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GEORGE BUSH
7TH DISTRICT, TEXAS

MEMBER:
WAYS AND MEANS
COMMITTEE

Congress of the United States
House of Representatives
Washington, D.C. 20515

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December 10, 1970

Dear Ron,

Here's some additional information.

When I was in business, as president of the company, I was responsible for operations in the following countries: Mexico, Trinidad, Venezuela, Libya, Qatar, Kuwait, Iran, Japan and Borneo.

Business negotiations carried on in these countries: Australia, France, England, Italy, Holland and Lebanon.

In addition, as a member of Congress, I have traveled to Viet Nam.

Additional family information: Son of Prescott S. Bush, United States Senator from Connecticut, 1952-1962, partner in Brown Brothers, Harriman & Company; mother, Mrs. Dorothy Walker Bush; grandfather, G. H. Walker, donor of Walker Cup, international golf trophy.

Married to Barbara Pierce, daughter of the late Marvin Pierce, former president of McCall Corporation.

Details on children: George Walker Bush, graduate Yale University, two years active duty pilot U. S. Air Force, currently flying Air National Guard, soon to attend law school in Texas; John Ellis Bush, student, senior year, Phillips Academy, Andover, Mass.; Neil Mallon Bush, student, 10th year, St. Alban's School, Washington; Marvin Pierce Bush, student, 9th year, St. Alban's School, Washington; Dorothy Walker Bush, 6th grade, National Cathedral School, Washington.

Biographical data is attached.

Yours very truly,

George Bush, M.C.

Mr. Ronald L. Ziegler
The White House
Washington, D. C.

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December 10, 1970

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Mr. Ronald L. Ziegler
The White House
Washington, D. C.

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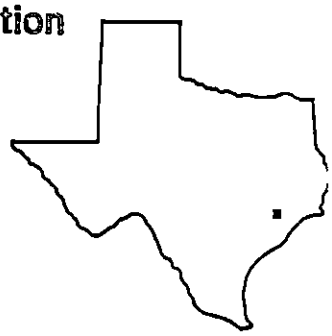
U.S. Representative
GEORGE BUSH



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7th DISTRICT – TEXAS

BORN: June 12, 1924, Milton, Massachusetts. Has been a resident of Texas since 1948. A resident of Houston since 1959.

EDUCATED: Phillips Academy, Andover, Massachusetts, 1937–41
Yale University, New Haven, Connecticut, 1945–48
Bachelor of Arts, Economics, 1948
Phi Beta Kappa
Delta Kappa Epsilon
Varsity Soccer, 1 year
Varsity Baseball, 3 years; captain, two–time NCAA Eastern Championship team

MARRIED: Barbara Pierce of Rye, New York, January 6, 1945

CHILDREN:

George Walker Bush	(July 6, 1946)
John Ellis Bush	(February 11, 1953)
Neil Mallon Bush	(January 2, 1955)
Marvin Pierce Bush	(October 22, 1956)
Dorothy Walker Bush	(August 18, 1959)

MILITARY: Commissioned Ensign at age 18, Corpus Christi, Texas Naval Air Station, June, 1942
Active duty World War II, 1942–45
Carrier pilot, U.S.S. San Jacinto, 3rd & 5th Fleet, Pacific. Shot down in combat 1944, Bonin Islands
Awarded Distinguished Flying Cross and three air medals
Honorably discharged with rank of Lieutenant (j.g.), 1945

PROFESSION: Oilfield supply and royalty business, 1948–52
Co–founder, Zapata Petroleum Corporation, 1953, Midland, Texas
Co–founder, first president of Zapata Off–Shore Company, 1954, Midland–Houston, Texas
Resigned in February, 1966, to run for Congress

POLITICAL: Congressman, 7th District, elected November 8, 1966, sworn in January 9, 1967; re-elected 1968 without opposition
Chairman, Task Force on Earth Resources and Population
Delegate, Mexican–United States Interparliamentary Conference, 1969, 1970
Member, Executive Committee, Republican National Congressional Committee
"Surrogate Candidate," 1968 Richard Nixon presidential campaign
Chairman, Harris County Republican Party, 1963
Midland County Chairman for Eisenhower–Nixon, 1956

HOUSE COMMITTEE: Ways and Means

CHURCH: Member and former vestryman, St. Martin's Episcopal Church
Member, National Advisory Council for Episcopal Church Foundation

HOBBIES: Tennis, golf

CIVIC AFFAIRS: Chairman, Texas Heart Fund Drive, 1967–69
Chairman, Houston Heart Fund Drive, 1966
Former Director: Hedgecroft Hospital, Holly Hall, Arthritis Foundation
Member, Executive Committee, Harris County Economic Opportunity Act (resigned when announced for office of Congressman)
Lifetime trustee, Phillips Academy, Andover, Mass.
Past Director, Midland Chamber of Commerce
Founding Director, Midland YMCA
Community Associate, Lovett College; Rice University
Selected by Texas Junior Chamber of Commerce as one of "Five Outstanding Young Men of Texas," 1956
Houston Heart Association award for "outstanding accomplishment in serving humanity through the Heart cause"

(over)

A RARE BLEND

Since his election in 1966, Congressman George Bush's intensive efforts to bring about better government for all have been notable. They have included the introduction of legislation beneficial not only to those in his district and the state of Texas, but vital to every American. Bush's talents and vigor have brought him to the political forefront as one of those leaders responsible not only for the resurgence of the Republican Party nationally, but more significantly, the emergence and phenomenal growth of the Republican Party in Texas. It is a record which has earned him the highest respect of his colleagues in Congress.

For Bush it was a natural thing to become involved in the mainstream of the nation's political affairs. His father, Prescott Bush, was a widely respected Senator from Connecticut, having served in that office ten years. It was a stiffer challenge, however, for George Bush to win election to the House of Representatives from a traditionally Democratic state. This was a test he accepted with high relish——and with the same intensity he had shown in an earlier Texas campaign.

After a one–year tenure as Harris County Republican Chairman (1963), Bush acknowledged the urgings of numerous Texas friends and became a candidate for the U.S. Senate in 1964. Emerging victorious from an arduous primary campaign, he ran a strong race against the Democratic incumbent, Senator Ralph Yarborough, polling more votes than any Republican candidate in Texas up to that time.

Then in 1966, Bush focused his attention and energies on the race for the newly created 7th Congressional District seat. This time his appeal as a campaigner was completely successful, and in winning the office he also established a precedent. Defeating his Democratic opponent by more than 15,000 votes, he became the first Republican ever to represent Harris County and the city of Houston in Congress.

The ideas and energy generated by Bush throughout his campaign were quickly channeled into his contributions as a member of the 90th Congress. Significantly, he was selected to serve on the powerful House Ways and Means Committee——one of the few freshmen congressmen to be so honored since 1900.

Bush's first legislative proposal was the Human Investment Act, which offers tax incentives for private industry to hire and train "hard core" unemployed. Another of his initial bills called for the creation of an ethics committee in Congress, together with full disclosure of each congressman's personal assets. Prior to the final passage of this ethics proposal, Bush twice made disclosures of his own assets to the Clerk of the House.

During the 90th session the Congressman also assumed an active role in sponsoring legislation concerned with urban affairs, bilingual education and setting priorities in federal spending.

In 1968 it was back to the campaign trail for Bush——but this time not in his own behalf. Apparently his decisive 1966 victory had quashed any Democratic ambitions to put up a challenge for his seat. He had no opponent to deal with. This acknowledgement of Bush's record and vote–getting ability was assessed by veteran political observers as another unprecedented occurrence in Texas politics.

But Bush's rate of activity was not affected; he was in new demand as a Republican Party spokesman. When Richard Nixon was nominated for the presidency, aware of the Texas congressman's bright record, he chose Bush to serve as one of a group of ten "surrogate candidates"——men authorized to speak in Nixon's behalf during the national campaign. In that capacity Bush traveled through 14 states, campaigning for Nixon with the same ardor and skill he had used to secure his own victory. All this followed closely a Republican national convention where much attention had centered on Bush as a possible running mate for Nixon.

With the convocation of the 91st Congress, George Bush again directed his energies to supporting legislation of broad interest and benefit. On the opening day of the session he reintroduced legislation designed to remove politics from the Post Office Department——a proposal which has now become practice under the Nixon Administration. He likewise introduced a bill calling for a constitutional amendment that would allow those lawfully assembled in any public building, supported in whole or in part by public funds, to participate in non–denominational prayer. This was an affirmation of Bush's conviction that Congress should act, in these times of contention, to insure Americans the right of prayer.

Another Bush–authored bill proposed the establishment of a joint select Committee on Population and Family Planning, this in keeping with the Congressman's belief that the problems of poverty and hunger can never really be defeated until an enlightened family planning effort is initiated both in this country and abroad.

During the 91st Congress, Bush was honored with appointment by the Speaker of the House to the twelve–man House delegation to the Ninth Mexico–United States Interparliamentary Conference, an annual meeting for the purpose of developing a closer understanding between the two countries.

This, then, is George Bush——a legislator of vision and foresight, a leader of incisive intelligence with a unique talent for achieving results, a man of sympathetic spirit and warm humor. His business and political careers——both reflect a highly capable degree of judgment and skill in human relations.

In short, George Bush is that rare blend of the total man——and one ever aware of the immense responsibilities invested in him by his fellow Texans.

"George Bush . . . I rate him among
those at the very top as a political leader."

President Richard M. Nixon

U.S. Representative
GEORGE BUSH

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7th DISTRICT – TEXAS

FOR RELEASE: December 11, 1970
CONTACT: Jim Oberwetter AC 202 225-2571

Congressman Bush is expected to issue a statement at a later date. He is excited about the prospect of serving as the United States Representative to the United Nations. Next week he will travel to New York at Ambassador Yost's invitation to hold conversations pertaining to the United Nations. The Congressman will complete his term of office as United States Representative of Houston (7th Congressional District) at the end of the 91st session.

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Bush Urges Backers To Change U.N.

U.S. Rep. George Bush of Houston has urged supporters of the United Nations to speak up for remedial changes in the world organization instead of confining themselves to lauding the U.N.

Bush told the annual meeting of the Houston chapter of the United Nations Assn. of the United States here Friday that most Americans believe that the United Nations is an ineffective organization, although an estimated 80 percent of the citizenry favors its maintenance.

He rapped the U.N.'s non-involvement in the Vietnam war, saying that the U.S. has made 14 overtures to the world body to seek its intervention for a peaceful solution to the conflict.

Bush told the Hotel America luncheon meeting that an urgent need now is for the U.N. to wage a global campaign to hold down the population explosion and the current rate of hunger in under - developed lands.

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United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 91st CONGRESS, FIRST SESSION

Vol. 115 WASHINGTON, MONDAY, DECEMBER 29, 1969 No. 216

House of Representatives

FEDERAL GOVERNMENT FAMILY PLANNING PROGRAMS—DOMESTIC AND INTERNATIONAL

HON. GEORGE BUSH

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, December 22, 1969

Mr. BUSH. Mr. Speaker, today the House Republican Task Force on Earth Resources and Population of which I am chairman, released its reports and recommendations on Federal family planning programs—domestic and international. For the benefit of all my colleagues I will have this report published in the RECORD:

FEDERAL GOVERNMENT FAMILY PLANNING PROGRAMS—DOMESTIC AND INTERNATIONAL

(Report and recommendations of the Republican Task Force on Earth Resources and Population, House Republican Research Committee, Dec. 22, 1969)

HOUSE REPUBLICAN RESEARCH COMMITTEE

Robert Taft, Jr., Ohio, Chairman.

TASK FORCE ON EARTH RESOURCES AND POPULATION

George Bush, Tex., Chairman; Tim Lee Carter, Kentucky; Louis Frey Jr., Florida; James G. Fulton, Pennsylvania; Charles S. Gubser, California; Frank Horton, New York; Hastings Keith, Massachusetts; Donald E. Lukens, Ohio; Paul N. McCloskey, California; Charles A. Mosher, Ohio; Jerry L. Pettis, California; Howard W. Pollock, Alaska; Ogden R. Reid, New York; Guy Vander Jagt, Michigan; John Wold, Wyoming.

INTRODUCTION

This report of the House Republican Task Force on Earth Resources and Population is based upon extensive hearings and study during the 91st Congress, 1st Session. The report and the recommendations it contains are directed toward (1) achieving the national goal of providing family planning services [1] to the 5.3 million American women who wish and need such services, but who cannot afford or are unable to obtain these services, and (2) demonstrating America's concern over and commitment to meet the critical problems posed by the world population explosion.

POPULATION

Modern medicine and advances in nutrition have cut the death rates throughout the world, producing a fantastic population growth rate.

It took all of history, until about 1830, for the world's population to reach 1 billion.

In 1930, 100 years later, world population reached 2 billion.

In 1960, 30 years later, world population reached 3 billion.

By 1975, it is anticipated that the world population will be 4 billion. (Current world population is 3.5 billion.)

The current rate of population growth is 2% per year or 70 million per year. If this rate of growth continues, *we will reach a world population of 7 billion by the turn of the century.*

The most frightening aspect of this growth rate is that if it continues, *we will have 14 billion people or four times our present population by 2015.* The National Academy of Sciences has said: "Either the birth rate must come down or the death rate must go back up."

Rates of growth are significantly higher in the less-developed countries

Latin America—3% per year.

Africa—2.3% per year with a high death rate.

India—2.5% per year.

Pakistan—2.7% per year.

Both India and Pakistan have large family planning programs which can suppress their growth rates if the programs are successful.

The United States has a growth rate of 1%. At the present rate, our population will increase from its present 205 million to 300 million by the year 2000.

Population growth: Its relationship to GNP and the standard of living

The rate at which a country can increase its Gross National Product is limited by availability of labor, capital, and land, and how efficiently it can use all three. The GNP rises with population growth, but per capita GNP decreases. For a country to just maintain the standard of living for its people, it must be able to double its GNP in the period in which it doubles its population. To improve its standard of living of its people, it must more than double its GNP in that time.

Age distribution with a population: Its effect on population growth

In the developed countries such as the U.S. or Sweden, there are more people in the labor force age (18–65) than there are children. But in the underdeveloped countries, there are more people under 15 years of age than in the labor force age group. The larger number of dependent children relative to the number of persons in the labor force, the greater the economic burden of dependency. A high percentage of dependent children produces more spending for immediate consumption, restricts both private and public savings, and inhibits productive investment. It also means more persons entering the age of fertility than leaving the age of fertility each year, further driving up the population growth rate.

The earth has limited resources

The problem of population growth is more an economic and political one than it is a food and nutrition problem. We are physically limited to the amount of land to produce our food, water to nourish the land and minerals to produce our energy. However, our resources are ample to provide for the next 3 or 4 additional billion people. It is the cultivation, production, storage, and distribution of these resources that presents an enormous challenge to our technological abilities. We will have to get the resources to the people or the people to the resources. But then what about beyond the next 3 or 4 billion people?

THE DOMESTIC PROBLEM

The need for family planning services

At the present time there are about 5.3 million American women aged 18–44 who wish and need family planning services, but who cannot afford such services.[2] They represent one out of five of all U.S. women of reproductive age who need protection against unwanted pregnancy. The estimate of 5.3 million is arrived at by subtracting from the total number of women aged 18–44 now living in poverty or near poverty and estimated 10% who are infertile and 15% who are having or want a pregnancy at any given time. This calculation assumes that poor parents will want and have the average of three children that they, like other Americans, say they prefer and will be potential contraceptive patients only when they are not having these desired pregnancies.

Available data indicates a maximum of only 700,000 women in these income groups are currently receiving effective family planning help from all public and private agencies combined. This includes 250,000 low-income patients served by Planned Parenthood affiliates and an estimated 450,000 served by hospitals, public health clinics, and other services.

Thus, seven out of eight of the 5.3 million women who want and need family planning assistance are denied effective services.

These statistics are well accepted by the family planning experts both inside and outside of government. They are a result of a special survey by the U.S. Bureau of Census in March of 1966. An analysis of these statistics by the Planned Parenthood-World Population Research Department also shown that of these 5.3 million women:

Most live in cities—only 395,000, or 7.5 percent, of the 5.3 million women live on farms.

[1] Family planning programs are designed to provide the education, materials, and services that are necessary in planning pregnancies when they are desired as well as to prevent unwanted pregnancies.

[2] Planned Parenthood Federation of America, *Five Million Women*, New York, N.Y., 1967.

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About 1,580,000, or 30 percent, live in small towns in rural areas. (Estimate on basis of population patterns prevalent at time of the 1960 census) The rest, *over 3.3 million of them, live in the Nation's cities.* More than half, 2,663,000 are concentrated in the country's 110 largest Standard Metropolitan Areas with populations of 250,000 persons or more.

Most live in or near povery areas—nearly half of the target group live within the "poverty areas" officially designated in most U.S. communities for concentrated attention by the War on Poverty. The Office of Economic Opportunity estimates that approximately another 20 percent live in neighborhoods adjacent to official "poverty areas."

Most who need help are white—seven out of 10 women in the target group, or 3,695,000 are white. Only three out of ten, or 1,585,000, are non-white. Because non-whites are disproportionately poor, however, more than half of the 3.1 million fertile non-white women not seeking pregnancy need family planning help, compared to one out of six of the 23 million white women. In the Census Bureau's Northeast, North Central and Western regions, there are approximately four whites in the target group to each non-white; even in the 16 states of the Census Bureau's Southern region, there are three whites to every two non-whites. (In the South, however, two-thirds of all fertile non-white women not currently seeking pregnancy need family planning help, as against approximately one-third in the rest of the nation.)

Most are self-supporting—more than 4,500,000 or 86% of the women in the target population live in families which support themselves. Only 14%, or about 750,000, live in families whose major source of support is public welfare assistance.

Many work, but most must stay home—nearly half of the women in the target group—over 2.3 million—work at some gainful occupation at least part of the year. Almost one in five or 940,000 are employed full time.

Most stay put—Seven out of eight women in the target group—or 4.6 million—lived in the same county over at least the preceding 12 month period. Two out of three or 3.4 million did not move at all.

Most are married—nearly five out of six women in the target group—or 4.4 million—are, or have been, married. Three out of five or 3.1 million, are married and currently living with their husbands. One out of four—1.2 million—is separated, widowed, or divorced. One in six is single.

Most have gone to high school—three out of four of the women in the target group—nearly four million of them—have had some high school. The median number of grades completed is 11. More than four out of 10—or 2.2 million of them—are high school graduates. One out of 10 has had some college education. Only one of four members of target group—less than 1.4 million—has had only a grade school education.

Most are young, but children come fast—their median age is 30, and seven out of 10 currently have 3 children or less. More than half of the women at age 27 already have three children or more, with 17 childbearing years ahead of them. One out of five of the 570,000 women in the target group aged 18–19 already has at least one child, compared to one out of 12 non-poor women of this age. Similarly almost one-fifth of the 2.6 million poor women under age 30 have 4 or more children, compared to one out of 28 non-poor women.

Studies also demonstrate clearly that the larger the family size, the higher the risk of economic instability or of poverty.

With the enactment of Titles IV, V, and XIX of the Social Security Act, it has been government policy to share federal funds in the form of grants to health departments, hospitals, and any public or non-profit voluntary organizations to provide inexpensive or free family planning services for low income and poverty families or individuals. Under titles IV and V, up to 75% of the cost of family planning services is authorized. Title XIX provides for federal sharing from 50% to 83% of costs provided by a state. The percentage increase in appropriated funds for family planning programs under Title V has been significant in the past two years. However, the base was low and the current appropriation of about $30 million is far from the $150 to $170 million needed in federal funds for these grants and contracts.

Inadequate delivery system for family planning services

The Task Force and the Nixon Administration recognize that the major problem in providing family planning services to the needy lies in the area of inefficient delivery systems of medical services. It was also apparent to the Task Force that even if large amounts of money were immediately available to provide family planning services, the money could not be effectively utilized because of the lack of organized delivery systems.

To correct this inadequacy, Secretary Robert Finch made a reorganization within HEW and established the Center for Family Planning Services within the Health Services and Mental Health Administration. In his testimony before the Task Force, Dr. Roger Egeberg, Assistant Secretary for Health and Scientific Affairs, stated his desire to create a self standing Family Planning Institute within three years.

Another concern of the Task Force was the destiny of the successful OEO community family planning demonstration projects. The OEO family planning projects are the most successful community projects that the agency has developed.

There is a need for better coordination of government family planning programs. President Nixon recognized this fact and stressed the need for intergovernment coordination of these programs with those of HEW's in his Population Message. This responsibility for coordination he assigned, at the highest level, to his Special Assistant for Urban Affairs demonstrating the priority which his Administration gives to the problem.

Basic research

Increased basic research to develop a more convenient contraceptive (such as a once a month pill or an injection) as well as a male contraceptive was stressed by every witness that testified before the Task Force on population matters.

Currently, approximately $30 million is being spent annually on this type of research of which about $13 million came from the Federal treasury in FY '69. The remainder has been provided by independent non-profit organizations and the pharmaceutical manufacturers. The majority of witnesses felt that this should be increased to $150 million over the next five years with at least $100 million coming from Federal funds. This level of funding, it was felt, would almost certainly assure success in developing acceptable contraceptives.

A major criteria of a successful contraceptive is low cost. For this reason it is unrealistic to believe that the pharmaceutical manufacturers would willingly on their own spend the money necessary for such development in the short time period that is critically needed for this development. However, with a big research assist from the Federal government, it is hoped that the pharmaceutical manufacturers will be able to produce and market inexpensive contraceptive drugs successfully by the mid 1970's.

THE INTERNATIONAL PROBLEM

To understand the enormity of the population explosion in the under-developed countries, one must realize the fantastic success that modern sanitation and medicine has achieved in reducing death rates in these countries. Up until the conclusion of World War II, birth rates and death rates were at about the same levels. In the past 25 years death rates have dropped so rapidly in these less developed countries, while birth rates have remained almost constant that the population growth rates are between 2.3% and 3%.

At these rates of growth, populations treble in a 30 to 35 year period. If these rates were to continue, the populations would treble again in only a 15 to 20 year period. The average age levels of these populations will continue to decline thus creating a child dependency level that the productive age groups could not possibly support. Currently, the percentage of dependent children (under 15 years old) in the less developed countries runs between 40 and 50 percent of the population. In the U.S. this figure is around 30%.

As A.I.D. Administrator, Dr. John Hannah has pointed out: "Overpopulation and underdevelopment go hand in hand. The nation with population growth equal to or in excess of economic growth is in real trouble. Unless poor countries with too high birth rates do something about reducing them, it will be impossible to solve the problem of development."

The leadership of these countries has full cognizance of their problem. The United Nations Development Program is giving population control programs a high priority. Secretary-General U Thant has pledged expanded support for population activities and established a new trust fund with which to accomplish these activities. President Nixon, in his Population Message, emphasized the need for supporting these activities.

Lacking a national policy on population creates the most difficult problem facing the United States in providing direct support to the under-developed countries in population control problems. The United States becomes suspect in her motives for promoting these population programs without one of her own. Also, in several of the Latin American countries a direct support approach is entirely unacceptable to the recipients because of religious barriers. However, we have learned that indirect support through independent and international organizations in these cases has proven to be successful and is generally desired, though not officially, by the recipient countries.

PRESIDENT NIXON'S POPULATION MESSAGE

In his Population Message, President Nixon established a national goal: *"The provision of adequate family planning services within the next five years to all those who want them but cannot afford them."*

The President emphasized the following areas of government support and action:

1. Increased research

2. More trained people to work in population and family planning programs, both in this country and abroad.

3. Expanded and better domestic family planning services supported by the federal government.

4. Full cooperation from the United States with the leadership of the United Nations, its specialized agencies, and other international bodies in responding to the problems of world population growth.

The President charged his Assistant for Urban Affairs with the responsibility to coordinate the project of attracting people to work in family planning programs. This project will have the participation of the Secretaries of State, Interior, HEW, and Labor, along with the Administrator of the AID and the Director of OEO.

The President charged the Secretary of HEW with the responsibility for reorganizing the major family planning services of his agency, and a separate unit to deal with family planning services within the Health Services and Mental Health Adiminstration has now been established. The President directed the Director of the OEO to extend the family planning activities of the agency-supported community action demonstration projects to help achieve the national goal.

The President stressed the need for coordination of domestic family planning programs between HEW and OEO and *that this coordination include the private sector as well as state and local governments.* The President said: "It would be unrealistic for the Federal government alone to shoulder the entire burden, but this Administration does accept a clear responsibility to provide essential leadership."

AGENCY ACTIVITY

During fiscal year 1969, the Department of Health, Education, and Welfare approved 79 project grants extending family planning services to the poor in 41 states. The grants, administered by the Children's Bureau, are authorized under the 1967 amendments to Title V of the Social Security Act. In addition, the Children's Bureau administers grants to the states for maternal and child health services, of which family planning is a part. The FY '69 family planning project grants were awarded to:

Alabama—$267,500 to Jefferson County Department of Health, Dr. Mary J. Tiller, for services in *Birmingham*.

Arizona—$186,300 to Maricopa County Health Department, Dr. Pearl M. Tang, for services in *Phoenix*; $25,792 to Arizona Department of Health, Dr. Putnam, for services in *Yuma*.

Arkansas—$115,000 to Arkansas State Board of Health, Dr. B. J. Reaves, for services in *East Arkansas*; $151,542 to Arkansas State Health Department, Dr. Reginald Ramsay, for services in *Little Rock*.

California—$43,500 to Sacramento County Health Department, Dr. Nemat O. Horhani, for services in *Sacramento;* $76,000 to Orange County Health Department, Dr. Emma B. Wharton, for services in *Orange County;* $18,000 to Planned Parenthood Association of San Diego County, Willard Johnson, for services in *San Diego;* $110,156 to San Bernardino County Health Department, Dr. Sue Anne Servoss, for services in *San Bernardino*; $124,834 to Contra-Costa County Health Department, Dr. Glen Kent, for services in *Contra-Costa County;* $26,500 to Solano County Department of Public Health, Dr. Henry G. Mello, for services in *Solano County;* $68,400 to Berkeley Department of Public Health, Dr. Alan Foord, for services in *Berkeley;* $81,500 to Alameda County Department of Health, Dr. Stewart B. Gross, for services in *Alameda County;* $69,884 to San Mateo County Department of Health, Dr. Jane Selzer, for services in *San Mateo County*.

Colorado—$112,500 to Department of Health and Hospitals, Dr. Horace E. Thompson, for services in *Denver*.

Connecticut—$40,300 to New Haven Health Department, Dr. Dorothy Brockway, for services in *New Haven;* $19,600 to Planned Parenthood League of Connecticut, Dr. Virginia M. Stuermer, for services in *Waterbury;* $20,000 to Bridgeport Chapter of Planned Parenthood League of Connecticut, Francis H. McCoy, for services in *Bridgeport*.

Delaware—$122,250 to Delaware State Board of Health, Dr. Catherine B. Middleton, for services in *Dover*.

Florida—$322,157 to Florida State Board of Health, Dr. Betty J. Vaughn, for services in *Miami;* $108,300 to Florida State Board of Health, Dr. John S. Neill, for services in *Tampa;* $90,000 to Florida State Board of Health, Paul W. Hughes, for services in *Fort Lauderdale;* $96,101 to Florida State Board of Health, Dr. C. L. Brumback, for services in *Palm Beach*.

Georgia—$110,000 To Fulton-DeKalb Hospital Authority, Dr. Robert A. Hatcher, for services in *Atlanta;* $48,882 to Hall County Department of Health, Dr. H. H. Lancaster, for services in *Gainesville*.

Hawaii—$87,300 to Hawaii Planned Parenthood, Inc., Dr. Robert W. Noyes, for services in *Honolulu*.

Idaho—$85,000 to Idaho Department of Health, Dr. J. R. Marks, for services in *Boise*.

Illinois—$341,700 to City of Chicago Board of Health, Dr. Donaldson F. Rawlings, for services in *Chicago;* $67,300 to Peoria City Health Department, Dr. Fred Long, for services in Peoria.

Indiana—$244,000 to Indiana University Foundation, Dr. Joseph F. Thompson, for services in *Indianapolis*.

Iowa—$40,052 to Iowa State Department of Health, Robert L. Webber, for services in *Des Moines*.

Kansas—$184,000 to Kansas State Department of Health, Dr. Patricia T. Schloesser, for services in *Topeka*.

Kentucky—$89,000 to Kentucky State Department of Health, Dr. Jo Anne Sexton, for services in *Covington*.

Louisiana—$596,539 to Louisiana Family Planning Program, Dr. Joseph D. Beasley, for services in *New Orleans*.

Maine—$30,000 to State Department of Health and Welfare, Dr. Helen C. Provost, for services in *Portland*.

Maryland—$91,300 to Sinai Hospital of Baltimore, Dr. Leon Gordis, for services in *Baltimore-Sinai Hospital;* $419,800 to Baltimore City Department of Health, Dr. Kathleen A. Swallow, for services in *Baltimore City;* $165,287 to Maryland Department of Health, Dr. J. King B. E. Seegar, Jr., for services in *Prince Georges County*.

Michigan—$175,000 to Planned Parenthood League, Inc., Frances Levine, for services in *Detroit;* $48,000 to Michigan State Department of Public Health, Dr. R. Gerald Rice, for services in *Flint;* $50,000 to Michigan State Department of Public Health, Dr. R. Gerald Rice, for services in *Grand Rapids;* $87,000 to Michigan State Department of Public Health, Dr. R. Gerald Rice, for services in *Saginaw;* $25,000 to Berrien County Health Department, Dr. Robert P. Locey, for services in *St. Joseph*.

Minnesota—$65,000 to Minneapolis Health Department, Dr. Evelyn E. Hartman, for services in *Minneapolis;* $55,800 to St. Paul Bureau of Health, Dr. Erick Y. Hakanson, for services in *St. Paul;* $50,110 to Duluth Department of Health, Dr. A. J. Houglum, for services in *Duluth*.

Mississippi—$100,000 to University Mississippi Medical Center, Dr. George Huggins, for services in *Mississippi-Delta Counties;* $66,000 to Mississippi State Board of Health, Dr. William E. Riecken, for services in *Jackson*.

Missouri—$112,000 to City of St. Louis Department of Health and Hospitals, Dr. William Smiley, for services in *St. Louis;* $169,058 to Kansas City Department of Health, Dr. Edwin O. Wicks, for services in *Kansas City;* $55,000 to St. Louis County Department of Health, Dr. Lawrence E. Maze, for services in *St. Louis County*.

Nebraska—$150,800 to Omaha-Douglas County Board of Health, Dr. Matilda S. McIntire, for services in *Omaha*.

Nevada—$26,641 to Reno-Washoe District Health Department, Dr. W. E. Winikow, for services in *Reno*.

New Hampshire—$10,400 to Planned Parenthood Association of the Upper Valley, Linda L. Van Wyk, for services in *Lebanon;* $45,000 to State Department of Health and Welfare, Dr. Selma R. Deitch, for services in *Concord*.

New Jersey—$270,400 to New Jersey College of Medicine and Dentistry, Dr. Harold A. Kaminetzky, for services in *Newark*.

New York—$1,583,000 to New York City Health Department, Dr. David Harris, for services in *New York City;* $92,800 to Onandaga County Health Department, Dr. Virginia Harris, for services in *Syracuse*.

North Carolina—$141,700 to State Board of Health, Dr. John T. King, for services in Nash-Edgecomb; $93,143 to Mecklenburg County Department of Health, Betty Keziah, for services in *Charlotte*.

Ohio—$116,000 to Board of Health—Toledo District, Dr. Effie O. Ellis, for services in *Toledo;* $94,000 to Dayton Division of Health, Dr. Albert Hirsheimer, for services in *Dayton;* $152,700 to Ohio State Department of Health, Dr. Effie O. Ellis, for services in *Columbus;* $202,074 to Cincinnati College of Medicine, Dr. Richard Stander, for services in *Cincinnati*.

Oklahoma—$139,000 to Tulsa City-County Health Department, Dr. George W. Prothro, for services in *Tulsa;* $51,300 to Oklahoma State Department of Health, Dr. Charles E. Green, for services in *Lawton*.

Oregon—$133,000 to Oregon State Board of Health, Dr. Carl G. Ashley, for services in *Portland*.

Pennsylvania—$316,667 to Better Family Planning, Inc., Herbert J. Hutton, for services in *Philadelphia*.

Puerto Rico—$225,702 to University of Puerto Rico Medical School, Dr. Antonio S. Medina, for services in *San Juan;* $260,000 to Puerto Rico Department of Health, Juan J. Hernadez-Cibes, for services in *North East District*.

Rhode Island—$60,000 to State Department of Health, Dr. John F. Hogan, for services in *Providence*.

South Carolina—$57,000 to South Carolina State Board of Health, Dr. J. C. Hedden, for services in *Spartansburg*.

Tennessee—$481,000 to State Department of Public Health, Dr. R. H. Hutcheson, Jr., for services in *Memphis*.

Texas—$248,500 to City of Houston Health Department, Dr. C. A. Calhoun, for services in *Houston;* $236,000 to University of Texas Southwestern Medical School at Dallas, Dr. Jack A. Pritchard, for services in *Dallas;* $115,000 to Texas State Health Department, Dr. John R. Copenhaver, for services in *Starr-Hidalgo and Cameron Counties*.

Virginia—$260,000 to Virginia State Health Department, Dr. James J. Dunne, for services in *Richmond*.

Washington—$171,000 to Washington State Department of Health, Dr. Jess B. Spielholz, for services in *Seattle*.

West Virginia—$100,000 to West Virginia Department of Health, Dr. Frederick H. Dobbs, for services in *Ohio County*.

The Secretary of HEW has executed a reorganization within his Department. The reorganization:

(a) Moved the Children's Bureau from the Social and Rehabilitation Service to the Office of the Secretary.

(b) Transferred the health programs administered by the Children's Bureau to the Health Services and Mental Health Administration where they will comprise a new organizational unit.

(c) Established a separate unit for family planning within HSHMA.

The coordination of HEW and OEO family planning programs will require testing several approaches before a final arrangement is effected.

The Assistant to the President for Urban Affairs and the Department of Labor have mounted a study of manpower needs and training programs for domestic and international population activities. This report is expected to be completed very soon.

The National Institute of Child Health and Human Development awarded 66 new contracts this year in contraceptive development.

The contracts are with universities, nonprofit organizations, and pharmaceutical companies in 24 states and Canada. Approximately $2.75 million in fiscal year 1969 funds have been allocated to these contracts.

The new contraceptive development contracts deal with research in four basic areas:

1. *Maturation and fertilizing capacity of spermatozoa.*—The goal is the development of modern contraceptives administered to men or women which alter normal sperm development in the reproductive tract of the male or female.

2. *Oviduct function and gamete transport.*—These studies could result in development of a means through which interference with the normal functions of the ductal musculature, cilia, or secretory cells would prevent fertilization.

3. *Corpus luteum function.*—If the corpus luteum is found to be essential to the continuation of the reproductive process following ovulation in humans, interruption of its function by means of normally occurring luteolytic or anti-progestational agents should produce temporary sterility.

4. *The biology of the pre-implantation ovum.*—The goal is the development of new contraceptives which would prevent ovulation or interfere with the development or implantation of the fertilized ovum.

As a vital adjunct to the development of new contraceptive methods, the Center is also launching a contract program in the behavioral sciences to enable action programs in family planning to be based on sound research, to access the effects of population trends on the future, and to investigate the factors influencing the use of contraceptive methods.

Nine new contracts in the social sciences

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totalling approximately $250,000 have been let in the following areas:

1. *Antecedents, processes, and consequences of population structure, distribution, and change.*—Special importance is attached to the interrelationships between economic factors and population growth, structure, and distribution for this and other nations and for national subgroups.

2. *Trends in fertility and related variables.*—Major concern focuses on such variables as marriage rates, age at marriage, the incidence of abortion, trends in divorce, and changes in attitudes toward childbearing, family size, and methods of fertility control. Emphasis is on developing a broader data base for more rapid determination of trends and the factors affecting them.

3. *Family structure, sexual behavior, and the relationship between childbearing patterns and child development.*—Ultimately the factors affecting trends in fertility will express themselves mainly within the framework of the family. Changes in family structure, sexual behavior in and outside of marriage, and the process of socialization for marriage and parenthood will all be investigated as potential influences on fertility.

4. *Population policies.*—Concern with problems of population growth leads ultimately to questions of public policy. Research is needed on the ways by which population growth or movement are influenced by public policy and the effects upon population of policies already adopted regarding family planning programs, welfare payments, parity payments, tax exemptions and allowances, to name a few.

THE PRIVATE SECTOR

In recent years, a number of agencies—private, governmental, international—have committed their resources to deal with the "population problem". It may suffice here to mention only a few of the private organizations which have pioneered in this field and which have accumulated, over the years, wide experience and expertise.

Planned Parenthood-World Population, established to ensure that individuals and families can freely determine the number and spacing of their children, was founded in 1914 by Margaret Sanger.

Another organization long active in the field of population is the Population Reference Bureau. For the past 40 years, the Bureau has concentrated its efforts in bringing the dangers of rapidly accelerating population growth to the forefront of public awareness. It continues to conduct a calm, reasoned public education program which examines the effects of population growth in all their social, economic, and environmental contexts.

The Population Council has pioneered in the area of population research. It was established in 1952 in order to "Stimulate, encourage, promote, conduct and support significant activities in the broad field of population."

The Population Crisis Committee founded in 1965 was organized to stimulate public awareness and action in the face of the world population explosion.

The work of these organizations, and numerous other activities in the population field have been consistently supported by the Rockefeller and Ford Foundations, by the Scaife Foundation, the Pathfinder Fund, the Hugh Moore Fund and others. Even at this date, the Ford Foundation, the Rockefeller Foundation and the Population Council combined investment in population research still exceeds that of all federal agencies combined.

Universities respected for their activities in the population field include:

University of North Carolina, Princeton University, University of Pittsburgh, Columbia University, University of Chicago, Harvard University, Tulane University, Cornell University, University of Michigan, University of Notre Dame, University of California at Berkeley.

TASK FORCE RECOMMENDATIONS

The overriding concern of the Task Force is for realization that the time for action is now and that the need is urgent. Few problems have been so over studied as this one. Few problems have received the attention of so many national and international leaders as this one. The splintered responsibility for administering grants for family planning services in the Federal government and in the State governments have crippled the financing and the logistics to provide these needed services.

There is a great need for leadership in encouraging the involvement of independent action in providing family planning services. Facilities for services, as well as materials and personnel, are grossly inadequate at present to meet the need.

Achievement of the objective articulated by President Nixon of providing family planning services, in the next five years, to all low-income families who want and need them will depend upon the extent to which our health resources, in both private and public sectors, participate in the national program. To serve the population in need will require a very flexible delivery system which utilizes and enhances the diverse health resources present in the community: voluntary hospitals, public health agencies, Community Action Agencies, and private physicians. A uniform delivery pattern applicable throughout the country, even if it were feasible, would not be desirable. It is clear that major responsibility for delivery of services and for encouragement of community programs will need to be borne by private sector agencies. The major Federal support programs, therefore, should be administered in such a way that they can stimulate the participation of a broad variety of local health institutions in this program.

At the same time, it is clear that the planned diffusion of these services to the population in need presents a challenge of a kind which our health system has rarely faced. A comprehensive research/planning/development/evaluation program will be needed to assist Federal, state and local service agencies in carrying out their programs in an efficient and effective way. Major Federal support should be available to enable universities and other centers to establish the capacity to assist the national effort in such areas as program planning, operational research, technical assistance, systems development, and training.

These organizations listed in our report have performed admirably in carrying the ball, but much more is needed in the way of dollars and people.

The average cost of $50 to $60 per patient per year should not be totally funded by Federal, State, and local governments alone. Nor can the requirements of needed paramedical personnel be met without the support of the private sector of our society. Many organizations, foundations, and trust funds are constantly searching for worthwhile social programs to support. Family planning activities must be recognized as one of the most important of these social functions in need of this support. More public sensitivity for family planning programs is needed. The Federal government cannot provide that sensitivity. Only through better and more public information on the subject will the independent sector of our society understand how to help, relying less and less on the Federal government to solve the problem.

We need to make population and family planning household words. We need to take the sensationalism out of this topic. If family planning is anything, it is a public health matter. Birth control, often misunderstood, is also an answer to our increasingly important poverty problem.

When the Tack Force began its study of population growth and family planning, it was aware that the issue of the government providing family planning assistance to those who desire such services on a completely voluntary basis has stirred both religious and racial anxieties. We also recognized that some persons in developing nations mistakenly view United States support of family planning programs as a means of preventing the development of these nations.

Our hearings and research confirm, however, the conclusion of N. B. Ryder and C. F. Westoff who found that "clearly the norm of fertility control has become universal in contemporary America."[3] At the same time, our study has shown that developing countries are also receptive to family planning programs, especially if these programs are under such international auspices as the United Nations.

Therefore, the Task Force recommends:

(1) A national goal to provide adequate family planning services within the next five years to all those who want them, but cannot afford them, as recommended by President Nixon.

(2) Increased appropriations for family planning grants and contracts administered by the Center for Family Planning Services within HEW in the amounts of $35 million for FY'71, $70 million for FY'72, $100 million for FY'73, $130 million for FY'74, and $150 million for FY'75. These grants and contracts should include projects for training professionals and para-professionals in family planning services, projects for operational and demonstration research as well as the primary need to provide services through public and non-profit agencies, institutions, and organizations.

(3) Amendment of Title V of the Social Security Act to postpone from 1972 to 1976 the conversion of federal family planning project to state formula grants thus allowing the States more time to develop adequate delivery systems of services with the assistance of independent organizations.

(4) Increased appropriations for family planning services through the OEO community action demonstration projects to the amount of $35 million for FY'71. Future appropriations should be reviewed with respect to coordinating OEO and HEW family planning activities.

(5) Increased appropriations for contraceptive research grants through the Center for Population Research to the amounts of $30 million for FY'71, $60 million for FY'72, $90 million for FY'73, $100 million for both FY'74 and '75.

(6) Establishment of a free standing Family Planning Institute within the next three years that would encompass both HEW and OEO projects to achieve the national goal as stated in recommendation No. 1.

(7) Support of the United Nations Trust Fund for Population Activities by an amount not less than 5% of the total AID appropriations for family planning programs.

(8) Support of earmarking AID appropriations for family planning programs at not less than $100 million per year in the immediate future and provision that at least 5% of the total economic dollar grant and loan funds allocated to any county be available only for population programs in that country. If a country could not utilize that 5%, whatever portion remains would be diverted to the United Nations Trust Fund for Population Activities.

(9) Encouragement of massive action on the part of the independent sector of society—(foundations, trust funds, associations, fraternities and community action organizations)—to participate and contribute money and people to improving family planning health centers and services.

(10) Oversight, (through volunteer participation from Task Force Members and available staff) of family planning programs in various locations in order to determine the effectiveness of these programs and to ensure that Federal government programs are being coordinated to the best advantage of our citizens in need and to learn how volunteer services could be better encouraged and utilized in the area of family planning programs.

TESTIMONY

The Task Force heard testimony from the following persons relative to family planning programs:

6/5 Dr. Philander P. Claxton—Special Assistant to the Secretary of State for Population Matters. Dr. John Keppel—Director of Population Activities, United Nations Development Programs.

6/12 Dr. Gary London—Director of Health Services, Office of Economic Opportunity.

6/17 Dr. R. T. Ravenholt—Director, Population Service, Agency for International Development.

6/24 Dr. James Cavanaugh—Deputy Assistant Secretary for Health and Scientific Affairs, HEW. Dr. Carl Shultz—Acting Director, Office of Population and Family Planning, HEW.

7/8 Mr. Arthur A. Cambell—Deputy Director, Center for Population Research, NIH. Dr. Norman A. Hilmar—Chief, Program Liaison Branch, Center for Population Research, NIH.

7/15 General William H. Draper, Jr.—National Chairman, Population Crisis Committee.

7/24 Dr. William Moran—President, Population Reference Bureau.

7/29 Mr. Oscar Harkavy—Program Officer in Charge, Population Activities, Ford Foundation.

7/31 Dr. William McElroy—Director, National Science Foundation and Past Chairman of National Academy of Science Population Committee.

10/9 Dr. Roger O. Egeberg—Assistant Secretary for Health and Scientific Affairs, HEW.

11/6 Dr. Daniel P. Moynihan—Counsellor to the President.

11/13 Hon. Donald Rumsfeld—Director, Office of Economic Opportunity.

11/25 Hon. Shirley Chisholm—Member of Congress.

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[3] C. F. Westoff and N. B. Ryder, "Recent Trends in Attitdes Toward Fertility Control and in the Practice of Contraception in the U.S.," in S. J. Behrman, *et al, Fertility and Family Planning* (Michigan, 1969), p. 394.