a hostile reception given to the late Sangerite disciple, Dr. Abraham Stone, by an Indian host who apparently was not pleased with his role as host and introduced Dr. Stone to an audience as follows: "We asked the United States for bread; instead they have sent to us — and I present to you — Stone."

Thus the government of India prepared to embark on the world's largest and first population control experiment in modern times.

In less than a quarter of a century the nation would be transformed into an international birth control laboratory and India's poor used as guinea pigs for the biocracy and technocrats of the New World Order in which the quantity and quality of births are regulated as any other commodity to meet the demands of the State.

So thoroughly has the inevitability and necessity of expansion of India's Great Experiment penetrated the international con-

science, that when the Bombay monthly magazine *Fulcrum*² carried a feature article last spring on a compulsory sterilization program in the town of Barsi in Maharashtra in which visitors to the small village were forcibly loaded into municipal dump trucks and hauled into the local hospital to be sterilized under order of high-handed panchayats eager to meet their 1000 quota of vasectomies and tubectomies by the deadline date, nary a yawn was heard from the world court of public opinion at the United Nations nor in the halls of Congress where alleged violations of human rights in India have been a frequent topic of discussion.

Yet, despite the deafening silence, the brutal reality of Barsi remains a human tragedy not only for India but for the world — and that most explicitly and assuredly includes the United States which has been the primary propagandist and financial backer of India's current assault on the human person — indeed life itself!

This article is based in part on a lengthy document to be published this fall by the United States Coalition for Life on the foreign population control policies of the United States from 1966-1976 under the Agency for International Development of the State Department.

To the extent that this review of India's Great Experiment is an accurate reflection of America's

official population control policies and programs abroad, surely the Ugly American never looked uglier in the eyes of the world's poor and needy.

1951-1965: The Early Years

For the first half of the century, ground breaking neo-Malthusian efforts in India were limited to a small but influential number of private interest groups, such as the Family Planning Association of India formed in 1949 by the Indian counterpart of our Margaret Sanger: Lady Dhanvanthi Rama Rau.

For the most part however, the official attitude of government was reflected in the writings of Mohandas Gandhi who expressed confidence in the virtue of sexual restraint and positive alternatives of agricultural and economic development to accommodate India's growing population.

By the mid-50's under the leadership of Prime Minister Nehru the hole in the dike established by the Family Planning Association of India gradually expanded through a series of National Congresses in which "family planning" was tied to improved maternal-child health care and the red flag given to research for the development of cheap and safe birth control methods suitable to the masses.³

By the conclusion of the third Five Year Plan in 1966, the Gov-

ernment budget had risen from 6.50 million Rs. to 269.76 million Rs. (Note: the current fifth Five Year Plan, 1974-1979, allocates a population control budget of 5,160.00 Rs. or 688 million in U. S. dollars.)⁴

This new availability of massive public funds supplemented by grants from American foundations encouraged the growth of a quickly expanding bureaucracy with a vested interest in continued support for birth control programs at local, state and the national level. Today the Indian birth patrol is a virtual army — some 5,200 physicians, 20,000 auxiliary nurses/midwives, 3,500 public health nurses, 13,500 health assistants, 12,000 statistical workers and an unknown legion of quasi-governmental condom vendors, pill and IUD pushers and sterilization prompters.⁵

During this 14 year period there was a dramatic shift away from the official approval and encouragement of periodic abstinence and prolonged lactation for the spacing and regulation of births which was held to be incompatible with mass movements and towards more "effective" and financially lucrative methods of birth prevention including sterilization, condoms, and IUDs (Lippes loop). Thousands of small clinics and mobile units spreading the Sangerite gospel dotted the Indian countryside. In 1961 Maharashtra opened its first "sterilization camp" for the benefit of the rural masses. Yet, despite the growing campaign few clients showed up at the clinic door and even fewer at the sterilization medical stockyard.

1966 can be called the year that India reached a turning point; the year that marked the official entrance of the United States Government and various U. S. "front" groups into the war against the proliferation of people in the developing nations of the world, including India. The

military headquarters would be the Agency for International Development; the general — Reimert Thoroff Ravenholt, the sixth of ten children, father of four and a dedicated disciple of Parson Malthus.

U. S. Tax Dollars at War

Between 1966-1972, the Agency for International Development (AID) contributed approximately \$30,000,000 to India's population control efforts in the form of advisory and research teams, contraceptive supplies and abortive devices and machines, vehicles, facilities and Madison Avenue campaigns. When AID terminated its direct grant pro-

gram in 1973, U.S. funds were channeled through national and international "front" groups such as the United Nations Fund for Population Activities, the International Planned Parenthood Federation and the World Bank. This latter fiscal arrangement proved to be more efficient and workable particularly in those nations of Asia, South America and Africa which were known to be hostile to foreign domination and the "Made in U.S.A." label.

The following chart covers a portion of total AID fiscal commitment over the last ten years to agencies and institutions active in the India program.⁶

CHART I	Totals
University of North Carolina (Chapel Hill)	\$11,348,000
Johns Hopkins University	9,322,000
Family Planning International Assistance (PP-WP, N.Y.) — Church World Services	15,284,000
International Planned Parenthood Federation (London) ..	60,772,000
Pathfinder Fund	23,592,000
Population Council	23,594,000
World Assembly of Youth	2,342,000
World Bank — International Development Authority ...	3,000,000
U.N. Fund for Population Activities* **	97,000,000

*UNFPA executing agencies include UNICEF, WHO, UNESCO, etc.

**Under a new five year contract with India the Fund will contribute \$40,000,000 to be used for medical research, training, and population education.

CHART II

(Indicates by totals and percentage how AID spent its \$732 million between fiscal years 1965-1975.⁷)

Program Goal	U.S. Dollars	Percent
1. Development of demographic data	\$ 62,222,000	8
2. Development of population policies and research	37,187,000	6
3. Fertility control research (contraception, sterilization and abortion)	66,740,000	9
4. Purchase commodities (orals, condoms, IUDs, jellies)*	103,962,000	14
5. Service programs	229,213,000	31
6. Information programs	81,657,000	11
7. Manpower training — institutional development	117,317,000	16
8. AID operational expenses	34,048,000	5
	<u>\$732,344,000**</u>	<u>100</u>

*U.S.-AID is frequently known as the world's largest prophylactic and Pill dispensary. These figures show why. **It is important to note that over one-half of the total U.S.-AID budget expended between 1965-75 never left the United States. Thus the U.S. domestic lobby of drug companies, university-based research centers, foundations, and non-profit groups like their counterparts abroad have a large financial investment in U.S.-AID population control activities.

When asked about the impact of the anti-abortion protagonists, he called them "a malignant remanent of the Medieval Mediterranean inquisition which seeks to keep the poor on the uterine rack forever."

*Dr. Reimert T. Ravenholt
Alumni News, 1976 November
University of Minnesota*



THE AID-RAVENHOLT PHILOSOPHY

On Feb. 1, 1968, William S. Gaud, AID administrator enunciated the four basic principles of AID's population control-family planning programs and policies under Title X of the Foreign Assistance Act of 1961 before the Gruening hearings on Foreign Aid Expenditures.

According to Mr. Gaud, (1) the first principle is that overpopulation and underdevelopment go hand-in-hand, thereby making the neo-Malthusian cause official U.S. policy; (2) the second principle is that the U.S. is committed to the spread of "family planning" knowledge and practices in developing nations as a basic right; (3) the third principle is that the sovereignty and sensibilities of nations will be respected as the U.S. carries out principle (2); (4) the fourth principle is that all programs shall be "voluntary" and not tied to aid of any kind.

Title X, Sec. 291 (c) provides " . . . That no individual will be coerced to practice methods of family planning inconsistent with his or her moral, philosophical or religious beliefs."

In 1973, the Foreign Assistance Act was amended by Sen. Jesse Helms, (R-N.C.) to forbid the use of Title X funds for

abortion thus preventing AID from continuing its overt abortion activities abroad. Unfortunately, since AID cut off its *direct* funding to India in 1973, the Helms prohibition would have little effect on AID's indirect funding through such agencies as the UNFPA and the IPPF in India.

However accurately AID's four principles for action concerning "voluntarism" and "self-determination" reflected Congressional intention, in *practical operation* AID programs and policies over the last ten years have been the creation of a single man — Dr. R. T. Ravenholt, the virtually autonomous and untouchable director of AID's Population Office.

Through a series of sage alliances with the American foundation establishment, drug and abortion lobbies, and "family planning" non-governmental organizations combined with relatives who tie into key senatorial offices charged with AID appropriations, Ravenholt has propelled his program into a billion dollar empire.^a

In order to understand US-AID operations in India one must at least attempt to understand the Ravenholt mindset and missionary-like vision for the devel-

oping nations of the world. The following statements by Ravenholt and some of the programs being carried out under his administration will assist in this task.

In the fall of 1973, Dr. Ravenholt and his research colleague, Dr. J. J. Speidel, delivered a paper on "Fertility Control Technology — Current Status and Future Prospect" to the International Planned Parenthood Federation Conference in Brighton, England. According to the AID team: "Since its inception in 1968, a foremost goal of AID's research program has been a *non-toxic and completely effective substance or method which when self-administered on a single occasion, would insure the non-pregnant state at completion of a monthly cycle.*" AID has given special attention thusly to (1) luteolysis/antiprogestins; (2) prostaglandins, and (3) uterine aspiration techniques.

On the matter of natural family planning or "rhythm," Ravenholt and Speidel suggest " . . . methods requiring an intensive exercise of foresight, vaginal soundings, use of temperature charts, etc., before expressions of love and passion can hardly be considered 'natural'".

On the issue of the Pill: . . . "For young women on the threshold of their reproductive lives . . . there is no satisfactory alternative to oral contraceptives."

On menstrual regulation (i.e., mini-abortion): . . . "The relative simplicity and safety of the mini-suction technique makes it very likely that it will become a popular clinical practice throughout the world."

In summary: . . . "The great task immediately before us is to make the most effective means of fertility control fully available throughout the developing world, where less than 20% have yet gained full access to this great boon to their health, their economic and social development, and to their familial and social well being."

In 1972 US-AID funded under Title X the cost of printing a Panamanian "responsible parenthood" comic book entitled *Los Supermachos* which featured on its cover a blasphemous drawing of a little old woman kneeling before a statue of the Blessed Mother praying: "Little Virgin, you who conceived without sin teach me to sin without conceiving."

Innovation is the hallmark of Ravenholt administration such as:

- non-medical distribution of oral contraceptives in urban gum-ball machines in Pakistan;
- saturation multi-condom campaigns in Ceylon with condoms doubling for children's balloons or braid ties;
- sterilization "festivals" with illuminated scoreboards in Kerala State, India;
- combined malaria-child prevention house-to-house programs in Ecuador;
- Karman coil abortions in war-torn Bangladesh;
- belly-button sterilization programs in Nepal.

In AID's 1971 annual report on "*Population Program Assistance*"¹¹, there is a specific reference to India and the future of abortion in that nation " . . . as legal restrictions on postconceptive fertility control are removed, for example, India in 1971, it is foreseeable that family planning program strategy will center upon the early diagnosis and relief of unwanted pregnancy, followed by provision of the contraceptive information and services needed to prevent subsequent unwanted pregnancies.

"Such pregnancy-centered programs can be much more efficient than ordinary family planning programs because women who believe they may have an unwanted pregnancy will actively seek out any facility offering relief, and hence educational and promotional costs of the f.p. program

can be greatly reduced, and the time from inception of the program to reduction of fertility can be minimized.

"Provision of relief of unwanted pregnancy plus effective contraception, for example, sterilization, can achieve fertility reduction of more than one birth per clinic acceptor and have a powerful and rapid effect upon fertility patterns."

Thus in these few samples, we encounter the repeated themes which occur throughout Ravenholt's writing, programs and policies, i.e. the primacy of abortion as the method of choice; the mockery of sexual continence and purity as virtues; the idea that developing nations will find their salvation in birth control technology and so forth.

It cannot be emphasized enough that AID is the *primary*



source of birth prevention and life destruction programs in India, whatever mask or disguise the American dollar wears, for such key agencies as the World Bank, the UN Fund for Population Activities and the International Planned Parenthood Federation. Here is a sampling of each of these programs with specific references to India wherever possible.¹¹

The World Bank — International Development Association. In the summer of 1972, the International Development Association (IDA) arm of the World Bank, supported in part by the United States, joined with the Swedish Government to launch a cooperative effort with the Indian government at a total cost of \$44 million for the purpose of developing "... what promises to be the most advanced systems approach to population problems in any developing country. It will provide the essential analysis required to shape the overall massive effort India is making to reduce its current population growth."¹²

Mysore (Karnataka) State and Uttar Pradesh State were selected for the mass experiment.

Under the World Bank project, "hardware" items such as buildings, vehicles and equipment, and "software" items such as training, research and pilot programs would be provided with heavy emphasis on post-partum pro-

grams, rural delivery services, nurses' training and motivational services to insure that the population adheres to the newspeak "Make love not babies," "Loop before you leap" and other Madison Avenue imports.

Heavy emphasis would also be placed on the most efficient tools and devices suitable for population control of the masses — the Pill, IUDs, sterilization and, most importantly, abortion — via implants, hormones, and prostaglandins which "requires no regulation of sexual activity and greatly reduces the need for education."¹³ Natural methods of birth regulation and spacing are not considered useful nor effective.¹⁴

In June, 1976, India's Secretary for Health and Family Planning visited the United States to seek World Bank support for research into the development of a nine-month single shot injectable to insure that wombs remain tombs for human life.

According to a World Bank report on population control issued in 1972, the biggest obstacle to population reduction programs in the developing nations is the lack of popular support, not foreign exchange. Such "obstacles," however, are overcome by the Bank's capability for fact-finding, of which the poor and ignorant are obviously incapable. Governments don't have to be enthusiastic about the Bank linking

population control with food and economic aid dollars; acquiescence is sufficient.¹⁵ All Bank economic reports now require statements by recipients as to their national population policies and programs.

U.N. Fund for Population Activities. Like the World Bank, the United Nations Fund for Population Activities, founded in 1967, acts as a major funnel for AID dollars. The Fund, in turn, uses the executing agencies of the United Nations including UNICEF, FAO, ILO, UNESCO and the World Health Organization, a major research agency for the development of new abortion techniques including prostaglandins.

Like the Bank, the Fund favors the importation of abortion and sterilization into the developing nations. The All-India Institute of Medical Sciences in New Delhi is an international center for abortion research under the auspices of the World Health Organization's Expanded Programme of Research Development and Research Training in Human Reproduction supported by the Fund and the Ford Foundation.

Again one must cross-check banking accounts to verify that of the \$238.6 million in the Fund account from over 78 nations, the U.S. has contributed \$97 million.

'Family planning is more important than going to mass'

Rev. Jeronimo de Sa Cavalcante at the annual Western Hemisphere Region meeting of IPPF in Rio de Janeiro, Brazil in September 1973.

International Planned Parenthood Federation. AID grants to the London-based International Planned Parenthood Federation through fiscal year 1975 totaled over \$60 million. Of the IPPF's total calendar year budget for 1974 (\$41.5 million) and 1975 (\$44.3 million), AID grants totaled \$12 million each year.

The IPPF's world-wide network of affiliates and regional offices permits AID funds to work "indigenously" in those nations

where it would be politically embarrassing for the U.S. to do so, as with the massive IUD campaign in Colombia, IUDs being primarily abortifacients.

In return, the IPPF receives millions of American tax dollars to cover the expenses of the Central Office in London and to provide sub-grants to its affiliates. Until recently, the IPPF fought off attempts by the U.S. General Accounting Office for an accurate fiscal auditing of U.S. funds on grounds that such procedures are "burdensome" and infringe upon the independence of the "private" agency. The IPPF maintained also that once AID funds are commingled with other donations it becomes impossible for the IPPF to separate restricted from non-restricted funds.

On Sept. 14, 1973 the GAO issued a special report on "U.S. Support of the IPPF Needs Better Oversight," in which the fascinating question was asked: How could AID assure itself that the American taxpayer's money was being used in an efficient, economic and proscribed manner by the IPPF given the reality of Federation's poor financial record keeping? How indeed? The question is more than academic to be sure for researchers like myself trying to track down the use of American tax dollars by the IPPF.

As noted earlier, Title X funds which the IPPF receives cannot be used to violate an individual's religious or moral beliefs.

Yet when the former Medical Director of the IPPF, Malcolm Potts, delivers an appeal at an International Conference of the IPPF for a return to Onanism combined with abortion as a substitute for daily ingestion of dangerous oral contraceptives, is he not violating the spirit if not the letter of the law?¹⁶

When Dr. Fred T. Sai, IPPF Secretary General, puts forth IPPF recommendations at an

Abortion Conference in Africa which are designed to bring about abortion on demand in Black Africa, is the Helms Amendment violated?¹⁷

The Family Planning Association of India, an affiliate of the IPPF, operates 30 branches throughout India. Since its beginning some 23 years ago, it has assisted the Indian population control movement with about \$3.7 million in the operation of clinics and advanced courses in surgical techniques of fertility control. If the FPAI permits its facilities or medical personnel to be used for compulsory sterilization programs in Maharashtra, West Bengal, Haryana or Delhi, shall Title X funds be cut off at the FPAI headquarters or at the IPPF Central Office in London?

Fortunately the GAO has been investigating the matter with regard to abortion and the results look helpful. Stricter auditing of IPPF funds will enable opponents of the IPPF to monitor the agency's activities in developing nations and to file protests within the State Department for alleged IPPF violations of Title X funds.

AID and Birth Control Technology

Providing funds — directly or indirectly — is one matter. Finding the technology to use those funds in the birth prevention field is another.

With the exception of traditional methods of natural regulation of births, recently backed up by the marvelous work in this field by Mother Teresa and the Missionaries of Charity who have won praises even from Indira Gandhi herself, India's birth control methods — pills, coils, condoms, sterilization and abortion — have been imported primarily from the United States.

Mass sterilizations, backed by what Ravenholt refers to as incentives and disincentives ranging from free tickets to the na-

tional soccer championships,¹⁸ to CARE-US-public Law 480-Food for Peace parcels containing a shopping bag, rice and clothing,¹⁹ to threats of loss of jobs, housing, drinking or irrigation water for crops to outright compulsory sterilization under penalty of fine or imprisonment or both,²⁰ have met with apparent approval by the AID Population Office and State Department.

An extensive review of India's population control program in general and of sterilization in general is provided in the May, 1976 issue of the Population Council's *Country Profiles*.²¹ The authors, Visaria and Jain, make some interesting observations concerning sterilization complications such as tetanus and death.²² They also note that in India sterilization is reserved primarily for the poor while the rich prefer such methods as orals, foams and jelly with a diaphragm.²³

This observation is backed by strong public pressures by leading Indian social workers such as Tara Ali Baig of New Delhi who favors the compulsory sterilization of parents who are "mentally, physically or emotionally unfit." Mrs. Baig believes that a child has a right *not to be born* to "irresponsible" parents and incredibly invokes the United Nations Declaration on the Child as the authority for compulsory sterilization legislation in India.²⁴

On the other hand there is ample evidence that the poor of India do not look with total favor on Indira Gandhi's national-backed state compulsory sterilization programs as a "final solution" to the Indian problem. Health Minister Karan Singh got the message quite clearly when government bulldozers leveled a slum section of Delhi and refused to relocate the residents, primarily Muslims, unless the latter submitted to sterilization. The bloody battle against the local police left six dead, 19 injured

and 453 arrested. Singh subsequently issued a warning to over-eager sterilization prompters and officials but noted that government was going to reduce the birth rate no matter what the obstacles. His intention was clear.

Thus far, the compulsory sterilization incidents at Balsi and other parts of India have brought no comments from either the State Department or Ravenholt.

The Indian Medical Termination of Pregnancy Act of 1971 went into effect on April 1, 1972. Within the year government officials reported that 23,000 induced abortions had been carried out. By September, 1975, more than a quarter of a million babies were killed under the law at approved government aboritoriums and private clinics.²⁵

Under the original legislation abortion was permitted for life or health of the mother. Contraceptive failure was considered to cause mental anguish and therefore be an indication for an abortion. Twenty weeks was the time limit. However in case of an "emergency" the mother could be aborted at any time, anywhere, by anyone.²⁶

The April 1976 issue of the IPPF medical bulletin indicates that the Indian law has been revised again to do away with time-consuming certifying procedures for abortionists and to provide doctors with on-the-spot training.

As with sterilization, induced abortion is viewed by many members of the Indian medical profession as a means of improving maternal and child health care.²⁷

Physicians who object to abortions, on the other hand, are being looked upon more and more as anti-social. This writer has seen no evidence to support the fact that there will be room for conscientious objector status on abortion in India. As a matter of fact, I understand that more than two years ago some State officials were telling Catholic and Muslim doctors to leave govern-

ment service if they were unprepared or unwilling to do their share of abortions-on-demand.

Advanced Training in Death Technology

One of the most revealing programs sponsored by AID for foreign doctors which should be of great interest to our Indian readers is a program called "Advanced Training in Fertility Management." Of the 134 physicians trained under the ATFM course, please note that 50 were from India.

The ATFM was begun as a pilot program at Johns Hopkins in 1972 and later expanded to West Penn Hospital in Pennsylvania, the American University in Beirut, and Washington University in 1973. Its main purpose was "to strengthen the teaching and practice of obstetrics and gynecology in developing nations," at a cost of about \$30,000.00 per doctor for the six weeks course. Special care is taken in the selection of candidates from the developing nations with an eye on the doctors' attitudes on abortion, sterilization and contraception.

When the physician completes his ATFM he receives from AID all the equipment necessary to carry on the fertility training in his own nation. Once the equipment is received at the home institution, the doctor is visited by US-AID medical field workers to make sure all equipment and the physician are functioning to capacity.

The following is a description of the ATFM program at West Penn in Pittsburgh and is based on authentic hospital schedules for the student doctors in the program.

First Week — Orientation/lectures and exams/sterilization demonstration and *Women's Health Services* (all trainees)

Second Week — Planned Parenthood visits/infertility lectures/Out-Patient Clinic (OPC)/orals and injectables (Depo-Provera) and *Women's Health*

Services.

Third Week — sterilization and hysterectomy procedures/*Women's Health Services*, prostaglandin abortions, first trimester abortions, and incomplete abortions/OPC.

Fourth Week — midtrimester abortions/Planned Parenthood/sterilization and IUDs/fetal monitoring and OPC.

Fifth Week — sterilization/*Women's Health Services*/foams/jellies/creams/diaphragms/and condoms*/*Women's Health Services*/prostaglandin abortions.

Sixth Week — sterilization/*Women's Health Services*/forceps/vasectomies and prostaglandin and mid-trimester abortions/graduation.

**Note:* Natural methods of family planning are not indicated on the training chart although they are understood to be covered in lectures. Description of complications resulting from childbirth are *not* listed on the six week training chart in terms of practical demonstration and application.

In reviewing the training chart program for the six week period, one notes that almost all of the practical medical-hospital demonstration and practical training program is in either *sterilization* and/or *abortions*. *Women's Health Services*, it should be noted, is Pittsburgh's largest abortion mill.

The project director for the AID-ATFM program at West Penn was Dr. Leonard Laufe, a medical director of WHS, a long-time associate of Planned Parenthood Pittsburgh, an advisor to the International Program of the Association for Voluntary Sterilization, and a researcher for Upjohn prostaglandin drugs used by Dr. Laufe in second trimester abortions. Dr. Laufe is currently on the AID-Chapel Hill, N.C. payroll of the International Fertility Research Program where he is working on new and improved

IUDs with a fiscal year '75 and fiscal year '76 contract of \$410,000.00.

During the period in which Dr. Laufé was director of the ATFM program, he became the key figure of one of the most controversial trials ever held in Pittsburgh. Following an inquest, Dr. Laufé was found innocent of killing baby Jane Doe whom he had attempted to abort via a vaginal hysterectomy. Baby Jane Doe weighed more than three pounds and was more than 6 months old at the time of the abortion.

Under the ATFM program, *there is no time limit after which an abortion may not be done.* Dr. Laufé was merely carrying out, in the presence of a camera and ATFM students, a procedure outlined in the ATFM manual as a "surgical technique required in the presence of intact pregnancies" and associated with sterilization at the time of the abortion.

In truth, the Advanced Training in Fertility Management is a course in training doctors to take human life up to the time of birth via a wide selection of techniques for abortion.

As noted earlier, 50 physicians

from India have completed the ATFM in the United States and have been returned home to train others in death technology.

The Heart of the Matter

This writer has attempted to document the all-pervasive influence of AID policies, programs and technology on the Indian population control program.

It may be argued that the Indian government would have reached its current destination alone without American prodding and funding and technology, but I think such an argument is weak in light of all the evidence I have seen.

From a purely philosophical viewpoint, however, I think the answer would be less clear.

Some months ago, the Prime Minister, as head of the all-India Congress Committee, addressed the National Legislature on the question of compulsory sterilization, and declared she would tolerate no opposition to the program. When later questioned by the press on the matter of religious objections from Catholics and Muslims, Mrs. Gandhi is reported to have replied that re-

ligion has nothing to do with birth control!

Such a statement is in keeping with the Marxist revolution which reduces the individual to the slave of the State even at his most intimate level of existence. As the democratic order is dependent upon family solidarity, sexual discipline and the dignity of the human person, so is totalitarianism dependent on sexual chaos, the destruction of the family and supremacy of the State and its needs.

To the extent that American people have, through ignorance and apathy, permitted the Agency for International Development of the State Department to continue its anti-life and anti-family campaign against the developing nations of the world, it is our national shame.

Our Lord has said, "What you do for the least of My brethren, that you do unto Me." How long God will hold back the hand of judgment on our land I do not know, but perhaps there is a message for us in the fact that India has given the world a living saint in Mother Teresa and the United States has given it an R. T. Ravenholt.

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At last an American President has acknowledged that it is his Administration's "clear responsibility to provide essential leadership" to control the flood of humanity that threatens to engulf the earth. President Nixon's July 18th message to Congress on the hazards of unchecked population growth brings the U.S. one step closer to meeting the most far-reaching crisis of our time.

"Today the world population is three and a half billion persons," the President told Congress. "It took many thousands of years to produce the first billion people; the next billion took a century; the third billion came after 30 years; the fourth will be produced in just 15... Over the next 30 years... the world's population could double!... With birth rates remaining high and with death rates dropping sharply, many countries of Latin America, Asia and Africa now grow 10 times as fast as they did a century ago."

There will be a hundred million more people in our own country in another 30 years or so. Whatever your present cause, it is a lost cause unless we check the population ex-

plosion. Good causes such as schools, churches, colleges, hospitals, museums, libraries, community chests, heart funds, and conservation will inevitably be swamped by too many people.

President Nixon's Proposals

The President has proposed that Congress set up a commission on "population growth and the American future." He has directed government agencies to:

1. Undertake additional research on birth-control methods of all types.
2. Train more people to work in population and family-planning programs, both in this country and abroad.
3. Give the highest priority to new techniques that can help safeguard the environment.
4. Establish as a national goal the provision of adequate family-planning services in the United States within the next five years for all the who want them but cannot afford them.

The President pointed out that will, therefore, "have to increase

amount we are spending on population and family planning." Our Government currently spends on population programs less than 3% of the amount it spends on space explorations. And far less than 1% of the amount it spends on the military.

We will also have to break down barriers of illiteracy and misinformation by utilizing fully the modern communication techniques of television and other mass media.

Write President Nixon in your own words telling him you applaud his plans and ask him to implement them without delay. Also contact anyone else in Washington you think might be helpful. Write your newspaper editor and talk to your friends, asking them to help. Your Government needs everyone's support in taking this courageous step in controlling population.

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Pope denounces birth control as millions starve



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"Every marriage act must remain open to the transmission of life," said Pope Paul in his recent encyclical. He ruled out every action which proposes "to render procreation impossible." The Pope denounced artificial contraception — the only practical means of controlling population. He held that it is not reasonable "to have recourse to artificial birth control" even though "we secure the harmony and peace of the family, and better conditions for the education of the children already born." By his edict the Pope has struck a crushing blow against current efforts to reduce the flood of people now engulfing the earth. In the advanced countries most couples—Catholics as well as Protestants—already practice birth control. But in the underdeveloped countries, such as in Latin America, the Pope's

teaching may result in the birth of hordes of children who will not have enough to eat.

Famine already stalks the earth. Half of humanity goes to bed hungry every night. Ten thousand or more people are dying of starvation every day. This means that more than three and a half million starve to death every year. (The present tragic Biafra toll is in addition to these figures.)

As recently as 1953 there were 2½ billion people on earth. Today only 15 years later there are 3½ billion. A generation from now that number will approximately double at the present rate of increase, as the chart shows.

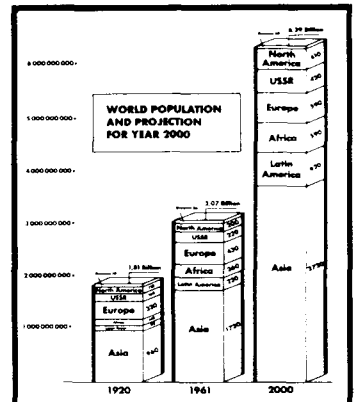
The Pope dismissed the population explosion with a few brief words, merely saying that it should be met by greater

social and economic progress, rather than to resort to "utterly materialistic" measures to limit births.

The encyclical appears to millions of Catholics and Protestants as a rather incredible document, considering the eminence of the author and his access to the world's leading demographic, agricultural and other authorities. It is viewed by many as one of the most fateful blunders of modern times.

For there can be no doubt that unless population is brought under control at an early date the resulting human misery and social tensions will inevitably lead to chaos and strife—to revolutions and wars, the dimensions of which it would be hard to predict.

Nothing less than survival of the human race is at stake.



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