

SCIENCE FOR THE PEOPLE



*"It's easier to kill a guerrilla
in the womb
than in the mountains."
Che Guevara*

Science for the People: THE ORGANIZATION

Science for the People is an organization of people involved or interested in science and technology-related issues, whose activities are directed at 1) exposing the class control of science and technology, 2) organizing campaigns which criticise, challenge and propose alternative to the uses of science and technology, and, 3) developing a political strategy by which people in the technical strata can ally with other progressive forces in society.

SftP opposes the ideologies of sexism, racism elitism and their practice, and holds an anti-imperialist world-view. Membership in SftP is defined as subscribing to the magazine and-or actively participating in local SftP activities.

Science for the People: CHAPTERS AND CONTACTS

ARKANSAS

Joe Neal, P.O. Box 1772, Fayetteville, AR 72701

CALIFORNIA

Berkeley Chapter: SESPA, Box 4161, Berkeley, CA 94704.

Al Weinrub, 429 S. 13th St., San Jose, CA 95112. (408) 998-8744.

L.A. Chapter: c/o Al Heubner, P.O. Box 368, Canoga Park, CA 91303. (213) 347-9992.

Shel Plotkin, 3318 Colbert Ave., Los Angeles, CA 90066. (213) 391-4223.

Palo Alto Chapter: Palo Alto SESPA, c/o Palo Alto Tenants Union, 424 Lytton Ave., Palo Alto, CA 94306

Julie Johns, 201 34th Ave., Santa Cruz, CA 95060. (408) 475-9252.

Paulo Dice, Thimann Laboratories, U. Cal., Santa Cruz, CA 95064

Davis Chapter, c/o P. Hardt, 318 J St. No. 40, Davis, CA

CONNECTICUT

N. Sadanand, Dept. of Physics, University of Connecticut, Storrs, CT 06268.

Neal & Margie Rosen, 71 Stanley St., New Haven, CT 06511.

FLORIDA

Gainesville Research Collective, 630 NW 34th Place, Gainesville, FL 32601.

Tallahassee Chapter: c/o Progressive Technology, P.O. Box 20049, Tallahassee, FL 32304.

GEORGIA

Matthew C. Larsen, P.O. Box 13687, Skidaway Inst. of Oceanography, Savannah, GA 31406.

ILLINOIS

Urbana-Champaign Chapter: Tina and Bob Hall, 106 N. Gregory No. 10, Urbana, IL 61801

INDIANA

Stephen Friend, T163 G.R.C., Indiana University, Bloomington, IN 46240. (812) 337-6862.

MASSACHUSETTS

Amherst Chapter: P.O. Box 599, N. Amherst, MA 01059.

Marvin Kalkstein, University Without Walls, Wysocki House, University of Massachusetts, Amherst, MA 01002.

Boston Chapter: Science for the People, 897 Main St., Cambridge, MA 02139. (617) 547-0370.

MICHIGAN

Ann Arbor Chapter: John Vandermeer, 2431 Darrow St., Ann Arbor, MI 48104. (313) 971-1165.

MISSOURI

Clayton Chapter: Ellen Irons, c/o Dan Bolef, Dept. of Physics, Washington University, Clayton, MO 63130.

NEW HAMPSHIRE

Steve Cavrak, Environmental Studies Program, Franconia College, Franconia, NH 03580

NEW YORK

New York City Chapter: c/o Rod Goldmani, 290 W. 12th st., Apt. 1B, New York, NY 10014. (212) 989-7518.

Stony Brook Chapter, c/o Ted Goldfarb, Chemistry Dept. SUNY, Stony Brook, NY 11790. (516) 246-5053.

Marvin Resnikoff, 174 West Ave., Buffalo, NY 14201. (716) 856-6587.

Ken Solomon, 5B Picturesque Parkway, Schenectady, NY 12303.

OHIO

Jenny Thie, 2147 Fulton Ave., Cincinnati, OH 45206. (513) 281-6149.

PENNSYLVANIA

Les Levidow, 4816 Florence Ave., Philadelphia, PA 19143. (215) SA4-5360.

VIRGINIA

Bill Sampson, 318 Park Place No. 3, Charlottesville, VA 22903.

WASHINGTON

David Westman, 919 2nd Ave. W., Seattle, WA 98119. (206) 282-9971.

QUEBEC

Bob Cedergren, Dept. of Biochemistry, Univ. of Montreal, Montreal 101, Quebec, Canada

Science Progressiste-Science for the People, c/o McGill Daily, 3480 McTavish St., Montreal, Quebec, Canada

CHAPTERS AND CONTACTS ABROAD

AUSTRALIA

Tony Dok, 234 Bobbin Head Rd., North Turrumurra, New South Wales, 2074 Australia.

BELGIUM

Gerard Valendue, Centre Galilee, B.P. Galilee 047, B-1348 Louvain-La Neuve, Belgium

ENGLAND

Dave Hayes, 14 Goodwin Rd., Sheffield 8, Yorkshire, England.

British Society for Social Responsibility in Science, 9 Poland St., London, W1V3DG, England. 01-437-2728.

Uxbridge Chapter: at Brunel University, c/o Mark Piney, 63 Hillingdon Hill, Uxbridge, Middlesex, England

IRELAND

H.N. Dobbs, 8 Ailesbury Grove, Dublin 4, Eire.

INDIA

D.L. Surendra, 3B, Thandava Raya St., San Thome, Madras-4, India

WEST INDIES

C. Raymond Mahadeo, Caroni Research Station, Carapichaima, Trinidad, West Indies.

MAGAZINE COMMITTEES

Production

Eric Entemann
Ross Feldberg
Bert Walter
Ruth Weinstein
with help from
Steve Aldrich
Carol Axelrod
Barbara Beckwith
Jon Beckwith
Nancy Cohen
Fred Gordon
Marc Miller
Bob Park
Ronnie Rom
Red Schiller
Bent Schmidt-Nielson
Bob Shapiro
Rachel Skvirsky
Sue Tafler
Los Valdes
Peter Ward
Rich Youngstrom

Editorial

Steve Aldrich
Barbara Beckwith
Frank Bove
Alice Ingerson
Marc Miller
Ronnie Rom
Scott Schneider
Bob Shapiro
Joe Shapiro
Mary Terrall
Ray Valdes

Distribution

Bob Park
Peter Ward

Magazine Coordinator

Fred Gordon

CONTRIBUTORS

A. Eric Arctander
Berkeley Chapter
Concerned Rush Students
Mark Fisher
Hannah Frank
Linda Gordon
Nancy Henley
Judith Herman
Christine Rack
Urbana-Champaign Chapter

- 2 Chapters and Contacts List
- 4 About This Issue
- 5 Letters
- 6 Turning Prescriptions into Profits
- 10 Birth Control: An Historical Study
- 17 Fighting Sterilization Abuse
- 20 U.S. Medical Research Abroad: For the Power Not the People
- 27 Book Review: *Woman on the Edge of Time*
- 34 News Notes
- 36 Eastern Regional Conference
- 38 Chapter Reports

The prints on pages 10,15,18,19 and 29 of this issue are the work of Hannah Frank. Most of the drawings were done in the 1930's when she was a student at Glasgow University. They appeared in the University Magazine at that time, and were not displayed again until 1969. The artist currently lives and works in Glasgow, Scotland.

The illustration for our cover is from a poster by the artist Wen-Ti Tsen of Cambridge, Massachusetts.

about this issue

Christine Rack has based her article "US Medical Research Abroad: For the Power Not the People" on her own experiences in Colombia and on documents obtained here from governmental agencies despite their resistance. She describes how the design of a public health system has served the United States' interests in Latin America. The article seriously questions the benefits for most Colombians of these aid programs sponsored by the U.S. government.

The United States has sought to model Colombia's medical system on that which has emerged here. Even without questioning the value of that system for most people in our own country, we doubt that a medical system growing out of our urban, industrial, relatively wealthy economy can be appropriate to Colombia.

Rack shows that little difference actually exists between programs of the military and those of the supposedly nonpolitical foundations and social welfare agencies. Indeed, many of the programs funded by the National Institute of Health, Tulane University, the Rockefeller Foundation and other civilian institutions also receive funds from the C.I.A., U.S.A.I.D., and the Army. Their combined activities add up to another instance of what is aptly called "cultural imperialism." Because this is the actual purpose of supposedly altruistic health-care programs, many documents pertaining to these programs remain classified. Thus, it was only after months of persistent investigation that many of the facts presented in Rack's article were revealed.

In this issue Linda Gordon traces the history of the birth control movement in this country from 1920 to 1940. For many of us today, birth control is a familiar concept or an actual practice. Simply because it has become so familiar, we are perhaps prone to forget the difficult struggles which have been, and continue to be, waged around it. Women here and abroad continue to demand that safe, reliable and nondiscriminatory methods of birth control be developed and made readily available. The demands that birth control be demystified and be made socially acceptable also reflect a more general demand — that people have the power to consciously determine the course and quality of their lives.

At the present time we exist in a class society. The members of any class generate, share, and serve common class interests. We expect class conflict over any issue which may serve or oppose the general interests of one class in opposition to the general interests of another. Birth control has proved to be one such issue. The capitalist class continues to direct birth control re-

search and birth control technology in its own interests within the present social and economic order. These interests are in opposition to the interests of universal human emancipation. Gordon's article supports this analysis.

She argues that the birth control movement started out in the 1910's largely among radical feminists seeking fundamental change in social, sexual and class relationships. She then demonstrates how the movement was slowly coopted by deferring leadership in the struggle to a bourgeois professional class championing bourgeois professional class interests.

The article teaches us a valuable historical lesson in the development of political struggles in general. It points out how the movement began, who initially supported it and for what reasons, how the movement changed and developed with time, how the class composition of its supporters changed with time and for what reasons. It also demonstrates how a science-related issue can serve as the focus for a movement which initially advocated radical social change.

A related article in this issue, "Fighting Sterilization Abuse," deals with another of the struggles surrounding women's demand for control over their lives and bodies. This article by Judith Herman outlines how a small group of individuals representing narrow class interests can exercise ultimate control over the reproductive lives of impoverished, lower and working class women. The reasons given to legitimate this practice of coercive sterilization reflect the class interests of those who benefit from the existing social and economic order. These doctors, their supporters and their sympathizers argue that such a practice represents a social good because it cuts down on the number of welfare dependents. "But good for whom?" Certainly not for the women who have been, are being or will be sterilized. There can be no more blatant an example of science against the people.

FEED, NEED, GREED: WHERE WILL IT LEAD? A CLASSROOM APPROACH

The Food and Nutrition Group of the Boston Chapter is planning a revision of *Feed, Need, Greed*. We would like suggestions and help from people who have read and-or used it as part of a course. Please send material to Food and Nutrition Group, Science for the People, 897 Main St., Cambridge, MA 02139.

letters



Dear Science for the People:

I want to respond to Gar Allen's letter in the November-December issue of *SftP* magazine, in which he argues that the Sociobiology Study Group has taken insufficient account of the implicit racism in sociobiology and has overplayed its sexism. I personally do not think that one can overlay the role of sexism in sociobiology since it is at its very core. But Gar goes on to say that "Racism bears within it an ultimate political potential for the ruling class which sexism has never displayed. Because even the ruling class is composed of both sexes in approximately equal numbers, sexism has never been used, and probably never will be used, to the same extent as racism as a divisive tool."

This quote shows a complete lack of understanding of the role of sexism and of its problems, for it is the curse of sexism that it grants women satellite status within the ruling class without granting them power. And status without power is the essence of tokenism and of cooptation. Women's oppression rests on their unequal access to political and economic power and the fact that they are granted ruling class membership-by-proxy does not change this.

I assume we agree that oppression is evil. This being so, I see no use in arguing about who is oppressed rather than who. But I am angry, because I feel that Gar's argument is disingenuous. As a white male academic, he clearly stands to lose more from the elimination of sexism than of racism, because every facet of his life is structured by the sexism that pervades our society; his family and professional life absolutely depend on it. (And I say this not about him personally, but about all men in his position in our society.)

The nuclear family is the basic social unit in all western societies, capitalist and socialist, and it is built on sexism wherever we find it. Indeed this is why sociobiology tries to show that the nuclear family is "natural" and the outcome of the calculus of self-interest that it posits as the crux of biological evolution.

Racism is basic to western capitalism and imperialism, but sexism has been with us since before the biblical patriarchs. As a feminist and a socialist I am ready to fight both, but I cannot fight alongside men who feel the need to prove that racism is the greater and more basic evil.

Sincerely yours,
Ruth Hubbard

Science for the People,

Gar Allen's letter in the November-December issue 1976 throws me back 8 years ago when many people involved in social change movements failed to see the importance of the struggle against sexism. Allen follows a narrow pattern of thinking: what is more central in the struggle against exploitation? What is more important, racism or sexism? Setting up competitive situations is a typical male behavior pattern and that is what Allen is doing. He ranks oppression and concludes that women's oppression is, politically, less important than racial oppression. Allen does not seem aware of the insights that have been developed by the feminist movement. The oppression of women is so old, so rooted in our psyche and in our institutions that it can be argued that sexual oppression provided the first model for other forms of human oppression. Patriarchy existed well before capitalism. And the elimination of capi-

talist institutions does not seem to be enough to eliminate male supremacy. Think of Cuba and China.

Science for the People, as an organization, is beginning to increase its awareness of the pervasiveness of sexism. I hope Allen's letter does not push us back to 8 years ago.

Rita Arditti
Cambridge, MA

Dear SftP,

Some of you still have some serious vestiges of elitism which undermines your work, especially the apparent sincerity of your critique of the elitist expertise and academic syndromes you are fighting.

I refer to your compulsion of identifying authors by their affiliations with "prestigious" institutions. An implication of your critique is the falseness and ideological character of this "prestige" syndrome, yet at least some of your authors seem to be still hung up on identifying themselves with this bullshit.

We do not need to know the author's academic affiliations, or where they got a Ph.D., or whether they did, or what they've published. That is there for the author's or the magazine's hangups, not for the reader. If we wish to contact an author that can be done through SftP. This *especially* turns people off who have studied or work at *non-elite* institutions and *non-professionals* who cannot draw on college or graduate education to bolster their self-esteem, but otherwise might be attracted to your critique. This is an error the New Left repeatedly made. Don't continue it. I recommend *Liberation* magazine's description of authors as an example

Continued on page 33

Turning Prescriptions Into Profits

Concerned Rush Students

Turning Prescriptions into Profits

The drug industry is expert at making a profit. For the past 10 years, it has either been the first or second most profitable of all industries in the U.S. At the outset, we must decry the immorality of an industry exploiting people's suffering and diseases, turning it into the most profitable business in America.

Year	Profits after taxes as a percent of stockholders' equity		Profit rank of the drug industry among all manufacturing industries*
	All drug manufacturers	All manufacturers	
1956	17.6	12.3	2
1957	18.6	11.0	1
1958	17.7	8.6	1
1959	17.8	10.4	1
1960	16.8	9.2	1
1961	16.7	8.8	1
1962	16.8	9.8	1
1963	16.8	10.3	1
1964	18.2	11.6	1
1965	20.3	13.0	1
1966	20.3	13.5	2
1967	18.0	11.3	1
1968	17.9	11.7	1
1969	19.1	11.3	1
1970	15.5	9.5	2
1971	15.1	9.1	2
1972	15.3	10.3	2
1973	18.1	12.4	1

From Burack, *New Handbook of Prescription Drugs*.

Our criticism of the profit motive must go deeper. According to our country's leading economists, businessmen, and political leaders, the basic principle of business is the maximization of profits. They maintain that production for profit is what makes our economic system work. However, the present economic crisis (inflation, fuel and food shortages, unemployment, New York City approaching bankruptcy) has led the majority of Americans to question whether our economic system is really working at all. A recent national poll found that 55 per cent of the public rate the nation's economic health as "poor" or "below average;" 33 per cent believe "our capitalistic economic system has already reached its peak and is now on the decline." (1)

How does this production for profit work? Let's examine this question closely with respect to the drug industry, purportedly in business to improve people's health, and ask how the drive for profits affects the industry's response to people's health needs.

The Cost of Drugs

In 1972 the industry's sales totaled 6 billion dollars. Out of that total, the industry admits that \$800 million went directly towards drug company profits. However, this does not include the \$1.2 billion wasted on advertising which is largely directed toward expanding sales to increase profits. (2) Capitalist economists erroneously portray our market system as obeying "the law of supply and demand" — if people need a certain drug (demand), profit will motivate a company to supply it; if the drug is not needed, the lack of profit opportunity will discourage unnecessary production. In reality, drug companies both supply the drugs and, through advertising, create the demand. The massive expenditures of the drug companies on advertising reflect the importance of this creation of demand to the sellers of drugs.

The drug companies frequently cite the high cost of research and development as a justification for high drug prices, but research costs are only a fourth of the amount spent on advertising. (3) While ostensibly a scientific, health-promoting endeavor, research is, in fact, carried out in order to increase profits. According to *Chemical and Industry* magazine:

"It is almost impossible to overstress the importance of R & D (Research and Development) expenditures. Above all, regular new marketable discoveries are absolutely vital in the fight for (increasing)... sales." (4)

The kind of research that is done is dictated by these commercial considerations. In 1968 the Senate Monopoly Subcommittee concluded that 80-90 per cent of drugs newly developed were so called "me-too" drugs. These are "drugs which are not significantly different or better, and represent little or no improvement to therapy, but which are sufficiently manipulated in chemical structure to win a patent." (5) Thus only the drug company which is able to carve out for itself a greater share of a particular therapeutic market derives any benefit from this research. These drugs could perhaps be justified if they were offered at prices substantially lower than the products they duplicated; however in most cases they are introduced at the same or higher prices. (6) The public must bear the costs of this kind of research through higher drug prices.

On the other hand, much needed research and development is not done in areas where profits would not be forthcoming. A dramatic example of this is the drug lithium, which is now widely used by psychiatrists for "manic-depressive disorders." Lithium is a natural element. Thus, although cheaply and readily available, lithium is unpatentable and therefore considered unprofitable. While reports claiming lithium's effectiveness appeared as early as 1949, no drug company took an interest in investigating the drug. In 1966 it appeared that no company would even produce the drug. The situation soon changed when researchers recognized the need for slow-release lithium tablets, a form that could be patented. (7,8)

Once a drug is developed, it must undergo a series of trials in humans which theoretically insures its safety and effectiveness. The industry has been sharply criticized for the way it conducts these studies. In a society where drugs were genuinely being developed for the public interest, one would imagine that there would be a high degree of voluntary participation in drug trials. Volunteers would benefit both as individuals (who might potentially need the drug) and as members of a society whose medical knowledge would be increased. In our society, however, people rarely volunteer to participate in drug testing. They justifiably identify little common interest with the drug industry. In fact a recent poll showed that the American people feel "the drug industry is currently the number two corporate villain, second only to the oil industry." (9) Instead, the industry creates volunteers through various unethical and coercive practices.

The president of the PMA, (Pharmaceutical Manufacturers Association) admitted that 85 per cent of the preliminary drug testing is done on prisoners — a group which is not in a position to freely exercise its rights. (10) Doctors from Rush-Presbyterian-St. Luke's Medical Center were infecting prisoners with malaria to test anti-malarial drugs until quite recently. Third World people are another group often exploited for controlled clinical trials. Birth control pills were studied on Puerto Rican and Mexican American women, some of whom were unaware that they were receiving placebos (fake, inactive pills) and as a result become pregnant (11). Such human costs are not tabulated in the corporations' research expenditures but must be added to the costs society bears.

Monopoly Marketing and the Limits of Regulation

Conceding that drug prices are needlessly high because of the hundreds of millions of dollars that go towards profits, advertising, and socially wasteful research, many will still defend our present system. They argue that this is a small price to pay to maintain our

free competitive marketplace. For it is in the marketplace that the consumer exercises real power by choosing among competing products. However, this idealized dream is contradicted by the reality of drug marketing, which is best described by a single word — monopoly.* (12) Three-quarters of all prescription drugs sold in the United States can be obtained only from a single manufacturer or source. (14) In those areas where multiple sources of drugs are available, brand-name prescribing practices often preserve the monopoly of the company holding the original patent. A 1975 study of 7 antibiotics no longer under patent (penicillin VK, penicillin G, tetracycline HCl, oxytetracycline, ampicillin, erythromycin and chloramphenicol) showed that for five of the seven, the most widely sold version of each was the one with the highest price! The limited scope of competition in the sale of these 7 antibiotics costs consumers an estimated \$180 million each year. (15)

These marketing practices and promotional activities are a source of concern to many of us. Each day, the F.D.A. has its hands full policing the activities of the drug corporations. It would be tempting for the rest of us to sit back, watching this game of cops and robbers and cheer for the "good guys" — the F.D.A. However, we think the issues must not be viewed in terms of "good guys" and "bad guys" but rather in terms of an entire system of private control of drug production. The F.D.A.'s role is to prevent the worst abuses of that system. It will never challenge the fundamental problems of drug production for profit. (16)

The F.D.A. has no control over the monopoly structure of the drug market, cannot redirect research into socially beneficial areas, has no way to limit the amount spent on advertising, and has no control over the cost of drugs. (17) Thus the F.D.A. vs Industry battle is really a very limited one. Likewise, the debate between those favoring change through more governmental regulation and those advocating less regulation is also a narrow one, since the system of production for profits is accepted as given.

We must take an honest, fresh look at the problem. The goals of these corporations are inconsistent with the goals of a healthy society. Rather than prescribing a symptomatic solution which tries to patch up irreconcilable conflicts, we must attack the underlying problem. We must struggle for a system that works for people, rather than trying to "beat the system" that doesn't. Our current system works very efficiently — towards making profits. The alternative is one whose goals are the fulfillment of human needs — working towards making people healthy.

*The 136 brand names companies comprising the P.M.A. account for 95 percent of prescription drugs sold, with 30 of these companies controlling 75 percent of the market. Through mergers, acquisitions, diversification, and international expansion, large-scale multinational conglomerates are replacing small-scale drug manufacturing firms. (13).

The Politics of Expansion in the Third World

The strategy of the drug industry, like other American industries, has called for expansion of its markets and domain both outside and within the U.S. Taking advantage of their vast promotional resources, drug companies have penetrated foreign markets and become dependent upon them for a large proportion of their profits. In 1974, the PMA candidly stated that,

The contribution of sales and earnings of the pharmaceutical industry's business outside the U.S. continues to increase — for some of the larger PMA member companies it approaches half the total. (18)

Furthermore, many companies have taken advantage of the availability of cheap labor and tax shelters to move portions of their operations abroad. By recently moving to Puerto Rico, some American companies have been able to achieve a 40 per cent profit after taxes. As one investment analyst commented, "the most important recent discovery of the research-minded drug industry was Puerto Rico." (19)

A 1975 study funded by Consumer's Union found evidence that multinational drug companies "take advantage of a weaker regulatory situation" in Latin America "to pursue labelling and advertising policies of a dangerous kind." The study showed that the drug companies will recommend the same drug for a wider variety of conditions than they will in the United States. The study also found that the Latin American package labels lacked complete versions of necessary restrictions and potential dangers. Examples cited included big name companies such as Pfizer, Winthrop, and Squibb. (20)

Winthrop markets Conmel (dipyrrone), a painkiller which can cause fatal blood diseases, and is banned from routine use in the United States ("the only justifiable use is as a last resort to reduce fever when safer measures have failed" according to the AMA Drug Evaluations). Packets of Conmel obtained by researchers in Brazil suggested the drug be used for "migraine headaches, neuralgia, muscular or articular rheumatism, hepatic or renal colic, pain with fever which usually accompanies grippe, angina, otitis, sinusitis or tooth extraction." (21)

Ciba-Geigy presently markets Entero-Vioform (iodochlorhydroxyquin), a drug of questionable effectiveness for nonspecific diarrhea, in 28 foreign countries. In 1970 the drug was found to cause a serious syndrome characterized by abdominal symptoms, peripheral neuropathy, muscle weakness occasionally progressing to paraplegia, and optic atrophy sometimes leading to blindness. In many countries, Entero-Vioform can be purchased without a prescription; in some, no side effects or warnings are listed in the package inserts. (22)



And as a last example we note that 92 per cent of the stockholders of Warner Lambert (which now owns Parke-Davis, maker of Chloromycetin (chloramphenicol) voted "NO" to a resolution that the corporation divulge to foreign doctors what U.S. law now demands that it tell U.S. doctors about the side effects of their drug. Chloramphenicol causes fatal aplastic anemia (cessation in production of all blood cells) in a small fraction (1 in 40,000) of people taking the drug. (23)

The PMA annual report for 1974 notes that "...previously acceptable norms of corporate operation are assaulted in every part of the world." (16) This "worldwide assault" by those fighting against U.S. corporate influence, and for self-determination, has forced the drug industry to extend itself even further outside the research laboratory into an explicitly political and social realm. The PMA states that it has worked to "monitor developments at home and overseas affecting our industry's interest and to take direct action where warranted to protect and promote our interests." They have developed "staff liaison with desk officers at the Departments of State and Commerce, the Agency for International Development (AID) and the U.S. Information Agency (USIA)." (24) Thus in collusion with government agencies, these multinational corporations promote *their interests* — maintaining favorable marketing conditions abroad. The rejection of such foreign control represents an attempt by people in developing countries to determine their *own* health, economic, and political needs.

Domestically, we see a parallel expansion of drug sales. In addition to the economic effects, what concerns us is the far-reaching qualitative effects of the promotional campaigns. The efficacy of this industry-promoted drug expansion must be questioned on two levels: 1) its distortion of the quality of medical care, and 2) the social-control aspects of this increasing drug dependence (discussed towards the end of this article).

Barring epidemics, there is a relatively constant incidence of the specific disease a pill can treat. Thus the market for that drug is a fixed one. As a result, drug companies employ the strategy of promoting additional

PROPOSALS FOR CHANGE

In our paper, we have shown that the interests of the drug industry are incompatible with good health care. Presently, the industry has tremendous influence over the practice of medicine and a vested interest in maintaining its control. Yet its appearance of omnipotence is quickly shattered when people actively challenge its role in health care. Its vulnerability is especially evident when barriers between health workers can be broken down and strong actions taken together. Only through collective actions can we hope to make real changes. At the same time, we should challenge the drug industry's presence every day at every level.

Here are some of our suggestions:

1. Department chairs and appropriate committees should take responsibility for eradicating brand names from the vocabulary of the hospital community and should begin to develop alternate forms of drug education and practice. This could include seminars on the use and misuse of drugs, floor-wide discussions, and a "generic drug of the month" program as ways to effectively combat the influence of the drug industry on medical education.

2. This hospital should follow the lead of other hospitals (e.g. Cook County Hospital, Case Western Reserve Hospital) in banning detailmen from its premises.

3. Rush University should end its dependence on drug company teaching materials and representatives as sources of information in the classroom. At the same time, students should refuse to accept gifts and other materials from the industry.

4. This hospital should replace the *Physician's Desk Reference* as the primary source of prescribing information by calling for a national drug compendium (an official listing of all drugs), and by assuring adequate non-drug-industry sources of information (e.g. Goodman and Gilman's Pharmacology text, the National Formulary, and The Medical Letter) on the floors of the hospital. Nurses, doctors, and medical and nursing students should make every effort to consult these less biased sources when seeking drug information.

5. People should consider first non-drug methods of treatment whenever possible and provide full clear information on side effects as well as benefits when dispensing necessary drugs.

6. We should be constantly aware of the drug industry's influence on medicine and challenge its presence daily on the hospital floors, clinics and classrooms.

7. The money currently spent by the drug industry on advertising directed at doctors at Presbyterian St. Luke's should be reappropriated for the hospital's patients. This reduced cost would allow the reopening of the hospital clinics that are closed to new "public" patients.

8. We must decry the continuing global expansion of the drug industry and the resulting exploitation of people throughout the world. In addition, we must work to end the industry's invasion of our daily lives and its redefinition of complex social and political problems as medical ones.

9. Finally, we feel that profit has no place in medicine.

—Concerned Rush Students

uses to increase drug sales. A brief historical look at this strategy shows how it conflicts with quality medical care.

The period prior to the legislative reforms in 1962 (Kefauver Amendment of the FDA) is filled with examples of unsubstantiated and often falsified claims for beneficial uses of drugs. In the late 1940's, for example, amphetamines were promoted for at least 39 different ills including "curing" smoking, head injuries, hiccups, heart block, morphine and codeine addiction, and schizophrenia. Even as late as 1969, the industry was making the claim for eleven different medical uses of amphetamines. At present amphetamines are considered indicated for only two medical uses.(25,26)

In 1962, the Kefauver legislation authorized an exhaustive study by the most established scientific groups in the U.S. They found that, of 4000 drug products le-

gally marketed in the U.S. from 1938-62, only half could be considered "effective." The other half of the products made by the drug companies had no scientifically proven value. Without any evidence to back up their claims, drug companies actively promoted pill after pill. Prior to their removal from the market by the FDA, these drugs had cost Americans billions of dollars. More important was their effect on the hundreds of thousands of people who received these drugs each year. They could have been better treated with more effective or safer drugs — or no drugs at all!

These ineffective products came from our most "respectable" name companies (including Squibb, Upjohn, Pfizer, Lederle, Wyeth, Merck, etc.) thus destroying the myth that we can only trust "big name" companies'

Continued on page 30

BIRTH CONTROL: AN HISTORICAL STUDY

Linda Gordon



This article is part one of a two-part article. Part two will appear in the next issue of Science for the People.

Birth control can have three major social purposes: to increase the individual freedom of women; to control overall population trends; and to improve and protect health. When the modern birth control movement began in the early 20th century, the first was its dominant motive. Organizations demanding the legalization of birth control were formed by feminists and other radical political activists concerned with women's rights. The medical and population control motivations for supporting birth control came primarily from other sources which entered the birth control movement later but ended by dominating it.

Beginning in the 1920s birth control as a cause was taken over by male professionals, many of them physicians, in a "planned parenthood" campaign that made women's equality and autonomy a secondary issue. In the 1970s a revived feminist movement reentered the birth control cause, mainly through campaigns for legal abortion. The existence once more of an approach to birth control primarily concerned with individual human rights has created an historical context in which it is appropriate to reexamine the historical legacies behind birth control.

In this article I argue that the influx of professionals into the cause changed the goals of the birth control movement, from a campaign to increase the area of self-determination for women and all working-class people to a campaign infused with elitist values and operated in an elitist manner. These professionals were mainly of two groups: doctors and eugenisists. The latter group was not, of course, a professional occupation in itself, but was mainly composed of university professors and researchers. However, professional eugenics organizations brought them together and gave them a collective consciousness as strong as that among doctors. Despite important differences, the two groups had an ultimately similar influence on birth control.

The need to identify and analyze the influence of doctors and eugenists is not merely a question of setting the historical record straight. Their impact on birth con-

Linda Gordon has been active in the socialist-feminist movement. She is an editor of Radical America and is presently teaching history at U. Mass. Boston. In addition to her book on the history of the birth control movement, she is the author of America's Working Women (1976).

*This is a revised and abridged excerpt from *Woman's Body, Woman's Right: A Social History of Birth Control in America* (Viking Press, 1976).

trol has left serious problems today for anyone concerned with that issue. The identification of the birth control movement with the demographic theories of the population controllers and the small-family ideal of white, prosperous Americans has created antagonism to birth control among many poor people, and especially the nonwhite poor, in the U.S. and abroad. They often perceive population-control programs as coercive, imposing alien cultural values. That antagonism to birth control is sometimes associated with an antagonism to feminism, especially since feminism until recently has been primarily a movement of educated and prosperous women. I would argue, on the contrary, that birth control has failed to cross class lines because it has not been feminist enough. A feminist birth control movement would struggle to expand women's options, to extend their right to choose, not to impose a certain economic or political theory upon them. In the first agitation for birth control, feminists argued for the legitimacy of having children, in or out of marriage, and for mothers' and children's rights to a decent standard of living, as well as for women's rights not to have children.

The Birth Control Movement in the Early 20th Century

Nineteenth-century feminists had argued that involuntary child-bearing and child-rearing was an important cause of women's subjugation. Their agitation for "voluntary motherhood," beginning in the 1870s, was limited by the prudish sexual fears and moralities that pervaded capitalist society at that time. In the first decades of the 20th century a loosening in acceptable standards of sexual conduct, particularly in the cities, made public advocacy of mechanical contraceptive devices politically possible.

Birth control appealed to professional men as a means of lowering birth rates selectively among those groups less likely to produce babies of merit.

In 1915 the issue of birth control came out into public rather suddenly, as radicals like Emma Goldman and Margaret Sanger deliberately defied obscenity laws by distributing information on contraception. By late 1916 there was a nationwide campaign of agitation and direct action for birth control. By 1917 there were national and local organizations, run almost entirely by women, devoted to the legalization of contraception. Most of these groups considered themselves within the feminist tradition, concerned with women's right to reproductive self-determination. In many instances these organizations were connected to the Socialist Party or to local socialist and anarchist groups.



Margaret Sanger Selling Her Birth Control Review in the Streets of New York, 1915

Still, birth control did not immediately become respectable. Not only was it illegal, but its militant advocates were occasionally arrested on obscenity charges, though none were heavily sentenced. By the outbreak of the First World War Margaret Sanger had become the chief spokesperson for the cause. In her regular column in the *New York Call*, a Socialist Party paper, she began in 1911 to write about birth control, venereal disease, and other previously unmentionable topics. In 1914 she published seven issues of a revolutionary feminist paper, *The Woman Rebel*, which advocated birth control, printed the views of Emma Goldman, and attacked the suffrage movement for its irrelevance to working-class women. Sanger wrote that she saw birth control primarily as a means to alleviate the suffering of working-class and poor women from unwanted pregnancies, and in the long run she identified the demand for birth control as an important weapon in the class struggle.

Rejecting the path of lobbying and winning over influential people, Sanger chose direct action. In October 1916 she, her sister, and a few other women opened a birth control clinic in Brownsville, Brooklyn. She and her sister were arrested, and the publicity around their trial and imprisonment gave them a public platform from which to present their ideas. Largely through their influence, direct action became a part of the tactics of the large network of local birth control organizations that existed by 1917.

World War I, however, brought with it a sharp and effective attack on the American Left. One of the fatalities of the rightward political swing of this period was the feminist movement. Although the woman suffrage organizations went on to victory after the war, they lost their Left wing — those whose analysis of women's oppression led them to demand social change more fundamental than extension of the franchise. In 1916 the birth control activists had been politically connected to the

In her regular column in a Socialist Party paper, Margaret Sanger began to write about birth control, venereal disease, and other previously unmentionable topics.

Left wing of the feminists and to pro-feminist groups of socialists and anarchists. When these political groupings were broken up, the birth control advocates — mostly educated women and some even upper-class — floundered politically. Losing confidence in the legitimacy of the rebellion of women of their own class, they fell back into an orientation as social workers. Their own class position often led them to isolate the birth control issue from other social and economic pressures working class people faced; this separation made their appeals unconvincing to the working-class women they hoped to win over. The continued existence of organized feminism might have reinforced their inclination to fight for *themselves* (as the abortion movement of the 1960s and 1970s has been powerful because it has been essentially a movement of women fighting in their own interests). Without it, the birth controllers remained social workers, with the tendency to think that they knew best what was good for their "clients." Given this orientation, it was not unnatural that the birth controllers, despite their feminism, welcomed the aid of professional experts and, in many cases, sought them out.

Of those among the original birth controllers who resisted the rightward swing of the War and postwar era, many deserted the birth control movement. For most socialists, the War itself, and then the Russian Revolution and the defense of the American Left against repression, seemed the most pressing issues after 1918. They were able to change causes because most of them had seen birth control as a reform issue rather than a revolutionary demand, something requiring less than fundamental change in the society. Liberal reformers, however, did not share this view, and several groups of professionals perceived birth control as especially fundamental. Doctors saw it as a health measure, and increasingly a preventative health measure; and naturally doctors viewed human health as a fundamental, not

a superficial, condition of social progress. Eugenists saw it as a race health measure; their hereditarian views led them to consider reproduction the fundamental condition of social progress.

Professionalism

The desire to make a contribution to civilization led many professionals to go beyond their places of employment to seek wider social influence. For many professionals, seeking political influence seemed a contribution, not an indulgence, because they believed society needed them. Especially in the early 20th century, many professionals believed that their superior intelligence and education entitled them to a larger share of political leadership than their numbers in the population would automatically create in a true democracy. Their view of democracy was meritocratic. Edward L. Thorndike, a eugenic educator, wrote in 1920: "The argument for democracy is not that it gives power to men without distinction, but that it gives greater freedom for ability and character to attain power!" Henry Goddard, who introduced the intelligence test in the United States, thought that democracy was "a method for arriving at a truly benevolent aristocracy."

Professionals did not assume that their intellectual superiority came entirely from innate ability. On the contrary, they perceived that rigorous training in intellectual discipline, general knowledge and tested methodologies had given them skills unavailable to the masses. They did not see their monopolization of this expertise and knowledge as special privilege because they were committed to equal opportunity. They did not usually perceive the effective social and economic barriers that kept most people from these opportunities. But they never doubted that their expertise and knowledge were useful guides for social policy. They did not hesitate to build professional organizations, institutions, and programs of self-licensing which excluded others from their privileges and influence because they had confidence in the universality, objectivity, and social value of the expertise they possessed. Conscious, many of them, of having rejected aristocratic and plutocratic values, they did not think that their meritocratic values were antisocial or unjust. Their basic assumption was that greater intellectual ability, learned and innate, should be rewarded and entrusted with public power.

Despite their posture as reformers who sought changes for the benefit of the whole society, or for the less fortunate in it, in fact professional men brought to the birth control movement their own political beliefs and social needs. Molded by professional training and practice but also by class origin and individual experiences, these beliefs were by no means identical among professionals and even within one profession. But leading professionals shared a common set of values, with

meritocracy at its root. The professionals of the 1920s believed that some individuals were more valuable to society than others. Whether environmentalists or hereditarians or both, they doubted that superior individuals were equally distributed within all classes and ethnic groups, and believed that scientific study could determine where talent was most likely to be born. Birth control appealed to them as a means of lowering birth rates *selectively* among those groups less likely to produce babies of great merit.

Doctors

Most physicians remained opposed to contraception in the early 1920s. The predominant position among prestigious doctors was not merely disapproval, but revulsion so hysterical that it prevented them from accepting fact. George Kosmak, a prominent gynecologist, asked rhetorically: "Is this movement to be ascribed to an honest intent to better the world, is it another expression of the spread of feminist doctrines... or is it merely another instance of one of those hysterical waves with which our civilization is so frequently assailed?" The social values underlying Kosmak's opposition were extremely conservative:

...fear of conception has been an important factor in the virtue of many unmarried girls, and ... many boys are likewise kept straight by this means... the freedom with which this matter is now discussed ... must have an unfortunate effect on the morals of our young people. It is particularly important... to keep such knowledge from our girls and boys, whose minds and bodies are not in a receptive frame for such information.

Running throughout Kosmak's attack was an expression of strong elitism:

...those classes of our social system who are placed in a certain position by wealth or mental attainments, require for their upkeep and regeneration the influx of individuals from the strata which are ordinarily regarded as of a lower plane... it is necessary for the general welfare and the maintenance of an economic balance that we have a class of the population that shall be characterized by "quantity" rather than by "quality." In other words, we need the "hewers of wood and the drawers of water" and I can only repeat the question that I have already proposed to our good friends who believe in small families, that if the "quantity" factor in our population were diminished as the result of their efforts, would they be willing to perform

certain laborious tasks themselves which they now relegate to their supposed inferiors? Might I ask whether the estimable lady who considered it an honor to be arrested as a martyr to the principles advocated by Mrs. Sanger, would be willing to dispose of her own garbage at the river front rather than have one of the "quantity" delegated to this task for her?

The sexual values that the anti-birth-control doctors cherished were not so different from 19th century conservative values: that the major function of women and sexual intercourse both was reproduction of the species; that the male sex drive is naturally greater than the female, an imbalance unfortunately but probably inevitably absorbed by prostitution; that female chastity is necessary to protect the family and its descent; and that female chastity must be enforced with severe social and legal sanctions, among which fear of pregnancy functioned effectively and naturally.

Toward Medical Birth Control

A significant minority of physicians, however, did not share these conservative values. Arguments for a higher valuation of human sexuality as an activity in itself, separate from reproduction, were expressed not only by radicals such as Dr. William Josephus Robinson but by liberal physicians as well in the early 1920s. A leading spokesman of this point of view among prestigious physicians was gynecologist Robert Latou Dickinson. He had applied his medical expertise to social problems for several decades already. He believed that mutual sexual satisfaction was essential to happy marriage. He shared the view of Kosmack and the anti-birth-controllers that doctors ought to assert moral leadership, but chose a more flexible approach. Dickinson encouraged his Ob-Gyn colleagues to take greater initiatives as marriage and sex counsellors. In his 1920 address as President of the American Gynecological Society he recommended that the group take an interest in sociological problems. He too disliked the radical and unscientific associations of the birth control movement. But unlike Kosmack he preferred to respond not by ignoring the movement but by taking it over, and he urged his colleagues to that strategy as early as 1916.

Sensitive to the difficulties of pulling his recalcitrant colleagues into a more liberal view of contraception, Dickinson began his campaign with a typical professional gambit. In 1923 he organized a medical group to *study* contraception, with the aim of producing the first scientific and objective evaluation of its effectiveness and safety. He consciously used anti-radicalism to win support for the plan. "May I ask you, . . . whether you will lend a hand toward removing the

Birth Control Clinic from the propaganda influence of the American Birth Control League . . .," he wrote to a potential supporter in 1925. So firm was Dickinson's insistence that the group would merely study, without preformed opinion, that he was able to get Kosmack himself to serve on the committee. He got financial support from wealthy Gertrude Minturn Pinchot and a qualified endorsement from the New York Obstetrical Society.

Dickinson did not merely *use* antiradicalism: it was in part his genuine purpose. His Committee on Maternal Health (CMH), as his "study" project was called, was a reaction to Margaret Sanger's efforts to open and maintain a birth control clinic. Sanger had insisted on considering social and economic problems as sufficient indications for prescribing contraception. Thus because of Sanger's alternative, many doctors, while remaining suspicious of birth control, supported Dickinson's endeavor as a lesser evil.

At first Dickinson's group was hostile to the Sanger clinic. But several factors intervened to lessen this hostility and even bridge the gap between Sanger and the Committee on Maternal Health. One was the fact that the CMH clinic found it difficult to get enough patients while Sanger's clinic was booming.

The birth controllers, despite their feminism, welcomed the aid of professional experts, and, in many cases, sought them out.

Another factor leading toward unity between the two clinics was Sanger's conciliatory, even humble, attitude toward Dickinson and other influential doctors. The American Birth Control League (ABCL), which united some of the local birth control leagues into a national propaganda and lobbying staff organization, primarily under Sanger's control throughout the 1920s, had been courting medical endorsement since its establishment in 1921. Sanger's standard procedure in response to letters asking for information on contraceptives was to send the writer the names of nearby sympathetic doctors. In response to criticism of her clinic from the Dickinson group in 1925 Sanger, avoiding any defensive reaction, asked the Committee on Maternal Health to take over and run the clinic, hoping in return to be able to get licensing from the New York State Board of Charities. Dickinson demanded in return the



removal of all propagandistic literature and posters, to which Sanger agreed. The scheme failed anyway, because Sanger's radical reputation and opposition from the Catholic Church led the State Board to refuse a license. Dickinson, on the other hand, made his professional influence clear and useful to Sanger by procuring for her a \$10,000 grant from the Rockefeller-backed Bureau of Social Hygiene.

Undoubtedly the largest single factor drawing doctors into the birth control movement, however, was Sanger's support for a "doctors only" type of birth control legislation, legislation that would simply strike out all restrictions on doctors' rights to prescribe contraception, giving them unlimited discretion. A corollary to Sanger's support for federal and state "doctors only" bills was her work on birth control conferences at which nonmedical personnel were excluded from the sessions which discussed the technique of contraception. At birth control conferences in 1921 and 1925 organized by the ABCL, sessions on contraception were for physicians only and by invitation only.

Meanwhile, other birth control groups, such as the Voluntary Parenthood League, continued to campaign for open bills, exempting discussion of contraception from all restrictions for anyone. These groups had substantial objections to the "doctors only" bill. They felt it excluded large numbers of women who lacked access to clinics, and that birth control methods were simple enough to be used without a physician's constant supervision. Furthermore, the "doctors only" bills left "the whole subject . . . still in the category of crime and indecency." Not only did they accept the definition of sexuality without reproduction as obscene, but they also removed the technique of birth control from a woman's own control. If women could not have direct access to birth control information, they would have to get their information from doctors accompanied by censorship at worst and moral guidance at best.

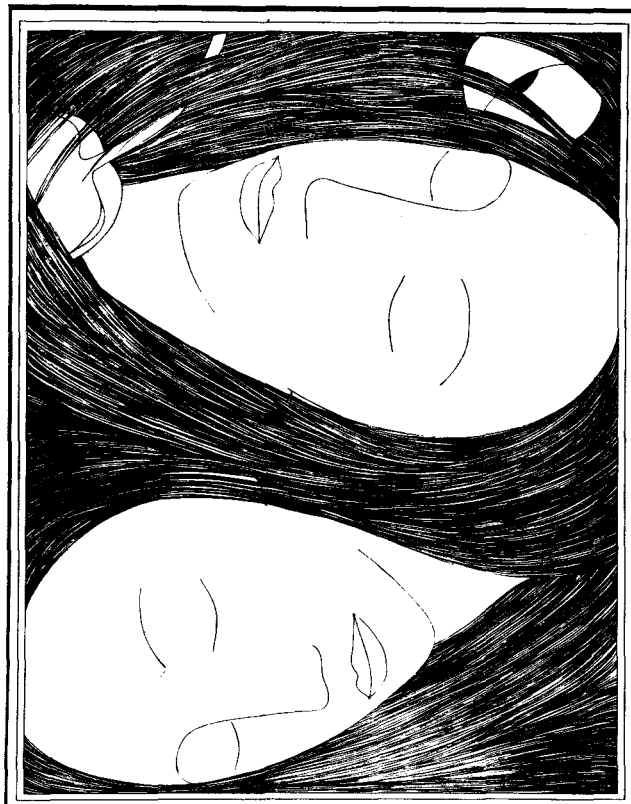
Tactically, the "doctors only" bill had serious repercussions. As Dr. Antoinette Konikow wrote, the very advantage that its supporters liked — that it would make birth control seem safely controlled — was its worst feature "because it emasculates enthusiasm. To the uninformed the exemption seems hardly worth fighting for . . ." The very substance of the politics doctors brought to the birth control movement tended to squash widespread participation in the movement.

A Local Birth Control League: The Massachusetts Case

The effect of concentration on a "doctors only" bill

can be seen by examining the work of a local birth control league. While there were of course many differences in the histories of the local leagues, we are emphasizing here certain developments that were common to most of them while illustrating them with specifics from the Massachusetts case. A birth control group had emerged in Boston in 1916 with the arrest of a young male agitator, a Fabian socialist, for giving a police agent a pamphlet entitled "Why and How the Poor Should Not Have Many Children." Supporters of the accused, Van Kleeck Allison, organized a defense committee which later became the Birth Control League of Massachusetts (BCLM). The League members were from the beginning a coalition of radicals (Allison's fellow Fabians and members of local Socialist Party groups) and liberals (social workers and eugenics reformers in particular). As elsewhere, no doctors — with the exception of the revolutionary socialist Dr. Antoinette Konikow — were conspicuous in the movement in its first years.

The BCLM members agreed in 1916 and 1917 on tactics designed to make birth control a public issue and a popular cause. They tried and often succeeded in getting publicity in the popular press, they held mass meetings and public debates, and they contacted 900 women's clubs around the state in efforts to recruit supporters. They accepted support from all quarters, and featured speakers identified as radicals. From the



beginning, however, some of the socialists in the BCLM encountered a tension between offering a genuinely radical social alternative and using the support of conservative but powerful people to win immediate gains. Cerise Carman Jack, a Harvard faculty wife of radical leanings, was typical of many women of similar views when she decided in 1918 that the most important and strategic direction for her political efforts should be defense work against political repression. Birth control could wait; it would come anyway after the revolution, would "come so spontaneously wherever the radicals get control of the government, just as the war has brought suffrage . . . now is the time to work for the fundamentals and not for reform measures".

In Massachusetts, as in many places, the immediate effect of the defection of radicals and the entrance of professionals into the birth control league was a period of inactivity. In 1918, birth control supporters among high professionals were still the minority. Most doctors, lawyers, ministers, and professors found birth control too radical and improper a subject for public discussion. Besides, they feared "race suicide" among their own class. But throughout the 1920s quiet but steady concentration on a "doctors only" bill by remaining birth control activists transformed medical opinion.

Dr. Antoinette Konikow was a difficult case for the League to accept: a Bolshevik, she lacked a refined personal style and was rumored to be an abortionist.

The principle of doctors' rights even led the by now exclusively liberal and conservative Massachusetts Birth Control League to defend radical Dr. Antoinette Konikow. She regularly lectured on sex hygiene to women, demonstrating contraceptives as she discussed birth control, and was arrested for this on February 9, 1928. She appealed to the now defunct League and her defense in fact rehabilitated the organization. Konikow was a difficult test case for the League to accept: a Bolshevik, and a regular contributor to revolutionary socialist periodicals, she lacked a refined personal style and was rumored to be an abortionist. Nevertheless, the principle at stake was too important for the doctors to ignore: the prosecution of any physician under the obscenity statutes would have set a dangerous precedent for all physicians. The Emergency Defense Committee formed for Konikow worked out an extremely narrow line of defense: that she was not exhibiting contraceptive devices within the meaning of the law but was using them to illustrate a scientific lecture and warn against

possible injuries to health. This line worked and Konikow was acquitted.

The verdict stimulated renewed birth control activity and a new BCLM nucleus drew together with the goal of persuading doctors to support birth control and passing a "doctors only" bill in Massachusetts. A new board for the BCLM was chosen, and 10 of the 16 new members were physicians. The lobbying activities took all the League's time, and there was virtually no public visibility in this period. Konikow herself was extremely critical of this policy. She saw that commitment to it required maintaining a low profile and specifically meant giving up the project of a clinic. She argued, in fact, that opening a clinic would in the long run do more to bring the medical profession around than a long, slow legislative lobbying campaign.

As Konikow had predicted, one of the consequences of the change in character of the organization was failure. While the BCLM had become narrow and elitist, the opposition from the Catholic Church was based on mass support. The Birth Control League, meanwhile, had become less an organization than a professionals' lobbying group. Furthermore, no matter how decorous and conservative the League's arguments for birth control, they could not escape red-baiting and other forms of scurrilous attack. Cardinal O'Connell said that the bill was a "direct threat . . . towards increasing impurity and unchastity not only in our married life but . . . among our unmarried people . . ." The chief of obstetrics at a Catholic hospital said that the bill was "the essence and odor that comes from that putrid and diseased river that has its headquarters in Russia." Another opponent made the direct charge that this was a campaign supported by Moscow gold. A broad opposition defeated the doctors' bill.

While the Catholic Church played a particularly large role in Massachusetts, "doctors only" bills were defeated in every state in which they were proposed, even in states without large Catholic populations. Indeed, the whole pattern of development of the BCLM was echoed in many local birth control leagues. The impact of professionals — particularly doctors — on birth control as a social movement was to depress it, to take it out of the mass consciousness as a social issue, even as information on contraceptives continued to be disseminated. Furthermore, the doctors did not prove successful in the 1920s even in winning the legislative and legal gains they had defined as their goals. While some birth control organizers, such as Cerise Jack of the BCLM, felt that they were torn between radical demands and effectiveness, in fact there is reason to question whether the surrender of radical demands produced any greater effectiveness at all. □

FIGHTING STERILIZATION ABUSE

Judith Herman

In 1973, two black sisters in Alabama, aged 12 and 14, were sterilized in a federally funded family planning program. Their mother had been persuaded to give her consent by making an X on a form which she could not read. She did not know that the operation was permanent.

In the same year, a white mother in South Carolina revealed that the area's only practicing obstetrician routinely refused to deliver a third child to women on welfare unless they consented to sterilization. As his nurse explained it, "This is not a civil rights thing or a racial thing, it's just welfare." In a six month period, this doctor had performed 28 sterilizations, mostly on black women.

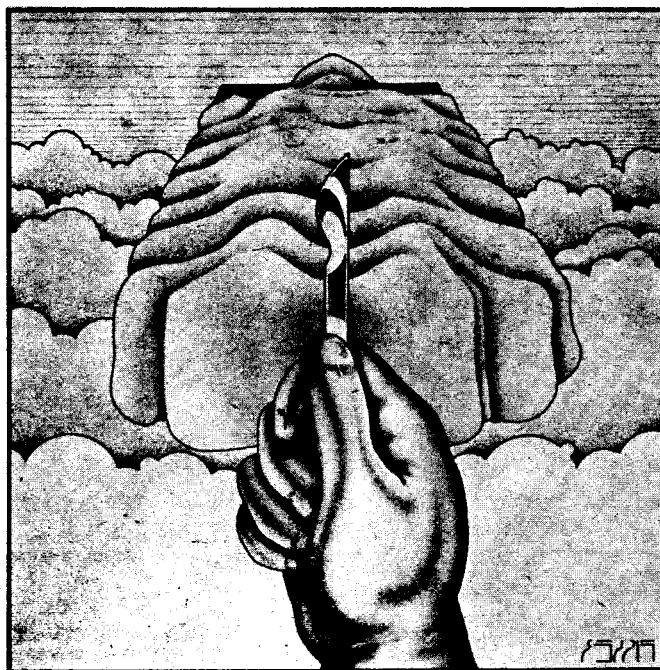
In Armstrong County Pennsylvania, Norma Jean Serena, a Native American woman, is suing hospital and welfare officials for involuntary sterilization. Her tubes were tied immediately after the birth of her third child, while she was medicated and exhausted from the delivery. She was not aware that she had been sterilized until the following day, when she was persuaded to sign a consent form. Her medical chart states that the operation was performed for "socio-economic" reasons.

In Los Angeles, ten Chicana women have filed a class-action suit against hospital and state health officials charging that they were either coerced or deceived into being sterilized. Some were presented with consent forms while in labor. Others never signed forms at all and only learned later that they had been sterilized.

Sterilization: U.S. Policy

Sterilization as a means of controlling population in Third World countries has been a part of our govern-

*This article first appeared in **Sister Courage**, a Boston-area feminist newspaper, whose address is: P.O. Box 296, Allston, MA 02134.*



ment's policy for years. In Puerto Rico, the laboratory for U.S. population experiments, and testing ground for the pill, over *one-third* of all women of child-bearing age have already been sterilized.

In the last five years, this policy has come home to the mainland. Since 1970, female sterilizations in the U.S. have increased almost threefold. Between 600,000 and one million procedures are now performed on women each year. Poor women and women of color are heavily overrepresented: Twenty percent of married black women have been sterilized, compared to about 7 percent of married white women. Fourteen percent of Native American women have been sterilized.

The increase in female sterilization has come about not in response to women's demands (as in the case of abortion), but as the result of governmental policy and pressure from hospitals and doctors. In 1971, Nixon appointed John D. Rockefeller III to be chairman of a commission on "Population and the American Future." Rockefeller has been eminent among the promoters of the idea that the "population explosion" is responsible for poverty in the world. A natural enough idea for a Rockefeller. The Commission advised that:

... slowing the rate of population growth would ease the problems facing the American government in the years ahead. Demand for government services (read welfare) will be less than it would be otherwise, and resources available for the support of education, health, and other services would be greater.

Funds for Sterilization, not Social Services

Though Nixon rejected the Commission's report because it recommended legalized abortion as one method of limiting births, many of the Commission's recommendations have been put into effect. Between 1969 and 1974, federal allocations for family planning increased from 11 million to 250 million dollars, while funds for Head Start, child care, and community health were repeatedly cut. By 1974, HEW had modified its guidelines to require states to provide family planning services to welfare recipients. And most recently, HEW has announced that states will be paid 90 percent of the cost of sterilizations for poor women, but only 50 percent of the cost of abortion. This gives hospitals and clinics an incentive to promote an irreversible birth control method and to discourage the method which gives the individual woman the greatest amount of flexibility and personal control.

At the same time that government policy has swung around to promoting population control within this country, medical policy has also shifted in favor of liberalized guidelines for sterilization. In part, this may be because the medical profession has accepted the Rockefeller line on overpopulation. In a recent survey, 94 percent of gynecologists polled in four major cities said that they favored *compulsory* sterilization for welfare mothers with three or more "illegitimate" children. As Dr. Curtis Wood, president of the Association for Voluntary Sterilization puts it:

People pollute, and too many people crowded too close together cause many of our social and economic problems . . . As physicians, we have obligations to our individual patients, but we also have obligations to the society . . . The welfare mess, as it has been called, cries out for solutions, one of which is fertility control.

Practice for Surgeons

Even more than ideology, the doctor's interest in surgical training has led to the promotion of sterilization, especially in major teaching hospitals. Women who want birth control are talked into sterilization, without any discussion of the risks involved (sterilization is at least as dangerous as the pill or the IUD) or the available alternatives.

Women who definitely want sterilization are often persuaded to have a hysterectomy, rather than the far less complicated tubal ligation, simply because a hysterectomy is a more interesting and challenging operation for the surgeon-in-training. As a medical student at Boston City Hospital reported:

The name of the game is surgery — bring the patient in, cut her open and practice, and move her out. While she is there she is an object, treated coldly, patronizingly. Backs are turned on patients, questions are unanswered, operation permit forms are not explained. It is jokingly said that the only needed prerequisite for a hysterectomy is not to speak English. It isn't much of a joke.

Federal Guidelines Minimal

As a result of the case of the Relf sisters in Alabama, HEW was ordered to set up guidelines for sterilizations supported by federal funds. The guidelines were minimal, but they did include a requirement that the patient be told that sterilization is permanent, and that she be assured that she would not lose any benefits such as welfare, if she refused.

A 72-hour waiting period was also required between the time the woman signed the form and the performance of the operation. This was included to allow the woman to change her mind if she had signed under duress. Almost a year after the court order, the ACLU reported that most of the hospitals they surveyed did not bother to comply with even these minimal guidelines.





Feminists Slow to Respond

Feminist reaction and organizing around this issue has, until recently, been slow. In part, this may be because white, middle-class women have not felt the pressure. If anything, breeding is still encouraged among more privileged women. A young white married woman who lives in an affluent suburb of Boston tells her obstetrician that she plans to have only one child. "But my dear," he exclaims, "you are just the sort of a person who should have four or five!" This happened recently to a friend of mine. It probably happens all the time to women who get their care from private obstetricians rather than from public clinics.

Another reason that feminists have been slow to understand the threat of sterilization abuse is that the population control establishment, which is promoting sterilization, has been our ally in the abortion fight. As a result, it has been hard for us to be clear about the fact that their purposes are very different from ours.

When the feds increased funding for family planning twentyfold, they are interested in limiting births, especially among poor women. They have decided for the time being that there are too many of us. *They are not interested in our right to control over our bodies.* It is important for us to be aware of this especially when we cooperate with them around specific issues.

Women Organize to Fight

In the last year, women have begun to fight forced sterilization in an organized way. In New York, The Committee to End Sterilization Abuse (CESA) has developed model guidelines for sterilization that include a 30-day waiting period and a rigorous definition of informed consent.

After a long struggle within the bureaucracy of New York's Health and Hospitals Corporation, a citizens' group has succeeded in getting its guidelines adopted as hospital policy. For the process, they provoked opposition from a large segment of organized medicine and the population control establishment, including Planned Parenthood, the Association for Voluntary Sterilization, the American College of Obstetricians and Gynecologists, and HEW. Enforcement of the new guidelines will depend on constant vigilance and pressure from consumer groups.

In California, the ten women who are suing the state have succeeded in getting a court order which halts the use of federal funds for sterilizing women under 21. The judge also ordered the state to rewrite its Spanish language consent form so that ordinary people can understand it. These may seem like token victories, but at least they are a beginning.

Local Action You Can Join

Recently, women's unions in Minneapolis, Chicago, and Boston have begun to organize action against sterilization abuse. In Boston, a coalition of women (from the Women's Union, Women's Law Collective, Women's Community Health and several other health organizations) is collecting information on the guidelines and practices in local hospitals.

The group would like to hear from any woman who works in a clinic or hospital where sterilizations are being performed, and from any woman who has been sterilized, is considering sterilization or has had sterilization suggested to her by a doctor. People both within and outside the Boston area should contact Madge Kaplan, Committee to End Sterilization Abuse (CESA), PO Box 2068, Boston, MA 02106. Another useful national contact address is CESA, PO Box 839, Cooper Station, New York, NY 10003.

Enough information has already come to light to make it clear that forced sterilization is not just something that happens to other people far away. It is happening here, and now. Only women can stop it. □

Judith Herman writes regularly on women's health issues. She is a psychiatrist and works with the Women's Mental Health Collective, a feminist therapy group in Somerville, Mass.

US Medical Research Abroad:

Throughout the spring of 1975, massive strikes by medical students, interns and residents directed against foreign funding of the health sciences threatened to engulf Colombia. Under this pressure the Universidad del Valle in Cali, Colombia, requested that the U.S.-funded International Center for Medical Research (ICMR) remove their offices from the campus before the end of the year. The U.S. State Department explained that relocation was due to "anti-Americanism". A faculty member of Tulane University which had operated the ICMR for fifteen years was more blunt; the Colombians "thought it was the CIA".(1) The pivotal position of the Universidad del Valle in the anti-imperialist struggles of Colombia is due to the well-known fact that, since its founding in 1945, the university, and particularly its medical division, has been the target of massive North American funding and consequent infiltration. In spite of repressive policies in student and faculty selection, well-coordinated and meaningful political agitation and strike activities have marked the past decade with the profound support of other Colombian universities, high school students and peasant unions.*

There are three major characteristics of U.S.-funded medical research in Colombia. First, the research effort itself does not benefit the Colombian people and often works to their disadvantage. Second, under the auspices of "medical research", massive amounts of data are collected, organized and stored that could be used for social control; several programs constitute a direct means of implementing that control. Finally, and essential for the first two, training scholarships to the States and U.S. research funding promote a Colombian medical elite strongly biased in favor of such programs. This powerful group helps to implement the U.S. objectives of cultural penetration and political control of the Colombian health system.

Research: Against the People's Interest

The Cali ICMR has supported directly three loose-

* The information in this article is based on three sources: the author's experience from living in Cali and working with the ICMR; information written and published for the public by the ICMR and other participating organizations; and censored documents received through a Freedom of Information Act request from the National Institutes of Health (NIH) which fund the ICMR. (The NIH-ICMR Program funds 4 "Centers": The U. of Maryland ICMR in Lahore, Pakistan; the Johns Hopkins U. ICMR in Dacca, Bangladesh; the U. of Calif. in Kuala Lumpur, Malaysia; and the Tulane ICMR — now called CIDIEM — in Cali, Colombia.)



ly defined areas of research: Nutrition and Metabolism, Infectious Disease, and Social and Behavioral Sciences. The first category includes all projects connected with the Metabolic Unit in the *Hospital Universitario* which provides an adult, child and infant population suffering from moderate to severe dietetic malnutrition for experimental purposes.

Studies for various projects are done while the subject is maintained in the malnourished state and at various intervals during the "refeeding" process (anywhere from weeks to several months). The subjects are fed a scientifically prepared and complex diet, which teaches them nothing about nutrition. The "after" studies are done, and the subject is discharged as soon as his or her circulating protein level (plasma albumin) approaches

For the Power Not the People

Christine Rack



normal. No attempt is made to build up amino acid storages necessary for the manufacture of proteins within the body. In the one case where the author was aware of any follow-up being done, plasma albumin had returned to starvation levels within one month of hospital discharge.

Like many other departments of the U. del Valle, the scientific and human resources of the Metabolic Unit are utilized in pursuit of North American goals. The most severely malnourished subjects, brought from "socio-economically deprived areas" after other illness had been ruled out, are used to demonstrate the nutritional superiority of hybrid crop varieties developed by the U.S.-financed International Center for Tropical Agriculture (CIAT). (See box on page 23.) The Unit's

nutritionists collaborate with CIAT's attempts to change food habits through marketing techniques and in the development of "high protein" food commodities for industrial production.(2) The research subjects are starving because they are poor; they could never be the beneficiaries of research clearly targeted for consumers in developed capitalist countries.

Using the rural area organized by the Rockefeller Foundation (RF) into the "Candelaria Health System", researchers from the Metabolic Unit experiment with programs to minimize the problem of malnutrition without structural change. Over approximately ten years, supplementary feeding programs were administered to a target population of young children, from which they were gradually weaned. The programs, eventually limited to dried skim milk donated by CARE, resulted in the reduction of moderate malnutrition and the virtual elimination of starvation among the children, and promoted trust within the community for the project. Over the last five years of the project, health *promotoras* (Colombian outreach personnel) "assist the mothers in avoiding malnutrition in their children with only very selective occasional use of supplementary feeding." This technique reduced moderate malnutrition and "maintained" starvation at lower levels in spite of a reduction in protein consumption *per person*. (Food prices had skyrocketed while median family income diminished.)

The study group was doing better, but the families of the subjects were doing worse: "older children and adults fared slightly worse in intake relative to requirement," and children who required the least amount of food to show improvement, fared slightly better. The government-contracted scientists who evaluated this project for the NIH concluded that "this is a dramatic confirmation of the value (of the *promotora* technique) for control of malnutrition in the preschool child at far less the cost than any kind of supplementary feeding program, and is a refutation of the thesis that nutritional problems can be met only by economic improvement."(3)

What the study actually proved is the ability of the *promotoras* to deeply influence family behavior as reflected in the altered distribution of food. They also were able to collect detailed information, at little expense, on the socio-economic and cultural conditions of the rural masses without arousing hostility.

Data Collection for Social Control

Another data collection apparatus has been developed by the ICMR under the auspices of epidemiological research. The epidemiology facilities, shared with the social sciences group, included a map library, cartographic equipment, a large, well-equipped darkroom and an ICMR-owned computer.(4) In spite of these specialized facilities, very few epidemiological surveys have been reported that would require their use.

However, numerous studies of human disease transmission by foreign organisms have been carried out, including the survey of various insects, reptiles, birds and mammals to learn if they are reservoirs of human parasites.(5) The studies involve extensive travel throughout the country to collect the specimens and several laboratories for related research. The ICMR maintained a number of animal colonies to experimentally induce disease transmission, particularly with insect vectors, and collaborated with CIAT in the use of larger animals.(6)

The interest of the U.S. in tropical disease transmission and control has been primarily military. It was pointed out in Cali and elsewhere that such research is applicable to the development of germ warfare techniques.(7) The ICMR is within the Tulane School of Public Health and Tropical Medicine (SPHTM), which maintains close ties with the U.S. Armed Forces. The school has a cooperative degree program in public health with the U.S. Army Academy of Health Sciences in Texas, and approximately 10 percent of the SPHTM faculty are adjunct Army professors.(8) The initial ICMR Director, from 1961-1966, was a Consultant Physician in tropical medicine to the Army Hospital at Fort Polk, Louisiana. Dr. Paul C. Beaver, ICMR Director since 1967, has been a member of the Armed Forces Epidemiological Board's Commission on Parasitic Diseases since 1954 and its director from 1967-1973.(9)

The activities of the ICMR's Social and Behavioral Sciences group also reflects the interests of the U.S. Defense Department. Though the overt attempts to organize social-science research in pursuit of the Army's "limited war" objectives under Project CAMELOT (see *Science for the People*, March 1976) were rapidly abandoned, the goals of CAMELOT were not. In accordance with the 1959 Defense Department recommendations, the ICMR provides "relatively few capable scientists with superb facilities, adequate interdisciplinary and technical help, and continuity of support".(10) Justified in 1961 as a means to "expedite the accumulation of reliable data from (the various) population groups", participation of Tulane's Department of Sociology and Anthropology in the ICMR would also "develop new information about the sociology and anthropology of

the area".(11)

Consistent with Defense Department emphasis on studies of persuasion and motivation,(12) ICMR studies aim at elucidating factors of individual and group motivation. For example, between 1973-75, the decision-making process had been studied with regard to seeking health care, committing suicide, having an abortion, hospitalizing a family member in a mental institution, and committing homicide.(13) Of primary interest to the U.S. military is "the discovery of symptoms indicating... that internal war (i.e., revolution) will occur in the society's future".(14) One long-term ICMR study aimed at analysis of the expectations of recent high school graduates upon entering the labor force with follow-up interviews to determine their reaction to the inevitable disappointment. After six months of job seeking, 25 percent of the subjects could not be located and only one third had found employment. The component "adaption to work" had to be dropped for statistical reasons.(15)

In a 1962 symposium the Chief of Army Research and Development told the audience that he was interested in "the *sociophysiological* factors (necessary for methods development)... for successful organization and control of guerillas and indigenous peoples by external friendly forces."(16) Between 1973-75, the traditional medical practices of four Indian tribes were under study by ICMR anthropologists; a fifth such project was abandoned because it was considered politically unsafe.(17) The U.S. proposed, funded and controlled rural health delivery system (see USAID below) offers an opportunity to penetrate the guerrilla movements operating from such areas.

ICMR Funding: Overt and Covert

The ICMR has received approximately \$500,000 a year in granting periods of five years from the National Institutes of Health since 1961. It enjoys a privileged status in Colombia which includes duty-free importation of equipment, supplies and personal effects of its members, and special visa arrangements. Though the ICMR in Cali consistently maintained that the NIH was its sole means of support, internal documents received under a Freedom of Information Act request to the NIH help to explain why the ICMR appeared to spend far more than its NIH grant could have supported. One of the functions of the ICMR, the documents state, is to serve "as a base, a center, a core around which additional funds, persons and research problems could accrete.(18) The principal sources of such additions have been USAID and the Rockefeller Foundation (RF).

For example, the Candelaria project was begun by the RF and presented by the ICMR. It is currently fund-

ed by USAID.(19) Both the RF and the Peace Corps have supported staff members of the ICMR.(20) In this way, the ICMR offers a bureaucratic structure and scientific cover for projects funded by the RF and USAID. These types of arrangements are unmentioned in any public documents concerning the ICMR, and all requests for funding information addressed to Tulane have remained unanswered, presumably because funding by the RF or USAID to the Universidad del Valle would not be tolerated if it were known.

USAID involvement in the Colombian health sector dates from 1950. Activity was "stepped up" in 1965 with \$36 million in health sector loan funds disbursed from 1965-71. This rate of funding has doubled since 1973: \$36.7 million was allocated to the health sector in the three-year period, 1974-77.(21) The latest increase is the result of two factors. The Foreign Assistance Act of 1973 demands priority attention to Program areas affecting the poor majorities in Third World countries and health, population planning and nutrition are among those singled out.(22) The second factor is the acceptance by the Colombian government of most of

the recommendations for a regionalized, integrated health system made in a study prepared under the auspices of AID and issued in 1974.(23)

The "model" for this health system is being researched and evaluated at the U. del Valle in a program known as "PRIMOPS". Through a USAID contract for technical assistance in this endeavor, Tulane public health specialists from the SPHTM currently have offices on the medical school campus where they keep a low profile and regularly claim to be distinct from the ICMR. However, both the former and current directors of the Tulane program were past participants in the ICMR.(24)

PRIMOPS represents an attempt to export an "industry model" for health care delivery using techniques developed by the SPHTM for dissemination of birth control.(25) One major feature of the approach is the use of *promotoras*, Colombian personnel hired at low cost, to educate and advise barrio households on "maternal and child health, family planning and nutrition."(26)

The *promotoras* also collect information to be fed

U.S. CONTROL OF SUPPLY AND DEMAND

Located several miles from CALI, CIAT is an agri-institute supported by the Rockefeller, Ford and Kellogg Foundations, and, in addition, USAID. It is a primary force in US development schemes for Colombia. The hybrid crop varieties developed necessitate the purchase of large quantities of pesticides, herbicides and fertilizers making the large landowners the primary "beneficiaries". The majority of Colombian farmers operate *minifundistas* (subsistence plots) and can neither afford the expensive industrial inputs nor the seeds. (75 percent of all Colombian farms are less than 7.5 acres, while 3.5 percent of all landowners hold 66 percent of all farm land. One million farm families are landless).

Combined with US-encouraged reliance on cash crops such as coffee, sugar and cotton to earn the foreign exchange necessary for high-technology farming, the vast potential for growth of Colombian agriculture has been thwarted and development distorted in the pattern of economic dependency found throughout the Third World. The result is the need to import basic foods as well as the agricultural inputs from the US, further concentration of land into the hands of the landed oligarchy, malnutrition and political unrest.

Having been increasingly involved in Colombia's agricultural misdevelopment since 1942,* the Rockefeller Foundation (RF) quickly seized upon the "family planning" solution to the consequent hunger and rural rebellion. The RF and Ford Foundation heavily funded the mobilization of the Colombian medical establishment in support of population planning through the Colombian Association of Medical Schools (ASCOFAME) which, together with the U. del Valle, sponsored the first Panamerican Assembly on Population in Cali in 1965. In conjunction with Harvard professors with funding from the two foundations, the Valle of Educational Sciences developed "population awareness" programs for teachers of all educational levels and other sectors of society. The RF, Ford Foundation and USAID are largely responsible for the fact that the Colombian government has accepted the limitation of population growth as a national objective: it remains the only Latin American nation to do so.

*The Rockefeller Foundation progressed from supporting the agronomy faculty of the National University (1942-49) to directing national agri-research (1950-59). With the Ford and Kellogg Foundations, and USAID loans, the RF created a "semi-autonomous agency" in 1963 controlling the entire effort of the Ministry of Agriculture in research education and extension. See the RF Special Report on Colombia, *Agricultural Change: The Men and the Methods*, written by Carroll P. Streeter (The Rockefeller Foundation, New York, 1972), p. 25-33.

into the computerized system developed by the SPHTM. This information forms the "input" on socio-economic-population-health conditions used to determine the "output" (programs) necessary. PRIMOPS is intended to show the cost-effectiveness of the computerized technology which will then be integrated into the national health system.(27) Tulane investigators program computers in Cali and Bogota for use in the health system while the "sociological data" on the receptivity of the test barrio population is analyzed at Tulane.(28)

PRIMPOS is often claimed to be a *Colombian* program due to the nearly \$1 million in funding supplied the Colombian government over three years (in addition to the \$1 million USAID-Tulane contract for the same period, 1974-77(29). In fact, these "Colombian" funds come from a special clause in the USAID "Health Sector Loan" which is distinctive in that this allocation requires *no* Colombian matching funds. Furthermore, through various loan "conditions", USAID controls the program.(30)

The Role of the Rockefeller Foundation

The Rockefeller Foundation (RF) chose the U. del Valle as one of the original five universities receiving funds under its "University Development Program" in 1963. This field staff-operated program to "strengthen selected universities" has cost the Rockefeller Foundation more than \$75 million on a total of twelve universities in Latin America, Africa and Asia. Although Valle is a state university, in 1968 more than \$1.3 million was received by the medical division alone in foreign grants, only slightly less than the \$1.5 million contributed by the Colombian government.(31) A substantial proportion of this came from the Rockefeller Foundation.

Repeated attempts to prevent and expose the university's collaboration with imperialist interests led to revolt in 1971.(32) Students broke into the Rockefeller offices on the medical school campus where faculty and student sources maintain they found dossiers on dissident student leaders and sophisticated communications equipment. The strike called by Valle professors and students spread throughout the country. The government responded with violence; at least one student was killed by the troops sent onto the campus and martial law was declared nationwide.(33) The RF was forced to vacate their offices at the Universidad del Valle Medical School.

The Valle Dean of Health Sciences resigned to set up in 1972 the private agency used by the RF and USAID to fund projects and persons in the University on a more covert basis.* The *Fundacion para la Educa-*

*In 1975, FES received funding from USAID for the Candelaria project (\$121,100), from the RF for "community development and evaluation" (\$25,000) and from the Population Council for "training programs". (From Annual Reports and AID).

cion Superior (FES) has maintained close ties with the ICMR. After losing their facilities on the Valle campus in 1975, the Social and Behavioral Sciences Division of the ICMR permanently relocated to offices adjoining those of FES. Together, they are involved in the establishment of a central data bank for all information generated by the various research programs, including PRIMOPS. They have developed "a battery of standardized tests and measuring instruments that could be used by the various agencies... (to) improve inter-study linkage and comparability."(34)

Are the socio-economic and physiological data generated by the programs described plugged into a computerized system for evaluating social and political stresses of interest to the U.S. Defense Department? Is the knowledge gained used for counter-operations using the same intermediaries and designed with the insights acquired through these types of social science research? Throughout the Valle medical community and the city of Cali were individuals with personal accounts of harassment, bribery, surveillance and threats. Coupled with the security precautions, the half-truths and the outright lies of the ICMR, a coherent network of suggestive facts, undocumented quotes and circumstantial evidence emerged to support allegations of corruption, of clandestine activities and of ICMR involvement in the exportation of priceless archeological items (illegal under Colombian law but clearly taking place on a large scale). The author's attempts to have these allegations investigated by the "proper authorities" (HEW, State Department, Church Committee on Intelligence, a senator and a congressman) met with consistent resistance.

Collaboration Is Purchased

These allegations still remain unproven. Nevertheless, they were widely believed throughout the university and hospital. The apparent inability of the ICMR to deal directly with them provides insight into the tremendous gap that existed between the ICMR's goal of "international understanding" (35) and the means by which it attempted to achieve it.

Through various programs over the years, the Tulane SPHTM has evolved a complicated network of relationships with the Colombian health establishment in general and with the Universidad del Valle in particular. The Tulane Dean of Tropical Medicine dates the university's involvement with Colombia back to the Second World War. The earliest program that can be documented is a "Tulane-Colombia medical education program" carried out from 1955-62. Through this program, funded by USAID, "many of the U. del Valle senior faculty were given one to several years of training at Tulane".(36) The Tulane-Valle Center for Tropical Medicine Training was established in 1959 after a "sug-

gestion" by the U.S. State Department that a relationship be established between Tulane and Colombia.(37) It was expanded to include other academic departments as part of the NIH-ICMR program in 1961. In the early '60's, several more Valle faculty received ICMR-funded training at Tulane.(38)

The effects of such faculty exchanges on Colombian academics cannot be overestimated. As one Colombian public health specialist noted, the influence of the U.S. in the field of health is due less to the direct application of funds than to the "influence of persons trained in the States".(39) The prestige associated with their U.S. training helps them to rise quickly to policy-making positions. "International Training" through USAID scholarships has been the "primary" method of affecting changes in Colombian policy toward population planning.(40) Tulane points out that "largely as a result of the Tulane-sponsored program of medical education in Colombia, the U. del Valle has become a medical center of high excellence."(41)

It is true that the medical school more closely resembles, in both curriculum design and content, a U.S. institution than any in Colombia, but emulating the U.S. cannot be equated with excellence. The similarity of training and U.S. immigration policy has resulted in the loss of more than 50 percent of Colombian-trained doctors to the U.S., though Colombia has fewer nurses, doctors and hospital beds per capita than most Latin American countries.(42) This attrition rate is largely due to the tendency of Colombian doctors who come to the U.S. for advanced training to stay where they are able to use that training in an academic setting at a high salary. Physician and faculty salaries in Colombia remain low, making private practice treating the rich or obtaining U.S. funding the only lucrative possibilities open to those who do return. Colombian physicians trained in the technologically oriented and esoteric subspecialties of U.S. medicine tend to support the concept of U.S. funding for biomedical research and, with their obvious vested interests, help to form a powerful and well-funded opposition to policy change.

Medical systems and technologies from the industrialized U.S. are not valuable to a population ravaged by tuberculosis, malnutrition, parasitism and simple infections for which the immediate cures are simple but the underlying causes social and structural. Many Colombians feel that the extremely successful Cuban or Chinese models would better fit Colombia's needs. They oppose the cultural, economic and political implications of curriculum design and research priorities engraved on their system by U.S. dollars. They argue that U.S. funding never comes without strings attached and that the obligations imposed run counter to the interests of the Colombian people.

Conclusion

We have examined the creation in Cali of a thin veneer of "development" in the health sciences which supports U.S. research with the aid of selected Colombians whose cooperation is largely explained by the benefits they have received and continue to receive in the form of scholarships, research funding, prestige and political power. The structure of the university system (in which university administration positions are actually political appointments) allows this minority interest, shared by the national ruling class, to be decisive.

While Tulane's interest is ostensibly the expansion of SPHTM, it more likely functions as a pampered scientific arm of the U.S. Armed Forces who have ample reason for interest in Colombia. In addition to the climatic conditions, Colombia is strategically located south of troublesome Panama. With both an Atlantic and Pacific coast, the country has always been considered the alternate site for a canal. The "gateway to South America", Colombia plays a leading social and political role in Latin America. Its economic and political structure, however, is highly unstable.

Since the end in 1958 of the devastating civil war known as *La Violencia*, the ruling parties have maintained their privilege only by joining together (the "*Frente Nacional*") and keeping the country more often than not in an "*estado de sitio*" (state of seige) which implements all aspects of a military dictatorship. It is the only means of containing the widespread popular unrest while the government attempts to destroy the guerilla movements operating from the mountains with the obvious support of the rural *campesinos*.

The U.S. and Colombian ruling classes are determined to maintain the status quo. The accumulation of data, whether for scientific or clandestine purposes, serves political and military needs. The increasing shift to public health systems as a means to collect data and implement programs for social control has a number of advantages. Unlike the social scientists, health professionals and paraprofessionals offer something that the people need. Their motives are less suspect. Allopathic (western) medicine is already winning the competition with indigenous curing systems, primarily through the indiscriminate use of U.S. manufactured antibiotics. Medical professionals are accorded great prestige by the people (an attitude surveyed by the ICMR); seven Colombian presidents have come from their ranks, including the current head of state.

Most important, the momentum gained in the late sixties for U.S. funding of population planning in the Third World offers a well-financed and accepted vehicle for public health delivery systems. After the international outcry heard in Bucharest in 1974 against the single-minded pursuit of population control at the expense of other forms of health care, policy makers in the U.S.

have increasingly packaged family planning services in primary health care systems.(43) The training of the *promotoras* is primarily in birth control techniques and motivation. Computer technology, combined with the regionalized, integrated health system, promises to be highly effective in penetrating and controlling much of the countryside.

It is important that we in the U.S. confront the moral and political implications of medical research both in this country and abroad. The kind of information disclosed here must be made available to the people of Third World countries who are directly affected by these programs, but are kept intentionally ig-

norant of the inter-connections and systematic approach of the U.S. sponsors. The complicated realities behind the rhetoric of "humanitarian assistance" and "anti-Americanism" must be exposed if we are to begin seeking realistic solutions to the social waste and human suffering encountered in the majority of the earth's population. □

Christine Rack worked in thyroid research for three years here before moving to Colombia. As an ICMR Research Associate, she studied endocrine dysfunction in protein-calorie malnutrition. Radicalized by her experiences in Cali, she is presently a political writer-activist studying the effects of the U.S. economic system in Latin America.

REFERENCES

1. Max Miller, Tulane Dean of Tropical Medicine, telephone interview, March 1976.
2. *Progress Report*, Tulane University-Universidad del Valle ICMR, (New Orleans, 1975), p. 20.
3. *Project Site Visit Report (PSVR)* by the Ad Hoc Consultants, National Institutes of Allergy and Infectious Disease (part of the NIH) to the Tulane-Valle ICMR in October, 1974, pp. 17.18.
4. *Progress Report*, Tulane ICMR, 1975, p. 17.
5. *Ibid*, pp. 96-98.
6. Sehgal, N.K., "Doubts over U.S. in India", *Nature*, Vol. 251: 177-8 (1974).
7. *Bulletin*, Tulane University School of Public Health and Tropical Medicine for 1975-77, p. 20 and pp. 50-52.
8. Biographical data on Scientific Personnel taken from ICMR Grant Applications, 1960-65, 1965-70, 1970-75 and 1975-80.
9. Cina, C., "Social Science Research: A Tool for Counterinsurgency," *SftP*, March 1976.
10. *PSVR*, 1961, p. 2.
11. Cina, C., *op. cit.*
12. *PSVR*, 1974. See also: Leon, C.A. *et al.*, "Follow-Up of Frustrated Suicides", *Progress Report* (1973); Harter, C. and Bertrand, W., "Family Structure and the Decision to Use Health Services," *Progress Report* (1975); Hollenbach C., "The Concept of Insanity and the Decision to Seek Psychiatric Care in Narino, Colombia", *Progress Report* (1975); Climent, C. and Sevilla Casas, E., "Homicide and Criminal Behavior", *Progress Report*, (1975).
13. Pool, I. de S., *et. al.*, "Social Science Research and National Security", Smithsonian Inst. (Wash., 1963) p. 10, quoted by Cina.
14. *PSVR*, 1974, p. 64. See also Laska, S.B., "Adaptation and Social Performance of Young Adults: A Study of Socialization for Work", *Progress Report*, 1973.
15. "The U.S. Army's Limited War Mission and Social Science Research", *Symposium Proceedings*, March 26-28, 1962 in Washington, D.C., by the Special Operations Research Office (The American University, Wash., 1962), p. v-vii, quoted by Cina.
16. *PSVR*, 1974 pp. 50, 56. See also Schwartz, R., "Study of the Guambiano Medical System," *Progress Report* (1975); Langdon, E.J. "The Siona Medical System: Belief and Behavior", *Progress Report* (1973); Langdon, T., "Ritual Psychotherapy of the Barasana", *Progress Report* (1973).
17. *PSVR*, 1974, p. 65.
18. Neill, D.M., Assistant Administrator for Legislative Affairs, Dept. of State, AID, in letter describing AID-funded programs in Cali, Colombia through the U. del Valle or Tulane U. dated May 19, 1976.
19. *PSVR*, 1974, p. 64.
20. *New Directions in Development Assistance: Implementation in Four Latin American Countries*, Report of a staff survey to Colombia, Bolivia, Guatemala and the Dominican Republic in 1974 for the Committee on International Relations, (Government Printing Office, Wash, 1975), p. 20.
21. *Ibid*, p. 1.
22. *Ibid*, p. 16.
23. The former director and Tulane Dean of Public Health, Joseph Beasley, is presently under indictment for defrauding the government. He is listed as an ICMR participant in 1965 and 1967 (*Progress Reports*). The present Tulane director, Ramiro Delgado, is a former Valle professor listed as an ICMR participant in 1970 (*Progress Report*).
24. Delgado, R., Director of Tulane International Program, telephone interview, May, 1976. Funding for this program was provided by the Rockefeller Foundation and USAID, among others.
25. Neill, D.M., and Schwab, P., Deputy Director of AID Mission to Bogota, in letter dated March 26, 1976.
26. *New Directions*, p. 16.
27. Delgado, R.
28. Neill, D.M.
29. *Alliance for Progress Loan Agreement (Colombia-Health Sector Loan)* between the Republic of Colombia and the U.S.A., dated February 28, 1975 (AID Loan #514-U-075) with *Annex: Description of Program*.
30. *Annual Report*, The Rockefeller Foundation (New York, 1975).
31. *Application for Research Grant* by the Tulane ICMR to the Public Health Service (NIH), Dept. of Health, Education and Welfare, May, 1969, p. 26.
32. "U.S. Ties Trouble Gringo U." *Washington Post*, March 18, 1971.
33. "Bogota Calls State of Siege after Riots", *New York Times*, February 28, 1971.
34. *PSVR*, 1974, p. 51.
35. "Memorandum of Agreement Between the U. Del Valle, Cali, Colombia, and Tulane University, New Orleans, Louisiana," signed 1970 and reprinted in *Progress Reports*.
36. *Application for Research Grant*, 1969, p. 30.
37. *Prospectus*, Hospital Universitario, Cali, Colombia, 1958.
38. *Progress Reports*, 1962, 1963.
39. Michelson, Jorge, (Colombian physician who studies at Tulane SPHTM under AID scholarship), in a personal interview, April 1976.
40. *Population Prop*, an evaluation and description of population planning efforts in Colombia prepared by AID mission in Bogota dated April 24, 1975.
41. *Application for Research Grant*, 1969, p. 30.
43. A coherent argument for this strategy can be found in "Five Stages of a Population Policy", *International Development*, 10:2-7, Dec. 1968 by Carl E. Taylor (Committee member of the Johns Hopkins U. ICMR).

A Review of *Woman on the Edge of Time*

by Marge Piercy (Knopf, 1976). 369 pages, \$10. Reviewed by Nancy Henley.

Consuela Ramos, the brave and spirited woman of the title, is brown, female, fat, and crazy, an unlikely heroine for anything but a Saturday morning affirmative action TV cartoon show. She is as ordinary as any of us, and like so many of us, extraordinary when her story is known. But to the authorities, she is less than ordinary: she is stupid, insane, violent, a bad mother, loose woman, welfare trash, a mental patient repeat.

Connie is in fact filled with love and gentleness, dignity, brains, fight and anger, and she has special psychic abilities. A Chicana woman living poor in New York's Puerto Rican barrio, she has been beat around all her life by men — father, brother, lovers, authorities, doctors — as well as their institutions. She lives alone and struggles to plan her future, to stretch her welfare money to eat, to get a job, to free her niece from the clutches of a tyrannous pimp, to make a home for her niece and her niece's daughter.

She is sent to Bellevue Hospital with a "violent" label for defending her niece and herself against the vicious pimp and his henchmen, then transferred to the state hospital. The picture of institutional life Piercy draws will be familiar to those who have lived it themselves: the loss of all dignity and common rights, the dehumanization by act and defini-

tion; the drugging to zombie state, the dreaded electroshock, the brutality of attendants; the stink, discomfort, institutional food; the rejection and forgetting by one's family; the kinship and support of other inmates. Some of it has been written in books, but all of it has been written in the blood of mental inmates, has been scratched by countless crazy women on the walls of their isolation rooms, on the insides of their skulls.

Though honest, the book is not all down: the other side of Connie Ramos's life is the up side, her experiences in the village of Mattapoisett of 2137, the transformed future, with which her psychic ability puts her in contact. Here she is the loved and respected visitor from the past, who can help create their present. This society has eliminated sexism, racism, heterosexism, destruction of the environment, the oppression of children, old people, and animals. Here are people who put people first, who care about relationships, who share power and decision-making, who struggle hard to do what's right, to become better people. And at the same time, they are a joyous, loving, open people — free in their sexuality, emotional at ceremonies, fulfilled in ritual, occasionally drunk, stuffed with food or high at festivals, dedicated to their work but not to the detriment of their relationships and humanity. In fact, they know that their humanity, their relationships, are *part* of their work, not something they take up when they put their work down. Sexual coupling takes place as readily between woman and woman, man and man, as between woman and man, and celibacy is fully respected

as well. Many of us will recognize this as a women's culture, what our movement has been struggling towards.

Paramount with the person is the environment: love and respect are shown every tree, every animal, every child, every plant, every aged person, every manufactured thing. One is not the plunderer and the others, the plundered: all sink or swim together. Everything that is made, and all human products, are recycled; those things left from the past which cannot decompose are used for rebuilding. This is not the plastic fantastic future of unthinking science fiction, where gleaming domed cities keep out the natural weather, people are shipped across the country on computerized highways in individual cars, or impelled by moving sidewalks — all raped from the earth's exhausted resources. Here new homes are built from carefully salvaged old materials, and therefore look like battered leftovers of our today; in fact, what else *will* future people do with our Bud cans, throwaway bottles, and plastic furniture?

But this future has not abandoned technology; it has put it to human service. Access to computers is in everyone's remote-terminal "wrist watch"; mass transit vehicles hover and float for everyone; hologram programs are available for mass (but not mindless) entertainment. More important, readily available free resources are developed, so that psychic and herbal healing work side by side with medical; control of one's breathing, pulse, and brain functions are taught even school children, in the way they are today to the few (adults) who have access to the teaching.

Nancy Henley was a staff member of Radical Therapist / Rough Times for several years, and now works with its successor State and Mind. She teaches psychology at the University of Lowell (Mass.), where she also works with women's groups and is treasurer of the faculty union.



Debates over great issues don't come forward as tracts, but arise as natural outgrowths of people's lives. In Mattapoissett, people are of different minds on many things, and they respect their diversity. On some things they have already made decisions, and here we see with our eyes of the past (and Connie's) how simple the arguments are, when un-muddled by concerns of the rich. Some issues that they have decided, we (like Connie) may still have to grapple with. For example, how will women's relation to childbearing be reconciled with their equal participation in the total fabric of life, and how will men be brought into the childcaring process? Should men be made capable of bearing children, as Firestone has proposed? Should babies be raised outside of human bodies, a la *Brave New World*, only more humanly?

Would you make men capable of breastfeeding? (Or would you, like Connie, feel outraged at the thought that women would abandon to men "the last refuge of women.. let men steal from them the last remnants of ancient power, those sealed in blood and in milk"?) How would you break the unnatural tie that exists between child and mother in the nuclear family, how free children from modern childhood? Should everyone be a mother? Or none mothers? Should children live with their families? With other children?

How teach things without the perversion of education we have now, how integrate learning with living? How have respect for knowledge and skill without elevating some above others?

Would there be madness in a good society? If there is, how would you want to be treated if or when you go mad? If full participation in decision-making means spending time in interminable meetings, would you keep them, or loosen your commitment to full participation? These questions and others come up, and we see how the citizens of this future deal with them. But at the same time the choices and debates are part of Piercy's love letter to us to remind us we must make these decisions ourselves.

In this future where one's gender is no factor at all in the determination of one's life, there must (as we know by now) be much change in language. Gender pronouns are gone, and people are referred to in quite simple language, most of which we could use today; the general pronoun for a person is *person*; the objective and possessive, *per*. This practice illuminates a lot of our own preconceptions: we cannot know someone's sex from the language, but since we cannot think of a person except in their sex, we have a hard time thinking. We get a complete jolt, like Connie, at one point, when someone we thought was a man turns out to be a woman; and gradually, like her, become comfortable with sexual ambiguity. Now that people are important, there is a whole vocabulary for emotion and relationships — *comping, coning, stiffing, worming, bottoming* — that our present must awkwardly describe in dozens of wrong words.

That better future is not the inevitable end of our trudge through this present, however: it is only one of possible alternative futures. We get a brief glimpse of another future we are trending toward, vinyl-clad fascism in which class and sex distinctions have been carried to their ultimate. Here the police state reigns tightly an enslaved working class and a class of male executive lackeys

with drugged, siliconed, cowlike courtesans, while an elite lives insulated above the clouds; and machines and humans have melded to the point that which serves which becomes a useless question. The Mattapoissett future — our future — is at literal war with this feasibility.

Marge Piercy's feminist vision and skill are apparent throughout the book, as they have been in her previous novels, *Going Down Fast*, *Dance the Eagle to Sleep*, and *Small Changes*. Connie is real, we feel her feeling, live her life and emotions. Everything about the mental institution and its inhabitants rings true to those who have experienced them (or read the accounts by those who have). Piercy's knowledge of nature, of agriculture, of ecology, are all apparent as fine background and her thinking about human relationships jars us into considering things that should be important to us.

In Piercy's writing of a society struggling to be a utopia, we are able to experience moving beauty in the ceremonies and celebrations that move its people: the fully experienced death of the old woman Sappho; the mixture of anger and love in the cathartic wake for a member who died young; the hologram documentary fantasy of extinct species — our history raping and evolving into theirs.

Piercy's observations of life as it is ring poignantly true: explaining to Luciente from the future that we don't practice cannibalism, Connie remarks to herself, "Sometimes we have nothing to feed on but our pain and each other." When Connie in the hospital believes in the medical distinction between the "effects" of her medication and its "side effects," Luciente quickly demolishes this idiocy — all are effects. The experience of being a psychiatric inmate comes across again and again in the little outrages as well as the big devastations worked on the mind:

"...all those cool knowing faces had caught her and bound her in their nets of jargon hung all with tiny barbed hooks that stuck in her flesh and leaked a slow weakening poison. She was marked with the

bleeding stigmata of shame. ...Say one hundred Our Fathers. Say you understand how sick you've been and you want to learn to cope. You want to stop acting out. Speak up in Tuesday group therapy (but not too much and never about staff or how lousy this place was) and volunteer to clean up after the other, the incontinent patients."

This is the book *One Flew Over the Cuckoo's Nest* and *Terminal Man* should have been. The oppression of the mental establishment falls heavily on all, but it falls on more women than men. More women than men receive treatment as "mentally ill" in mental institution first admissions, in psychiatric wards of general hospitals, in outpatient clinics, in private outpatient psychiatric care, in the practice of general physicians, or are judged as such in community surveys. (1)

While *Cuckoo* exposes much about this oppressive system, it paints a scene only of male inmates; it shows them as oppressed by a female persecutor, and it shows other women only as thoughtless, used, weak, hated sex objects. While *Terminal Man* exposes some of the horrors of computerized control by electrical brain stimulation, it champions the bravery and brilliance of the medical-scientific elite, in the face of occasional random mistakes of judgment that are well worth the cost of a life here and there.(2) The male heroes of both of these book-movies are subjected to brain operations; but it is women who have been named as the ideal candidates for psychosurgery and have been widely used for this form of nonreversible experimentation.(3)

Other works of fiction have been

about women (and have received less popular attention), but none have told the whole story as this has. Some, like *The Bell Jar*, show life in a private institution and among the well-to-do; or, like *I Never Promised You a Rose Garden*, promote psychotherapy (extended to few in state institutions anyway) as a non-oppressive basis for growth, a scalpel to root out bad thoughts from women's minds. In *Woman On the Edge of Time*, Piercy has brought it all together and brought it all home; she makes us know the present in its naked ugliness but, through the life of a strong woman, focuses toward the future and the process we must go through to reach it.

Perhaps you have a fantasy-feeling like that I've had at times in my life, a longing for the future that has the pull of a longing for the past, a desire so strong that it takes the form of a vision: of a community of loving, hard-working (not perfect!) people for whom gender is not the organizing concept, using others not the game plan, competition not the way to accomplishment. This vision pulls me like home, more than home. To see Mattapoissett is to want to go there and join in its building of itself, brick by salvaged brick, decision by struggled decision. To know how fragile that future is is to realize the importance of our work now to defeat its enemies — we are all women on the edge of time.□

REFERENCES

1. Walter Gove & Jeanette Tudor, "Adult sex roles and mental illness," *American Journal of Sociology*, 1973, v. 78. (Also in Joan Huber, *Changing Women in a Changing Society*, University of Chicago Press, 1973.)
2. This is a book that should have been withdrawn from the shelves — and certainly not have had its influence spread by paperback and movie — when the author realized (as the Afterword to the paperback edition admits) epilepsy and violence. This insidious falsification has been the justification for recent psychosurgical operations and proposals.
3. Barbara Roberts, "Psychosurgery: The final solution to the woman problem," *Second Wave*, 1972, v. 2, no. 1, 13-15; 43.



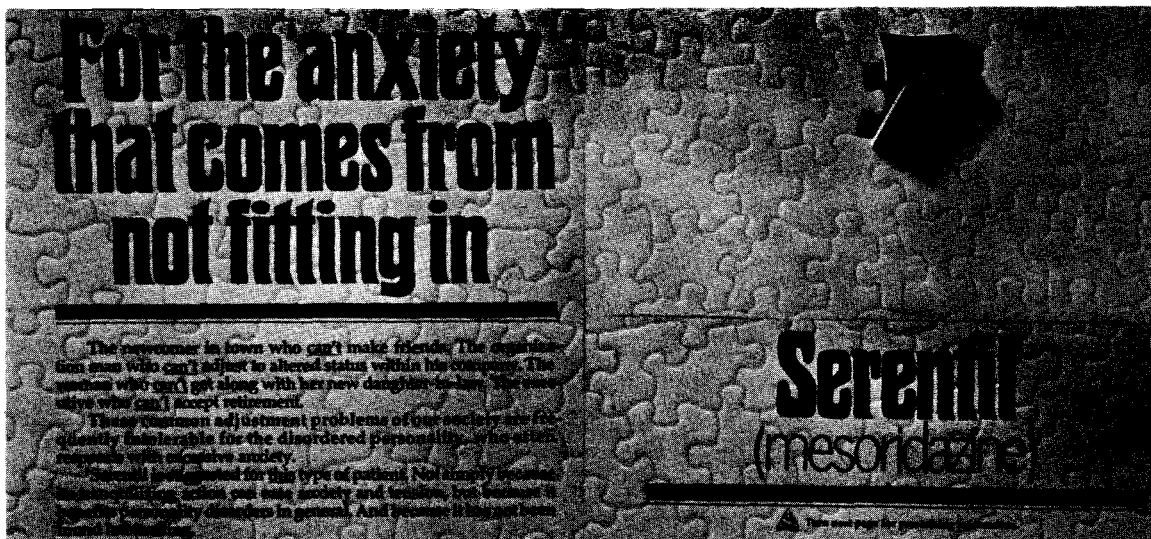
Continued from page 9

brands of drugs. If permitted, the drug companies would undoubtedly continue to market many of these ineffective drugs — as many do so abroad.

The history of these abuses is of tremendous importance in understanding the drug industry today. Currently there is a barrage of industry propaganda, that is echoed by many doctors, calling for repeal of the Kefauver-era legislation because it is “too stringent” and “stifles the creativity” of the industry.(27) Although it is unlikely that industry lobbying will bring a return to pre-1962 days, we can hardly have any illusions about interests of these corporations. Their actual practice has shown that their primary interest is to expand sales and profits regardless of their impact on medical care.

Drug Expansion into our Everyday Life: Social Control

While we have reviewed the effects of domestic drug expansion on the quality of medical care, another significant feature is the treatment of nonmedical problems as medical ones requiring drug therapy. On the one hand this represents merely an extension of the never-ending search for new markets. More important than this quantitative expansion, though, is the entrance of the drug industry into a new realm of our daily lives; we see this as a form of social control.(28) A 1971 medical journal advertisement for the Sandoz tranquilizer Serenil illustrates this trend:



The thrust of this ad is to define the tensions of everyday life in our society as pathological. By recommending the prescription of drugs for universal experiences, the potential market for the drugs becomes unlimited. The success of this campaign should not be underestimated. As contrived as the above example and others like it seem, the products they are promoting sell: psychoactive drugs are now *the most heavily prescribed drugs* in the U.S.(29)

The industry’s massive campaign urges people to consume drugs as the answer to the alienation of work and home life. Ciba-Geigy suggests its powerful antidepressant Tofranil (imipramine) may help ease the pain when “losing a job to the computer may mean frustration, guilt, and loss of self esteem.” The corporation concedes that their drugs “certainly won’t change these problems” (in the way that programs that fight unemployment and provide jobs that are creative, fulfilling, and worthwhile might), but they can “improve outlook.” Merck’s combination phenothiazine antidepressant Triavil is for those patients who have lately felt “sad or unhappy about the future... easily tired and who have had difficulty in making decisions, difficulty working.” Triavil also treats “the empty nest syndrome,” allowing the “menopausal-aged woman to cope successfully . . . after the children are grown and gone.”

Or possibly you’re angry about corporate pollution, the lack of decent, cheap public transportation, or “rip-off” rates of the utility companies. Before you struggle to change these things, maybe you should first see your doctor.

The favorite anxiety-producing situations depicted over and over again are problems of work (or lack of it), marital conflicts, aging difficulties, and deterioration of urban life. We hardly feel these problems were invented by the drug industry. In fact we would agree with the industry that these problems reflect the major issues fac-

ing people in the United States. Today, as these conflicts generated by our country’s social, political and economic policies are becoming more intense, the trend toward the “drugging” of the American people becomes increasingly significant.

These drugs are being pushed in major institutions of our society including schools, prisons, and nursing homes. Schools are increasingly labelling children as “hyperactive” requiring amphetamines to treat their

“minimal brain dysfunction.” The number of children given this pseudo-diagnosis* is doubling every 2-3 years. In early 1975, between 500,000 and 1,000,000 children received methylphenidate (Ritalin), dextroamphetamine (Dexedrine), and other psychostimulants to make them more manageable in school.(30)

In prisons, those convicts considered “dangerous,” “revolutionary,” or “uncooperative” are targets of a variety of new behavior control techniques. Among these “behavior modifiers” are antitestosterone hormones (to decrease aggressiveness by chemically castrating the subject), major tranquilizers such as chlorpromazine (Thorazine) and fluphenazine (Prolixin), and “aversion therapy” with succinylcholine (Anectine). This last drug is related to the South American arrow tip poison, curare, and causes paralysis of all voluntary muscles, including those of respiration for several minutes. A psychiatrist, an enthusiast for the drug, claims it induces “sensations of suffocation and drowning,” with

companies’ contribution to the shameful way that the elderly are robbed of their dignity and vitality in our society.

Sexism and Drug Prescription

Sixty-seven percent of psychoactive drugs are given to women. Each year 13 percent of the women over the age of 30 receive prescription tranquilizers, stimulants, antidepressants.(34) These statistics are particularly significant because they reflect society’s failures to meet the needs of women. Forced to cope with low-paying, unfulfilling jobs, family and child care, and never-ending housework, women often come to doctors with vague complaints of pressures, frustrations, and anxiety. Since 90 percent of U.S. physicians are men, the doctor is usually unwilling and unable to fully comprehend the patient’s complaints. The biases of the male doctor are then reinforced by a drug industry which supports sex-role stereotypes and presents the oppressive reality of women’s lives as an unchangeable fact of life:



the subject experiencing feelings of deep horror and terror “as though he were on the brink of death.” in California prisons, inmates have been “treated” with succinylcholine while the therapist scolds them for their misdeeds, telling them to shape up or expect more of the same.(32)

In U.S. nursing homes, the average person is given from four to seven different drugs per day, of which 40 percent are central nervous system drugs. Tranquilizers alone comprise 20 per cent of nursing home drugs — far and away the largest of any drug category.(33) This high incidence of chemical straightjacketing is the drug

But the drug company helps to enslave her! Drug ads portray women either as hypochondriacal housewives or as sex objects to titillate the fantasies of male physicians. In this way the drug industry explicitly contributes to the oppression of women.

Fundamental Change vs. Drug-Induced Adjustment

By redefining social and political problems as medical ones, the doctors who are dispensing these drugs are functioning as agents of social control. Despite the sinister sound of this phrase, we believe that most doctors dispense these drugs from a sincere, well-intentioned desire to help those who seek remedy for vague, undefined complaints for which no organic (physical) cause can be found. People *do* see their doctors for symptoms related to feeling anxious, lonely, depressed, dissatisfied, unhappy, or without purpose to their lives. Such visits

*The F.D.A. has recently outlawed the use of the term “minimal brain dysfunction” (MBD) in advertising of these drugs because the term is too vague and there is no evidence of any organic disease. The manufacturers must confine their claims to the symptoms (“hyperactivity,” “short attention span,” “impulsivity”) being palliated. The ruling, in effect, eliminates the pretense of medical treatment and places these drugs explicitly in the realm of behavior control.

comprise up to 1/2 of patient visits to doctors.(35) However, these complaints are unquestionably caused and exacerbated by objective social conditions. The drug industry has succeeded in convincing doctors that the symptoms of the ills of our society are actually "personal hangups." The doctors respond by prescribing a medication, implying to the patient that they have defined the problem and can alleviate it. This substituting of a medical problem for a political problem works as a potent political sedative for preventing social change.

It is obvious to us that the answers to these problems do not lie with drugs or the drug industry. Based on a system of profit, drug corporations can only exploit the conflicts inherent in the oppressive conditions of our society. By pushing drugs to "treat" these problems, they encourage the most narrow, individualistic, and ineffective ways of addressing them. People should not learn to adjust to what they correctly perceive as the deteriorating quality of their lives. There can be no substitute for squarely confronting the ways our society fails to meet peoples' needs. We cannot depend on easy neat prepackaged remedies; we must develop creative, collective, far-reaching programs to solve these problems. □

This is the second and concluding part of an article by the Concerned Rush Students, a group of nursing and medical students at Rush Presbyterian St. Luke's Medical Center, Chicago. The first part of this article appeared in the Nov.-Dec. 1976 issue of Science for the People magazine. Copies of the complete article can be obtained from:

*Concerned Rush Students Box 160
c/o Bob Schiff 1743 W. Harrison St.
Chicago, Ill. 60612*

*1 copy \$.50 plus \$.75 postage
3 copies for \$1.00 plus \$.45 postage
20 copies for \$5.00 plus \$1.30 postage*

*This article is also available from
Health/PAC 17 Murray Street
New York, New York 10007*

*Copies (including postage) cost \$0.80.
In addition, Health/PAC is also distributing two related articles:*

1) John Feltheimer's "The U.S. Ethical Drug Industry" from Science for the People, July 1972.

2) Rick Barnhart's "Two Essays on the Drug Industry and its Alliance with the Medical Profession" These are also available at \$0.80 including postage.

REFERENCES

- (1) Poll by Hart Research Associates released Sept. 1975 by People's Bicentennial Commission 1346 Connecticut Ave. N.W., Washington, D.C. 20036.
- (2) Goddard, "The Medical Business," *Scientific American*, Sept. 1973.
- (3) Ibid.
- (4) "Good Foreign Earnings in the Pharmaceutical Industry," *Chemical & Industry*, Feb. 15, 1975.
- (5) Task Force on Prescription Drugs — Report & Recommendations, Select Committee on Small Business, U.S. Senate 1968.
- (6) Ibid.
- (7) N.I.M.H., *Lithium in the Treatment of Mood Disorders*, 1970.
- (8) Gershon & Shopsin, *Lithium: Its Role in Psychiatric Research and Treatment*, 1973.
- (9) Cited in *Ciba-Geigy Journal*, No. 3-4 1975.
- (10) "Prisoners as Guinea Pigs," *New York Times*, Jan. 11, 1976, Section E, p. 9.
- (11) *Birth Control Handbook*, P.O. Box 1000, Station G, Montreal 130 Quebec, Canada.
- (12) Testimony of economists Comanor (of Harvard), Fisher and Hall (Rand Corporation), Steele (Univ. of Houston) and Schiffrin (William & Mary) before Nelson Committee hearings, Part 5.
- (13) Murray, "The Pharmaceutical Industry: A Study in Corporate Power," *International Journal of Health Services*, Vol. 4 No. 4, 1974.
- (14) *F.D.A. Consumer*, Dec. 75-Jan. 76, p. 9.
- (15) Council on Economic Priorities, "Resistant Prices," cited in *New York Times*, Jan. 6, 75, p. 1.
- (16) For further discussion of the issue of regulation see Ehrenreich in *Billions for Band-aids* published by MCHR, Box 7677, San Francisco, Calif. 94119. Some of the ways the industry regulates the F.D.A. are described in "Company Town at the F.D.A.," *Progressive*, April 1973.
- (17) *F.D.A. Consumer* (an F.D.A. publication) Nov. 1975, p. 25.
- (18) Pharmaceutical Manufacturers Association, *1974 Annual Report*, p. 16.
- (19) Silverman & Lee, *Pills, Profits, Politics*, p. 31.
- (20) "Hunger for Profits," study cited in *New York Times*, Aug. 17, 1975.
- (21) Ibid.
- (22) *Medical Letter*, Vol. 17, p. 105.
- (23) Burack, *New Handbook of Prescription Drugs*, p. 89.
- (24) P.M.A., *1974 Annual Report*, pp. 16, 17.
- (25) Pekkannen, *The American Connection*, 1973.
- (26) Edison, "Amphetamines: A Dangerous Illusion," *Annals of Internal Medicine*, Vol. 74.
- (27) Nelson Committee Hearings, Part 23, March 1973, p. 9411.
- (28) Much of this section is based on "Health Care and Social Control," by B. & J. Ehrenreich (*Social Policy*, May-June 1974, p. 26) and "Pills, Profits and People's Problems," by Zwerdling (*Progressive*, Oct. 1973, p. 44). We must stress that the issue is not whether these drugs help some of the people who use them. Obviously they do. The issue we are addressing is how are these drugs being used by the internists, general practitioners and surgeons, who account for 83 percent of psychoactive drug prescriptions. In this broader context, it becomes both dishonest and cynical to prescribe these drugs as an answer to the problems dramatized in their ads.
- (29) This is true as both a drug category and as individual drugs with diazepam (Valium) being the No. 1 most heavily prescribed, chlor-diazepoxide (Librium) No. 3. Burack, p. 426.
- (30) Schrag & Divoky, *The Myth of the Hyperactive Child*, 1975.
- (31) Ibid. p. 107.
- (32) Mitford, *Kind & Usual Punishment*, 1974, p. 139.
- (33) U.S. Senate Special Committee on Aging Press Release, Jan. 17, 1975.
- (34) Zwerdling, "Pills, Profits, People's Problems," *Progressive*, Oct. 1973 p. 46. Also Fidell, "Put Her Down on Drugs," available from KNOW, INC., Box 86031, Pgh., Pa. 15221.
- (35) Dreitzel, cited in Navarro, "A Critique of Ivan Illich," *International JI. Health Services*, Vol. 5 p. 360.

MORE LETTERS

(continued from page 5)

of a less intimidating style.

Examples of what I'm complaining about are the author's descriptions for *SftP* July 1976: p.11, 16, 25, 26; Sept-Oct 1976: p. 23, 35.

This seems to be something new in the magazine and is *not* common to all the authors. I hope this disease is cured quickly.

Dick Butsel
New Brunswick, NJ

The Editorial Committee replies:

We agree with Dick Butsel's criticism of the credentialist aspect of some of our recent "author blurbs." It was our intention when we started including these blurbs in the magazine to show how articles come out of people's political, personal, and work experiences. We want to show how radical scientific and technical people work out the conflict between doing significant political work and trying to support oneself and one's dependents. We feel it is valuable to know what options presently exist and what new ones, if any, are being created. We also don't want to hide the fact that most people who submit articles to us are affiliated in some way with academic institutions, though we would of course prefer to have a greater variety in the backgrounds of our contributors. From now on, greater care will be taken in the obtaining of author blurbs from our contributors, eliminating Ph.D.'s, publications, and job titles if these are irrelevant to our purposes, and emphasizing instead the writer's political interests and activities. We will continue, however, to identify author's affiliations enough so that readers can contact them directly rather than only through Science for the People. Publications or books written by authors will continue to be mentioned if these are politically relevant or useful. Since we want our editorial policy to come from the organization itself, we hope readers will continue to give us input on our present policies and practices.

Dear *Science for the People*,

In the past few days I have reread the last several issues of the magazine trying to get some handle on the changes that are taking place in it and trying to make some sort of personal evaluation of it. I know that all of you who work so hard at putting it out need feedback from readers.

There has been much discussion in *SftP* about appealing to a broader audience and getting more widespread interest in the magazine and in the organization. There seems to have been a real downplaying of militance as a result, but I think also a real downplaying of politics. The change in style has been accompanied by a change in content as well.

For example, the pictures of all those *SftP* people at the AAAS meeting all decked out with white shirts and ties! Maybe that's just a tactic, but if the critique of Goldfarb, Entemann, and Shapiro in the March issue is correct, what happened at the AAAS meeting went beyond mere dress to become in many ways an established part of an establishment organization. Is that the best way to challenge the class nature of science? To have polite debate with Nelson Rockefeller, without doubt the greatest class enemy to grace the stage of the AAAS? What *SftP* seems to have achieved is the acceptability of "radical" ideas so long as they are presented in a traditional intellectual fashion. Good. Now our ideas are as acceptable as are fascist ones.

Becoming part of the AAAS is not a tactic. It is a political statement about how serious *SftP* is about changing the established practices of scientists, and more generally, the ground rules of bourgeois democracy. I think we have to achieve more than an academic acceptance of holding leftist ideas. We have to demonstrate that these ideas mean something about how we act, what we do.

I think the downplaying of politics revealed in the AAAS actions is also taking place in the content of a lot of the material in the magazine. For example, Epstein's article on cancer (July, '76) advocates federal

legislation and more research as the road to reducing the incidence of cancer in the U.S. Bereano's article on alternative technology (Sept. '76), after attacking materialist analysis, presents a wishy-washy, utopian, moralistic, non-political, and non-scientific justification for the alternative technology movement. And Folbre, writing on population growth (Nov. '76), complains several times of the shortcomings of the left's analysis without adding anything new to that analysis; in fact she continues the use of terms like "underdevelopment" to describe the distorted economic development that colonialism and imperialism have forced on the Third World.

All these articles will probably be widely read, but will do little to advance anyone's political understanding. Such articles will be accepted by liberals and academics precisely because they do not put forward a revolutionary perspective. In fact, they don't move much beyond muckraking, on the one hand, and academic thumb twiddling, on the other. This is a severe criticism, I know, but I see the possibility of the organization and the magazine moving increasingly in such a direction.

Just to balance this criticism a little, I found the discussion of alternative technology on the whole to be one of the best features recently, especially the analysis of its limitations as a movement and its emptiness as a political strategy. Alternative technology is just one of the ways scientists and technical people try to deal with the contradictions in their work (and in the society) without risking involvement in the class struggle. Of course, that's only an approach available to a privileged few. As Mike Teel said in answer to a letter in the March '76 issue, "They (people who try to do useful science like developing alternative energy sources) make a few people feel good, but they do nothing to confront the system which controls our economy and our lives."

Another exception to my general criticism is the important articles exposing and attacking the reac-

Continued on page 38

NEWS NOTES

DEADLY FLOATING THERMOS BOTTLES

Natural gas, the stuff that burns with a blue flame on your gas stove, is mostly methane, as opposed to bottled gas, which is propane. Propane can be liquified by compressing it, thus greatly reducing its volume for shipping in those familiar "bottles." Methane, however, has to be cooled a great amount (to -259 degrees F.) in order to liquify it (at atmospheric pressure), whereby its volume is reduced by a factor of 600.

The cheapest way to transport natural gas turns out to be in this liquid state, called liquified natural gas (LNG). (A half-gallon of the stuff might supply your cooking needs for a day or so.)

LNG supertankers, such as those now being designed by General Dynamics in Quincy, Mass., carry about 33 million gallons of LNG. That's enough to fill up an average two-story house 250 times over! What would happen if one of these tankers suffered a serious accident? According to *Environment* (Nov. 1972), "The burning of the full cargo of an LNG supertanker would be equivalent to the burning of 100 *Hindenburgs* (the Nazi dirigible filled with hydrogen)."

This hasn't happened yet, but a "small-scale" incident in Cleveland back in 1944 provides an illustration: A small LNG storage tank burst, releasing more than a million gallons of LNG into the streets and sewers. (LNG has about 60 percent of the energy content of gasoline, but vaporizes much faster.) The worst blaze in the city's history resulted — manhole covers popped like corks, flames erupting in front of startled pedestrians. The flame from the tank itself rose over half a mile into the air, the canopy of fire spreading over a quarter mile radius. 133 people were cremated, 300

injured. Ten industrial plants were destroyed along with 80 homes and 200 automobiles.

A modern supertanker carries 33 times as much of the lethal chilled fluid. How far would the vapor from a major spill travel before it got too dilute to burn? No one knows, but estimates vary from three miles (Federal Power Commission final environmental impact statement for Staten Island) to 127 miles (Prof. James Fay, MIT).

Adapted from *Mother Jones*,
Jan. 1977

AS THE WORLD BANK TURNS

The World Bank has finally reached a level of sophistication where they realize that food is distributed according to income, not according to need. *Malnutrition and Poverty* (Johns Hopkins University Press, Baltimore, \$4.75), an analysis prepared by World Bank economists Shlomo Reutlinger and Marcelo Selowsky, reaches the following conclusions:

1) Previous studies have underestimated the extent of malnutrition by about 30 percent. 2) Seventy-five percent of the population of underdeveloped countries (over a billion people) have diets containing too few calories. 3) This deficiency totals to about 400 billion calories a day, the equivalent of 38 million tons of food grain a year (a mere 4 percent of the world's cereal production). This implies that unequal distribution, rather than insufficient food production, is the main cause of malnutrition. 4) Corrective steps should consist of food-stamp or income-transfer programs directed to the hungry.

Science, Dec. 10, 1976

CANCER-CAUSING CUTTING FLUID

Researchers have found "relatively massive amounts" of cancer-causing substances in several brands of metal-cutting fluids. The National Science Foundation and the National Institute of Occupational Safety and Health (NIOSH) report that synthetic cutting fluids, semi-synthetic cutting oils and soluble

cutting oils may contain nitrosamines either as contaminants in amines or as products from the reaction of amines with nitrites.

Nitrosamines are potent animal carcinogens and are suspected to be human carcinogens. NIOSH estimates that 780,000 persons are occupationally exposed in the manufacture and use of cutting fluids.

Tests were conducted at the Thermo Electron Corp. in Waltham, Mass. on eight cutting fluids manufactured by four US firms. An unidentified spokesperson for one of the firms said, "It is unfortunate that they happened to choose our product, because everyone who produces a metal cutting solvent has to use nitrosamines, from the biggest companies right down to the little guy who manufactures it in his garage." Over one thousand US companies produce cutting fluids.

American Metal Market
Metalworking News, Oct. 1976

U.S. TO CLOSE CHICANO COLLEGE

The only Chicano college in the U.S. may be forced to close by the Department of Housing and Urban Development (HUD). Colegio Cesar Chavez in Mount Angel, Oregon, was started in 1973 when Chicanos in the area accepted the buildings and grounds of Mount Angel College from the Order of Benedictine Sisters. Unfortunately, along with the buildings and grounds came a \$1 million mortgage that the sisters owed HUD.

Serving the 25,000 Spanish-speaking people in the farming communities around Mount Angel, the Colegio has instituted an innovative "college without walls" program and received provisional accreditation as a four-year liberal arts college in June 1975.

Despite a small amount of federal aid and some public and private assistance, the Colegio has been unable to pay off the old mortgage to HUD. Appeals to Carla A. Hills, the Ford Administration Secretary of Housing and Urban Development, to use her discretionary powers to declare the campus surplus Federal property and give or lease it to the

Colegio have been unsuccessful. HUD wants to auction off the property. However, students and faculty at the Colegio remain determined. As Carlos Manriquez, a student, put it, "We're going to have to win. Even if we lose now, it's just a battle. The school will continue. The concept will survive."

N. Y. Times
Dec. 5, 1976

FREON A POSSIBLE CAUSE OF DEATH

The mysterious deaths of two young workers, Juan Beltran, age 20, and Hector Perez, age 19, at a Goleta, California plant, Information Magnetics, "may be an ominous warning to thousands of their fellow workers in the electronics industry," reports the *Santa Barbara News*.

Their deaths were preceded by symptoms of severe headaches and numb limbs. The Santa Barbara county coroner's office has been unable to determine a cause of death, despite a continuing investigation.

Both men worked in a small room where ceramic computer memory discs were lapped using a diamond slurry compound and WD-40 lubricant. Large amounts of Freon TF (Dupont tradename for trichlorotrifluorethane) and Oakite 33 (a mixture of phosphoric acid and detergent) are used as well as other chemicals.

An accompanying article, "Freon Falsely Thought Safe, Specialists See Dangers," quotes worker's compensation lawyer Brian Hourigan: "Almost everybody I've seen in the electronics industry has some complaint associated with Freon . . . Freon is used in large quantities so that everyone seems to be exposed to it. In the electronics industry, it seems to be bubbling in every corner." Hourigan has handled at least five cases where electronics workers claim their disability was totally caused by Freon. He has handled numerous cases of chemical poisoning in the electronics industry and points out a chemical solvent alone may not be dangerous, but when mixed with other solvents or when in contact with

metals over a long period, new toxic compounds can be formed.

Dr. Samuel Sligo, a Santa Barbara chest doctor, points to numerous studies and his own clinical experience and says "Freon is not thought to be an innocent substance." According to recent studies, Freon may cause "cardiac arrhythmias," i.e., make the heart beat irregularly. When asked what a coroner would find upon performing an autopsy on a person who had died from a cardiac arrhythmia condition, Silipo replied, "Not a thing. You would not see it."

Santa Barbara News & Review,
Nov. 19, 1976

POISONING PEOPLE FOR PROFITS

It is with sadness that we record yet another tragic case of the disregard with which this society holds its working people. The National Institute for Occupational Safety and Health (NIOSH) in early December opened a special office to investigate cases of nerve poisoning at the Velsicol Chemical Corporation near Houston, Texas.

Velsicol, a subsidiary of North-west Industries, a Chicago company, manufactured an organic phosphate, leprophos from 1971 until 1975. The pesticide, sold under the brand name Phosvel, was not licensed for sale in the U.S. but was manufactured and packaged in this country for sale abroad. After working with the pesticide, employees suffered nervous-system disorders, paralysis, blurred vision and speech and memory blocks.

Sick workers complained to management about safety but the company refused to take any action. Raymond David, a former supervisor at the plant said that workers in the Phosvel section of the plant were called the "Phosvel zombies" because of their obvious nervous symptoms. The company insisted, however, that the workers were drug users. David eventually resigned because he was no longer willing to accept responsibility for the poisoning of workers.

Velsicol is now under a \$12 million damage suit from former

employees who contend that the company neither warned them of the dangers nor provided them with safety equipment. The present NIOSH investigation is another case of ineffectual government measures forced only after workers are injured or killed.

N. Y. Times
Dec. 5, 1976

BEWARE THE SARCOPHAGUS?

According to Steward Farber, the ancient Egyptian coffin now being displayed in front of Boston's Museum of Science is emitting radiation at a rate such that "any person now approaching this sarcophagus will be exposed to this unseen, unsensed energy." The radiation is from the natural radioactive isotopes uranium-238 and thorium-232 that are present in the granite from which the coffin is constructed. Mr. Farber claims that the amount of radiation per hour absorbed by a person standing near the coffin is ten times the amount per hour received by "a person living immediately next to an operating nuclear reactor in New England."

Is Mr. Farber trying to frighten us? Quite the contrary. He says, "None of these radiation levels has ever been demonstrated to represent a measurable risk to health . . . The stakes are too high for misinformation to persist. The issue of using nuclear power to meet America's energy needs is too important for decisions based on superstition and misinformation."

Oh, yes, Mr. Farber works for Yankee Atomic Electric Company and is thus qualified to make a judgement on the long-range beneficial effects (on profits), if we permit an increased background level of radiation. Some of us may spend a few minutes in the radiant glow of the sarcophagus, but what about the workers who spend eight hours a day within a nuclear power plant, or the uranium miners who spend their working lives immersed in "natural" radioactivity?

—*Boston Globe*
December 13, 1976

EASTERN REGIONAL CONFERENCE
Proposed Agenda April 15-17, 1977 Voluntown, Conn.
(Towards an organizational definition & prospects for national practice.)

Science for the People members and friends will be gathering April 15, 16 and 17 for the Eastern Regional Conference. The conference provides a unique opportunity to meet people, exchange information and experiences, and move forward with our political and organizational work.

The conference is the body which decides on the overall directions and focus of SftP in the coming year. At this year's conference we will try to sum up our past practice, formulate a program identifying issues which we believe important to work around, seriously explore working in coalition with other groups, and set up a mechanism for starting new chapters.

The following is the proposed agenda and schedule for the Science for the People Eastern Regional Conference to be held this spring. It has been submitted by the Eastern Regional Coordinating Committee (ERCC), which asks SftP members and friends to respond to the proposal with any criticism and observations to improve the content or the format. The aim of the conference is to define organizational principles from the past practices of SftP.

FRIDAY EVENING

Arrival, buffet meal, informal discussions, final organizing by ERCC, chairpeople, etc.

Invited speaker: "Political Economy"

SATURDAY

Morning

Breakfast

Plenary — History & analysis of chapter practice. Presentation and discussions as follows:

Boston — 40 min. presentation, 20 min. discussion

N. Y. C. — 20 min. presentation, 10 min. discussion

Stony Brook — 20 min. presentation, 10 min. discussion

Amherst — 10 min. presentation, 10 min. discussion

Tallahassee — 10 min. presentation, 10 min. discussion

(The remaining 20 minutes to be apportioned by the chair as seems appropriate).

The above presentations will be based on an analysis by each chapter of its *past & present practice* with particular emphasis on the success or failure of various topical projects, and how these in turn affected the chapter's ability to function, organize and grow. Presentations should be prepared especially for this conference and should include a concise summary of the principles derived from the chapter's practice that it proposes as guidelines for both its own future work and for that of SftP as a whole. Any particularly successful or important project that the chapter wishes to offer as a focus for national activity by the organization should also be emphasized.

LUNCH

Afternoon

Topical Workshops

These workshops will examine the projects which were introduced in the morning plenary with respect to the potential they offer for future work and for national organizing. Each discussion should include a consideration of the suitability of a topic for different chapter environments (e.g., isolated universities vs big cities). Proposals of principles to guide practice (concerning both form & substance) should be developed from these workshops for discussion and possible adoption at the Sunday plenary session.

Such workshops will surely include many of the following topics:

Genetic Engineering & other technologies for social control

Health Care, and Occupational Health & Safety

Alternative Technologies

Energy & Environment, and Nuclear Power

China Trips Science Teaching Women in Science

Science & the Military Food, Nutrition & Agriculture

Plenary — Past Experience with *National Practice*

This session will consist of:

a) Two brief (5-10 mins) presentations of a critical analysis of past activities at AAAS meetings, followed by 20 minutes of discussion aimed at developing guidelines for such work in the future.

b) Two brief (5-10 mins) presentations detailing the relationship between SftP magazine and the national organization, followed by 20 minutes of discussion.

c) One brief presentation concerning the importance & desirability of taking stands on issues of national scope, including the mechanisms by which such stands are determined in a mass organization like SftP. Discussion to follow.

FOR DIRECTIONS TO VOLUNTOWN, SEE INSIDE BACK COVER

Dinner

Entertainment — chapters are urged to prepare skits, slide shows, songs or other appropriate irreverent entertainment.

Party!!

SUNDAY

Breakfast

Plenary

This session will be composed of three parts:

- 1) Proposed organizational principles derived from past practice; criteria for membership in Sftp
- 2) Adoption of a national program —

(Suggestions should follow from the Sat. afternoon workshops & plenary). Possible aspects include:

- a) determining stands on national issues
 - b) coordinated presentations at national scientific meetings
 - c) guidance for SftP magazine as a focus for national activity.
- 3) Suggested projects for emphasis by particular chapters.

In each part the proposals from the various workshops will be considered as appropriate. The chair will apportion the time according to the wishes of the body.

Lunch

Afternoon Sessions

(No issues adopted here, but we urge your interested attendance)

Implementation of National Organizing:

Chapter Initiation and chapter growth

The role of the Eastern Regional Committee, Resource packet, travelling chapter contacts.

Additional Information

•60 beds will be available, but without linens, so *bring a sleeping bag*.

•We've been asked *not to bring drugs*. CNVA would rather be hassled for better reasons.

•CNVA is providing food and cooking for us, but has asked that we help with cleanup, so look forward to lending a hand.

•If you're planning to bring children, let us know how many, their ages, and what you can afford for their food and lodging. We'll try to arrange rotating child care to allow parents to participate in the conference.

•For directions to Voluntown by bus, train, and auto, for rides and riders, please contact the Boston office.

EASTERN REGIONAL CONFERENCE

Voluntown, Conn April 15,16,17 1977

Name

Phone

Address

Do you need a ride?

Will you have room for others? If so, how many?

When will you arrive?

By what transportation?

Are you bringing children?

How many?

Ages

Can you afford to contribute for their food & lodging?

Amount

Which workshops are you interested in?

What else would you like to have discussed at the conference?

(Fee is \$26 for food & lodging for one adult)

(Checks should be made out to Science for the People)

I am enclosing

I will pay on arrival

PLEASE REGISTER NOW! TELL YOUR FRIENDS!

MORE LETTERS

Continued from page 33

tionary theories of sociobiology. The struggle against bourgeois ideology, particularly the notion of genetic determinism, is of prime importance in opposing racism and sexism (and fascism, as well).

I am aware that in the last several years, many former activists have come to realize the serious commitment that is required to change the way things are. Many are scared and have retreated. It's hard to find good articles to print in a magazine like *SftP*.

But many people yet don't see the contradictions in this society, and they need to see them. Those who do see them need a comprehensive analysis and a strategy for change. If the magazine downplays politics, it will become about as relevant as *Science*, *Environment*, and the *Bulletin of Atomic Scientists*.

One suggestion — since political contradictions affect people in terms of their personal lives, perhaps the magazine can again focus more attention on scientific and technical work: how it's changing and how those who do that work deal with their alienation.

I'll help in whatever way I can.

In solidarity,
Al Weinrub

chapter reports

BERKELEY CHAPTER REPORT

The Berkeley Chapter consists of the following groups:

Third World and Technology Group: has been studying the new federal legislation on technical foreign aid. The act is as yet unmobilized, but it bears watching. The group is also researching patterns of imperialism in the Third World. They intend to focus on one geographical area and produce a pamphlet concerning agribusiness or alternate energy.

China Group: has been working on an analysis of and response to the Stony Brook chapter's initial trip proposal. This proposal centers on a study of China's agriculture in its many facets, especially how decisions are made. The China Group agreed with the proposal on most points, but was convinced a broader selection of topics was necessary, of which agriculture would be one. Chapter debate on this point was both lively and searching, and there was a general feeling that agriculture is not a limited field, that it actually includes other topics. In contrast, it was mentioned that a once-in-four years opportunity should not be restricted artificially, especially when there are other pressing subjects. Some wondered whether there was enough enthusiasm to produce outreach such as a slide show or pamphlet for many subjects. In the end it was decided the China Group would include a variety of views in its response to Stony Brook.

Journalism Project: is considering

developing a column for the Daily Cal and possibly uniting on a project with Chispas, the newspaper of the Chicano Student Organization.

UC Nuclear Weapons Conversion Project: discussed the upcoming renegotiation of the military contract, and the use of this fact to bring public pressure to bear on weapons policy. The chapter endorsed the project.

THE URBANA-CHAMPAIGN CHAPTER

We have been meeting biweekly and have had a booth up once. The response was good. We now have a local membership of about 15 regular members as well as another 15 people more peripherally involved. A few people are on the verge of subscribing to the magazine as national members, but it may be a little while before they invest the extra six dollars in addition to the local dues.

Our first (unofficial) action involved presenting data about the military investments of Boeing aircraft at a talk given by T.K. Jones (of Boeing, and a defense department consultant) sponsored by the Aerospace Dept. and the Military Science Dept.(!) Mr. Jones, who seems to be spearheading a new nuclear strategy for the Pentagon, has received some national press lately asserting Boeing's ability to be back in operation within 48 hours after a direct strike with megaton nuclear bombs. (Others in *SftP* might be interested in this issue: It isn't the first time that national policy has been sold through science depts.) Our presentation was

Continued on page 39

SUBSCRIBE TO THE IDB!

The Internal Discussion Bulletin (IDB) is the means by which people in *Science for the People* speak their minds about issues that affect the present practice and future development of the organization.

It is a tool for developing our political awareness and helps us deal with a variety of both concrete and theoretical matters, from specific proposals for local projects to analyses of how the question of class, sex and race relate to the organization.

The current IDB contains articles on national organizing, the recent China trip proposal and a criticism of it, an article on the contradictions present in *SftP*, and more. It has been compiled by the Amherst chapter and is now being printed in Boston.

The IDB costs \$3 per year, the subscription expiring on the same date as your magazine subscription.

Name _____

Address _____

City _____ State _____ Zip _____

SCIENCE FOR THE PEOPLE: the magazine

SftP is published bimonthly and is intended not only for members, but also for a broad readership within the technical strata and for all others interested in a progressive-radical view on science and technology. The goals of *SftP* are to elucidate the role of science and technology in society, to enrich the political consciousness of readers, and to stimulate participation in concrete political activities.

The subscriber circulation of *SftP* is about 1,500, the total circulation about 4,000. The content of *SftP* derives largely from the experiences and interests of people who read the magazine. In seeking to "rely on the people", we urge everyone both to contribute to the magazine themselves and to encourage others to do the same. We are particularly interested in having articles written, discussed, or at least reviewed, collectively, when circumstances permit. For legal purposes, *Science for the People* is incorporated. *Science for the People* is available in microfilm from Xerox University Microfilms, 300 North Zeeb Rd., Ann Arbor, Mich. 48106, (313) 761-4700.

DIRECTIONS TO VOLUNTOWN FOR THE APRIL SftP CONFERENCE

Automobile

From New York City and points south: Conn. Turnpike past New London and Norwich to Exit 85. Then follow this map. It's about a 3½ hour trip from NYC.

From Boston, Providence, and points north: take I-95 south to Exit 5-S to Rt. 102. Take a right turn onto Rt. 3 and another right on Rt. 165. Follow the map. It's about two hours from Boston, an hour from Providence.

Voluntown to CNVA: 2 miles
Conn. Tnpk. to CNVA: 7 miles

Bus

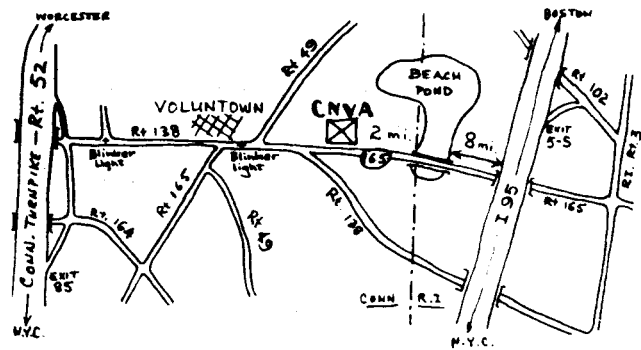
From New York, Boston and other major cities, take Greyhound to New London. There are infrequent connection buses from New London to Norwich to Jewett City (15 minutes from Voluntown. Inquire at Greyhound station.)

Train

AMTRAK (Penn-Central) to New London, Ct., or Westerly, R.I. In New York City, catch the train at Penn Station.

IF YOU'RE PLANNING TO USE PUBLIC TRANSPORTATION, let us know. We'll try to arrange to pick you up.

CNVA
RFD 1, Box 430
Voluntown, CT 06384
(203) 376-9970



CHAPTER REPORT *Continued from page 38*

weak for two reasons: First, we were new and it was short notice. Secondly, we underestimated the importance of the talk, given the subsequent attention given to Jones. We hope to improve our reaction time in the future!

A more important issue is looming on the horizon. The issue of gene implantation looks like the most serious problem here at the moment and the most vulnerable. Several departments here have put in proposals for a P3 building later to be modified to a P4 building. We know of no community input being solicited. The situation is exacerbated by the well-known rumors of such studies currently being carried out without even these minimal safety requirements and of small accidents already. Nothing has been substantiated yet: Doing so would, of course, strengthen our attack. In any case, we are forming a study group and will probably move on the issue. So we

are ordering the pamphlet on gene implantation. However, we ask that you substitute an equal value of other items if the pamphlet is out of date or was intended for Boston area residents.

Please don't substitute buttons for other items. We are slowly selling them, but, in general, there is a lot of resistance to the use of them: They sometimes end dialogue before it can start.

With regard to the China trip — there's no absolute consensus here but we'd like to give the view of a new chapter:

Is the trip really necessary? (The Vietnam trip would seem to serve a real purpose as stated in the letter sent to us). It has been done once — we have a record at least in the book (hopefully also in a slideshow or movie — if so we'd like to know about it).

The response to *SftP* here seems to indicate a genuine undercurrent of dis-

satisfaction within the sciences. (It is partially a function of our newness, of course). Unless a substantial portion of the finances for the trip come from independent sources (in which case any request by the people involved to officially represent *SftP* ought to be accompanied by a general accounting of the sources of the funds to the membership-at-large), the money would be better spent on national organizing (printing expenses, advertising, visits to new chapters and isolated members, etc.) For example, the new chapter packet could include a free amount of literature. Of course, a lot of the above has been predicated on our own self-interest, but also on the concern of a few of us who have been watching *SftP* for a couple of years and who like to see *SftP* increase its influence and its contributions to the movement.

In struggle,
The Urbana-Champaign Chapter



ADDRESS CORRECTION REQUESTED

CHARLES SCHWARTZ 1/77
 PHYSICS DEPT.
 UNIV. OF CALIF.
 BERKELEY, CALIF. 94720

BULK RATE
 U.S. POSTAGE
 PAID
 BOSTON, MASS.
 PERMIT NO. 52696

SUBSCRIPTIONS TO SCIENCE FOR THE PEOPLE AND MEMBERSHIP IN SESPA

SESPA is defined by its activities. People who participate in the (mostly local) activities consider themselves members. Of course, there are people who through a variety of circumstances are not in a position to be active but would like to maintain contact. They also consider themselves members.

The magazine keeps us all in touch. It encourages people who may be isolated, presents examples of activities that are useful to local groups, brings issues and information to the attention of the readers, presents analytical articles and offers a forum for discussion. Hence it is a vital activity of SESPA. It is also the only regular national activity.

We need to know who the members are in order to continue to send *SCIENCE FOR THE PEOPLE* to them. Please supply the following information:

1. Name:

Address:

Telephone:

Occupation:

(if student or unemployed please indicate)

2. Local SESPA chapter or other group in which I'm

active. (If none, would you like us to help you start one?)

3. I am enclosing money according to the following scheme:

A. Institutional subscription-\$15 for libraries and others. _____

B. Individual memberships: (1) regular memberships-\$12, (2) indigent membership-less than \$12, (3) affluent or dedicated revolutionary membership-more than \$12, (4) completely impoverished-nothing, (5) I have already paid. _____

4. I will sell _____ magazines. This can be done on consignment to bookstores and newsstands, to your co-workers, at meetings. (If you want to give some away free because you are organizing and can't pay for them, let us know)

5. I am attaching a list of names and addresses of people who I believe would be interested in the magazine. Please send them complimentary copies.

Please add any comments on the magazine or SESPA or your own circumstances. We welcome criticism, advice, and would like to get to know you.

SEND CHECKS TO: SESPA 897 Main St., Cambridge, MA 02139