Narrator
Lee Minto (b. 1927) served as President of Planned Parenthood of Seattle-King County from 1967 to 1993. Under her leadership, the organization developed from a volunteer effort to a major health care provider in the region. Minto served on the National Family Planning and Reproductive Health Association Board for more than a decade and numerous national Planned Parenthood committees. She was involved in abortion service delivery and politics for many years.

Interviewer
Deborah R. McFarlane is professor of political science at the University of New Mexico. She is the author, with K.J. Meier, of *The Politics of Fertility Control: Family Planning and Abortion Politics in the American States* (Congressional Quarterly Press, 2001). McFarlane worked as an administrator and a consultant in reproductive health in the U.S. and internationally for more than three decades.

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Transcript
Transcribed by Susan Kurka and edited by Sheila Flaherty-Jones.

Bibliography and Footnote Citation Forms

Audio Recording


**Footnote:** Lee Minto, interview by Deborah McFarlane, audio recording, November 10-11, 2007, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 1.

Transcript


**Footnote:** Lee Minto, interview by Deborah McFarlane, transcript of audio recording, November 10-11, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.
MINTO: I was born on October 11, 1927, in Hamilton, Montana, where I grew up and spent my first 18 years.

MCFARLANE: Tell me a little bit about your parents, your family, and where is Hamilton, Montana?

MINTO: Hamilton, Montana is a very beautiful place in the Bitterroot Valley. It’s the county seat of Ravalli Co. in the western part of Montana, surrounded by mountains. It’s just gorgeous. Referred to as the Banana Belt over there, it’s a very lovely place, certainly a nice place to grow up.

My grandparents had first come to Montana in 1890, following their marriage in Virginia. My grandfather was an attorney and came to Montana, where he became the personal attorney of Marcus Daly, who was the Copper King, or one of the Copper Kings, in Montana.

MCFARLANE: Oh, interesting.

MINTO: And he helped form the first legislature of Montana, and actually served in it, I think perhaps four terms. I can’t remember exactly. He and Grandmother had seven children, five of whom lived to adulthood, which was not uncommon at the time. He died when my grandmother was in her early forties, leaving her with the five children to raise by herself. She stayed in Montana because that’s where she and Grandfather had built their big old Victorian home. That is where she wanted to raise her children. So she did. My mother was her oldest living daughter, and she had two other sisters and two brothers.

My mother married my father, who was from Missoula, Montana, in — let’s see —June 7, 1924. They both died quite early in
Their lives; they were in their fifties when they died. I married Robert when I was 18, and I was a sophomore at the University of Montana.

MCFARLANE: How did you meet him?

MINTO: At the university. He was a B-29 pilot who had just come back from the Pacific and was wanting to go into engineering. But while he was getting set up to come out to the University of Washington, he went to the University of Montana to pick up just a few credits and learn a few things, and we met. Three months later we married, and we’ve been together now for 62 years.

MCFARLANE: That’s fabulous. So you came out here to Seattle with him.

MINTO: Yes. And I finished my education here at the University of Washington, as did he, as all of our children have. We have three. We have a son who now lives in Montana and got his law degree there; and a daughter who’s a pediatrician back in Maryland. Our oldest daughter lives here in Seattle, and she graduated in art.

MCFARLANE: So I’ve looked at your résumé, and I’m wondering if you could tell me a little bit about — It looks like the first professional job you list is with the UN Pavilion, Seattle World’s Fair. Is that correct?

MINTO: That’s right.

MCFARLANE: Could you tell me a little bit about what that was? Were you working before that, outside the home?

MINTO: No, that was the first paid position that I had taken. Actually, before that I had gone on the board of Planned Parenthood at Seattle-King County, by a rather circuitous route.

MCFARLANE: That was in 1959?

MINTO: It was either ’58 or ’59 that I went on the board of Planned Parenthood, largely because a very good friend of mine, Lenore McIntyre, had asked me — I have to back up to give you a little bit more background now, I think.

MCFARLANE: Okay.

MINTO: We lived in the faculty section at the University of Washington at the time I met Lenore, and we each had, at that time, three children. Both of our families went to the University Unitarian church. I became active in that church and was doing some of their administrative work just as a volunteer. One of the people in the Welfare Department had come to us, at a time when we were between ministers, and asked if we could
please help her find some resources to help a family that was very badly in need of help. There were, I think, 13 children in the family, and the mother left with the thirteenth baby because she couldn’t take it anymore. She left the father with 12 children and no resources. They were a migrant family. They didn’t have clothing, they didn’t have furniture, and they didn’t have a roof over their heads.

The Welfare Department Supervisor was trying to keep the family together. She said it was a good family; there was lots of love between the children and they were trying to help take care of each other. The oldest was a 16-year-old girl that was sort of mothering everybody in the absence of the mother, who’d left with the three-month-old baby. The family needed help, because the state could only provide so much; The Supervisor needed so many more things to get this family on their feet. So she asked if I could help her get some money and some clothing and some furniture from the people at the church. Welfare would pick up the rent and food. So I undertook to do that. And I went to the congregation including my friend Lenore to get some money for this particular family, and we were able to be of considerable help in getting them settled.

It wasn’t three months later, the Supervisor from the Welfare Department was back, and she had a family with eight children that also needed some help. I can’t remember the details of that particular situation too well. So I went back to some of the same people, and one of them was Lenore. Lenore was married to an ob-gyn in Seattle, and she was on the board of Planned Parenthood.

MCFARLANE: Lenore?

MINTO: McIntyre, who was my friend. She said, “I’ll do this one more time, on the condition that you go on the board of Planned Parenthood, because, you know there is a better answer to the problem. People should have access to birth control.” And at that time, Planned Parenthood in Seattle-King County was the only place in five western states where a poor woman who didn’t have access to a private physician could get help with family planning of any kind.

MCFARLANE: I’m going to stop us right here and move the table up.

MINTO: That’s better, okay.

MCFARLANE: So Planned Parenthood was the only place in –?

MINTO: In five western states where a woman could get any help with family planning if she couldn’t afford a private physician. So I said yes, I’d go on the board, and I’d do what I could to be helpful there.

MCFARLANE: Had you been involved in anything like this before?
MINTO: No.

MCFARLANE: Voluntary boards or –?

MINTO: Oh yes. You know, the routine, ordinary things that you do. You help out where it’s needed. I was on always on PTA [Parent-Teacher Association] boards and things of that kind. But this sounded very interesting to me. And my interest went back quite a long way, as a matter of fact, because I remember just before Robert and I were married, a mother of a dear friend of mine in Missoula, where I was going to, the U. of M. said, “Well, you really do need to go and see a doctor and get fit for a diaphragm, because you want to finish your education.” And I said, “Yes, of course I do.” So I went to the doctor to be fit for a diaphragm. And he wouldn’t fit me.

MCFARLANE: Why?

MINTO: He said he didn’t ever do pelvic examinations on a woman until after she was married. And I said, “Well, we’re going to go on an extended honeymoon. We’re going to be gone for six weeks. What am I supposed to do?” And he said, “Well, I’d use a vinegar douche, if I were you.”

MCFARLANE: You’re kidding?

MINTO: This was — yes, this was 1946, June of 1946. So we went on our six-week honeymoon, and I came back from that six-week honeymoon pregnant, which, I guess, knowing what I know now, would have been pretty inevitable. (laughs) Anyway, the vinegar douches were not successful. Before our wedding, my mother tried to tell me something — and I could tell she was a little embarrassed about this whole thing. And I said, “Don’t worry, Mother. I’ve gone to talk to a doctor.” And she said, “Well, what did he tell you?” And I said, “He told me to use a vinegar douche.” And she said, “Oh, that’s very interesting. All I ever knew was to use a solution of Lysol.”

MCFARLANE: Oh, wow.

MINTO: Can you imagine? Well, in any case, it was obvious to me, as I became a little older, that sex was an area of great concern to people, and that they had very little information available to them. Just very little information. And I was concerned about that.

When I went to Planned Parenthood as a volunteer, we didn’t have any education program going of any note. And because I had worked in the church with young people, I knew a lot of their concerns. I was one of the advisors for their high school group. And one of the things they really wanted to know about was about sex. And not so much about contraception, but about the whole area of sexuality which
was not an easy subject for people to discuss at that time. I worked with those youngsters and I enjoyed them, and it was clear to me that they needed to have a lot more information than they had. About that time, the Draper report had come out.

MCFARLANE: So this is around ’59 or ’60?

MINTO: Yeah. And the whole issue of population became a subject for discussion in the public press. We couldn’t, at Planned Parenthood, get anything in the paper about birth control. You couldn’t get anything. Even your annual meeting, they would — that’s about the most that they would say, is that there was going to be an annual meeting of Planned Parenthood at such and such a place, at such and such a time, but no mention of any services we offered!

MCFARLANE: In the Seattle –?

MINTO: Yeah, in the Seattle area. Well, anywhere in the country as far as I could tell. You didn’t see any discussion of that. Not really until the birth control pill came out did contraception become a matter of public discussion. So I began talking in public and doing a lot of sex education in the public schools, under the auspices of Planned Parenthood. We started a sex education association of King County, and we did a lot of work in this area.

MCFARLANE: Was there a lot of controversy?

MINTO: Well, the John Birch Society (laughs) followed me around, and they passed out pamphlets titled “Raw Sex in the Schoolhouse.” I used to say in response to that, that, “No, we want it very well done”.

Most parents were very supportive about having qualified people discuss issues related to sexual behavior in health classes. The numbers of out-of-wedlock pregnancies were incredibly high at that time, and a lot of it was due to ignorance and a lack of information available to young people. The place that they would let me into schools was in a health class that students were required to take in their senior year. That was late for a lot of people, but it was better there than not at all.

And so I was very interested in the education programs I was doing as a Board volunteer. At that time, the board was doing a long-range plan because they felt we needed to have more Planned Parenthoods in the state of Washington; we needed to get beyond just King County. I was pushing the board to hire an education director, and that’s what I wanted to do. I would apply for that position. They decided that what they really needed was a full-time executive director. They had only had a part-time executive director at the time, and I think she was probably half-time or something of that kind. We had a nurse part-time and a secretary-treasurer part-time. That’s just all we had in terms of staff.
It was up to that time largely a volunteer organization. The biggest backbone of the whole agency had been local Ob-Gyn’s who gave their time. The local physicians — they would give their time to come to the clinics, and we’d have maybe three or four clinics a week with volunteers doing almost everything. And the operation was being run by this wonderful social worker, but she didn’t want to work full time. She was not interested in having that job. She was older, and she liked very much what she had been doing, but she just didn’t feel as if she could work full time.

And so the board asked me if I would be the executive director, which wasn’t the job I wanted. (laughs) They did promise me that if I’d take that job — and I knew something about fundraising, which was helpful, because I had been involved in fundraising at the church and fundraising for the United Nations Pavilion, when I was doing that. That was a heavily volunteer project as well. So I said okay. The Board said if I took the job the first person I could hire after that would be an education director, as soon as we could get the money together to do that.

MCFARLANE: The job you really wanted. (laughter)

MINTO: The job that I really wanted. Anyway, that’s how I got to Planned Parenthood. All of these experiences — certainly the earlier ones with the church — were sensitizing experiences, because when I was operating as a volunteer at the church, and even later when I became a paid staff member — when we called a new minister, he hired me to be the administrator of the church — The church was close to our home, which was very convenient for my children. I could be home early, because I had to work on evenings often, and always on Sundays, so my second paid job was a very convenient one for a mother. I had negotiated two unpaid months off in the summers, because things are slower at the church at that time. So that was helpful.

But as the assistant to the minister, I frequently found myself in the position of needing to do some counseling with people when they would come in for help. One of the things that people most needed help with in those days — they wanted information about abortion.

MCFARLANE: Interesting.

MINTO: It was not legal in the state of Washington at the time, to refer anybody for an illegal abortion. You couldn’t do that. There were some people that were doing illegal abortions. And there had been a woman in Seattle, a qualified physician, who would do abortions up to, I think, three months. At that time, the charge was, as I recall, about $325. And then she quit.

MCFARLANE: That’s pretty steep —
MINTO: Well, yes, it was.

MCFARLANE: – for the 60s, isn’t it?

MINTO: But she did a good job, so at least people were reasonably safe. If you remember the time of Sherri Finkbine? She was the woman from Arizona who’d had thalidomide and was trying to take care of — obviously, from her point of view — a very bad pregnancy, and she couldn’t get any help with it here and had to go over to Sweden. Well, that broke in the press. And somehow — right around that time frame of the late 50s and early 60s, when General Draper made his report to Eisenhower about population, public awareness of issues changed. I can remember, in particular, the reference that he was using was in Sri Lanka — or what we now call Sri Lanka. The number-one killer had been malaria. The U.S. had helped them to spray with DDT, and they had gotten rid of all the bad mosquitoes, and so the death rate fell rather sharply, but the country had more hungry people there then than they had before they started the spraying. He said that unless we confronted this whole issue of population squarely, and gave people opportunities to both know about and use birth control, we were just going farther and farther behind. That made the press. That had people talking about that particular piece of the issue.

People were beginning to talk about the abortion issue because of this Sherri Finkbine situation. We saw a lot of — Well, our minister, Peter Raible, at the church, was a very forward-thinking man, and he was very concerned about a whole lot of issues. He gave a series of sermons on controversial subjects, and one of them was abortion, one of them was homosexuality. He picked five different subjects, and they were very well done. I think because of that highly publicized series of sermons, we probably got more people seeking counseling because they thought they would find a place where they could be helped. Well, the only thing you could do at that time was to send people to Japan — legally.

MCFARLANE: For an abortion?

MINTO: And that cost $1,000. There was a travel agency downtown in Seattle. If you went to this travel agency, they would arrange to have you met at the airport in Tokyo. You’d buy your ticket, and for $1,000, you could fly to Japan, have an abortion, and come back two days later having had a tour of the city. And all was well from the standpoint of the women who went. But not many people could afford $1,000. You know, that’s just about as egalitarian as you can possibly get, (laughs) where the kinds of people often that need it the most are the kinds that would be deprived of it. So all of those things were happening about that same time.

A wonderful psychologist here by the name of Dr. Sam Goldenberg, and several psychiatrists and several obstetricians and
gynecologists, got together a group of people that they called the Citizens Abortion Discussion Group. They invited me to come and be part of that group, because the psychiatrists were really distressed about the people that would come to them, people who weren’t mentally ill. But there was a — sort of a tacit approval of doing abortions at a hospital if you went through a committee. And one of the pieces of the hospital approval process was that you had to have the approval of a psychiatrist who had seen you. So if you went through this process, you might have a legal abortion in a hospital. But the mental health professionals felt that was just inappropriate, because these women weren’t sick, and that’s not really the reason that they needed an abortion. They needed an abortion because they got pregnant, or had a defective fetus, or a problem pregnancy and they didn’t want to have the child, and that in itself was enough to have them be concerned about this issue and take a look at laws. So we spent nearly two years looking at laws all over the world about abortion. And we had a restrictive law in the state of Washington.

MCFARLANE: I want to ask you a question. Had you ever — When’s the first time you heard of abortion? I mean, you had that experience at the Unitarian church.

MINTO: Let me see. That was really, virtually, the first time that I was ever exposed to people — No, the very first time that I was exposed to that was when I was a volunteer at Planned Parenthood. A very dear friend of mine — who I’d known when we were at the student section of the university, and her husband had graduated, and they had moved away — came back to see me. And she came with her 17-year-old daughter. The reason she came to see me was because she knew I was involved with Planned Parenthood as a volunteer, and her daughter had become pregnant on a trip to California. She’d been out on the beach one night and gotten carried away, and she ended up pregnant. And my friend was desperate, looking for a place for her daughter to go.

Well, I didn’t really know anything about abortion. I must have heard about it someplace, but it just wasn’t at the forefront of my thought. But I did know doctors, a lot of doctors, and so I called. And in those days, you didn’t talk to the doctor about that. If you wanted to find out anything about it, you’d talk to the doctor’s wife, and they would tell you what, if anything, was available. I was given the name, by a physician’s wife, of someone in town that was — I think he was some kind of a radiology technician or something, who did these on the side. I gave my friend the name of that person, but he was out of town and wasn’t going to be back for a while. I didn’t have anything else to help her with because that’s the only name that I had been able to find out about.

And so she went back to their home, and she managed to find somebody there. But, of course, by this time, the girl was farther and farther along, and she had a horrible experience. And this was a
beautiful girl, just a beautiful girl, a wonderful musician. She had been accepted at a very good eastern school — a straight-A student — to go to college. And she had just an absolutely terrible experience. She’s never been able to have children. I just don’t even want to go into all the details, it was just so sad. That was the first time I ever came close up to somebody that I knew and cared about. Over time, obviously, you’ll learn about a lot of people, but at that time I didn’t know anything. I did what I could to help, but it wasn’t very helpful, and I felt very badly about that. There had to be a better way; there just had to be a better way.

MCFARLANE: So the psychiatrists are involved in — this is the late 60s?

MINTO: Yeah, with this Washington Citizens for — well, it changed its name in time, but at that time it was called the Citizens Abortion Discussion Group. We had a couple of attorneys on there. We started out with a couple of Catholic priests who after several meetings had to withdraw, and several other ministers, and Peter asked if I would go because he just simply didn’t have time to do that, and so I was invited to be part of the group. We spent a lot of time looking at laws and listening to the kinds of things that went on, and the psychiatrists were fully behind its being done. Of course, Sam Goldenberg, being a psychologist, had often been asked to become involved with this, too. We finally decided on a law that we felt would be just and equitable, and decided that we wanted to change the law in Washington State.

Palmer Smith actually wrote the law for us. He was a local attorney, a very interesting, very capable guy. We took it to the state legislature, and they wouldn’t even let it out of the Law Committee. And at that time, I think, out of nine committee members, seven of them were Roman Catholics including the head of the committee, and he wouldn’t let it out of committee. And that got in the newspapers, and the newspapers were furious.

MCFARLANE: How did it get in the newspapers?

MINTO: Somebody leaked it.

MCFARLANE: Oh, okay.

MINTO: Newspapers were following this carefully at that time because it was a matter of knowledge in the general community. So the newspapers were following it, and they editorialized about the fact that the Law Committee wouldn’t even let it come out for a vote of the legislature.

We thought we’d lost the thing, but we didn’t. We had a wonderful senator by the name of Joel Pritchard, who then later on became a representative back in Washington, D.C. The Republicans were very much in favor of this, and that was such an interesting thing to me, because the Democrats weren’t nearly as strongly behind it as the
Republicans. We had what we called a moderate Republican administration at the time. Governor Dan Evans was in the office, and he has always been a moderate Republican and socially aware, and we had a lot of support from him. But it was this moderate Republican Joel Pritchard who took it back down to the legislature. And he got it through by one vote out of that committee.

MCFARLANE: One vote?

MINTO: One vote out of that committee. However, the legislature didn’t want to pass it directly. They passed it out as a referendum to the people, after modifying some of our language. We thought that it weakened the law, but we had to swallow some of that. For example, the language in the law that they passed out for the people to vote on had required parental consent if a minor, husband’s consent if married. I mean, it had several restrictive modifications.

(break in audio)

MCFARLANE: Okay. You went to work.

MINTO: Oh, we really went to work, because to pass it as a referendum to the people meant that you were involving everybody in the state. We got wonderful — I think we had over 62 state organizational endorsements. Organizations from the State Bar Association, many Medical Associations, The State Council of Churches, even the Washington State PTA endorsed this referendum. We really worked very hard. We had attorneys who spoke for us, and doctors who spoke for us, and we had debates all over the state of Washington. I logged in over a hundred presentations myself.

MCFARLANE: This is late 60s, right?

MINTO: Yes, this would be 1969. And 1970 was the date that we passed the law, and we passed it by a 56.5 percent of the vote of the people in the state of Washington.

MCFARLANE: And what did the law do?

MINTO: The law stripped much of the old law out of the books. I mean, abortion up to sixteen weeks of gestation was no longer illegal. A physician had to do the termination of pregnancy, but it became legal to have an abortion in the state of Washington if you met these other conditions. Some of those were hard to deal with, although we complied at Planned Parenthood. We would go out with young girls, to their parents, if they needed help to talk to their parents to get permission to have this done. And that was always interesting.
MCFARLANE: Tell me about that.

MINTO: It really was very interesting. The girls, when they were faced with not having a procedure or having to tell their parent, most often chose to tell their father.

MCFARLANE: Interesting.

MINTO: Which I thought was just very interesting. Because we had a very short staff at that point and I was doing a lot of the counseling myself, I was involved in that process. We had a number of volunteer counselors that we trained at Planned Parenthood, to do pregnancy counseling— I'm jumping ahead here a little.

MCFARLANE: It's okay.

MINTO: We were able to live with it. It was not easy and it was very difficult oftentimes for the girls who were involved in that decision making. Most often, girls elected to go to their fathers to get permission. I never had one refuse.

MCFARLANE: Never?

MINTO: Never had one refuse, not when they really understood what was at stake. You have to depend on the girl. If she knew her father was going to refuse, she might have gone to her mother, but she didn’t want to disappoint her — they didn’t want to disappoint their mothers. It was very touchy. The thing I didn’t like about it was, often, because of the way it happened, it put a barrier between the husband and wife. I mean, the husband had to keep a secret to protect his daughter, or vice versa. If it was the mother, and the father was of a kind who would have been very upset about it, the same thing happened. It wasn’t a pleasant thing to happen. And requiring husband’s consent for a wife’s abortion if he was living with his wife was very difficult. The law didn’t stipulate how long they had to be separated for the abortion to be legal and so oftentimes women would sort of move out for a weekend and then move back in. It was difficult.

There was a time, I remember, at the Vietnam War — and war does crazy things to people anyway. But I remember this one woman who had come in, who was very upset because she had been at a party — her husband was overseas — and she had gotten herself pregnant. She loved her husband. They had a good family. She just could hardly wait for him to come home. But it just happened, you know? People sometimes just get carried away. She said it would ruin her life, it would ruin her children’s lives if he came home, which he was about to do, and found her pregnant. The situations individuals can find themselves in can be very, very difficult. I'll never forget those stories. I just never will forget.
I remember a young black woman who came. She wanted to be put on the birth control pill. She had just come up from Denver and she had gone back after the baby was born. She had three children under the age of three, and she’d gone to the clinic in Denver and wanted to be put on the birth control pill. But they didn’t want her to go on the birth control pill because she was nursing her baby. They told her to wait until she got to Seattle — they were moving up here — and then go right in and see what we could do for her here.

So she’d come in, and she told me about her situation. They had a one-room apartment and they had the baby sleeping in the dresser drawer. She had a sink in the corner of the room where she was doing diapers for three children in this little one-room flat. But she felt upbeat because her husband had just gotten involved in a training program, and she felt, for the first time, they really had a chance to sort of dig themselves out of this hole. She went in for her examination, to be fitted. And she came back out having been told that she was already pregnant. She just fell apart in my arms. She said she just couldn’t go home and tell her husband that she was pregnant. She was just so afraid he’d leave her. He’d been upset at the last time. But there was nothing you could do because, at that time, abortion was still illegal.

I remember a boy called me on the telephone and was terribly upset. I invited him to come in so we could talk. And he had impregnated a young girl. I think he was about 18, 19 years old. He had just graduated from high school, and he was working as a mechanic. Anyway, he had gotten this girl pregnant. And they made no bones about it: neither one of them wanted the pregnancy. They weren’t in love with each other; it just happened. So he talked to the fellows at work, and somebody gave him the number of a person to call that would help him out. He had a car; he’d bought a car. Four hundred dollars he had paid for his car — I can still remember that — and that’s what the man was going to charge for doing the abortion. He told him to meet him at a motel. And he took the boy’s money, he took the girl in and raped her, and the girl just absolutely fell apart and ended up going down to Harborview Hospital. Just — you can imagine that assault, on top of what she was already going through. And the boy felt so guilty and so just awful about it. He wanted to help her, because she was still pregnant, but he didn’t have any money. And he didn’t know what to do, where to go, how to help. And there wasn’t anything we could do to help him. That’s why I remember that all these years later.

MCFARLANE: Yeah.

MINTO: There just was nothing you could do to help this person and this poor girl. And I don’t know what happened to her; you could never find that out. So you’re left with all this — Well, I could just go on for hours about the people that we saw.
MCFARLANE: I actually think this is really important for the record, what you did see, because –

MINTO: Well, we got involved at Planned Parenthood with this issue not just because I was — As a matter of fact, I ended up co-chairing, with the head of the Council of Churches, the executive committee at the time that law was passed. But I actually got involved with it because I read a public health service report out of the — I think it was the American Journal of Public Health. I can’t remember, but it was a national journal — that 25 percent of the women and girls who had illegal abortions were not even pregnant at the time they had the procedure done.

MCFARLANE: Oh, wow.

MINTO: Now, how they ever got this data together, don’t ask me, because I can’t remember that. But I do remember being absolutely shocked by that, and I took it to our medical committee. We had just a great medical committee. We had about 60-some people on that medical committee, of which 16 of them were an executive committee, and that’s where I would always take the things that needed to be done. I told them — I showed them the article, and I asked them, didn’t they think it would be useful for us to offer a pregnancy-detection service? Because even though we couldn’t offer people abortions at that time, we could at least see, you know, what was out there; whether this was a problem. Girls would miss their menstrual periods and they’d move quickly to try to do something. And if you’d had a chance to find out whether they really were pregnant so they’d know what they were dealing with, then you could counsel them and talk to them about what their alternatives could be. At least their health was not going to be jeopardized in the process. So the Medical Committee approved the new service, and they made that recommendation to the board, and we started a pregnancy-detection service. We found out — we tracked it for over a year — that it was about 25 percent of the caseload.

MCFARLANE: So it confirmed that –

MINTO: It confirmed. I think ours was 23 percent, or something of that kind, who weren’t really pregnant at the time, but had missed a period. And you really could be helpful in that regard, and we saw all ages of people coming for that service.

When I first became the Exec. of Planned Parenthood the policy of the organization was that you could see anyone who was married or who was about to be married, with the date set, or who had already had a baby, as if it was a union card into the club.

MCFARLANE: (laughs) Already fallen, so to speak.
MINTO: Yes. Or had been referred by another professional social worker or somebody who had seen them and felt that they needed to be seen. Which was pretty silly. That was when I first went to the medical committee and asked them if they couldn’t do something about that policy. And to a person, they would all see, in their private practices, anybody that came in, and they would help them. They didn’t see any sensible reason why people that didn’t have money, or if they were coming to a place where they really needed help, they couldn’t get that help. So we changed the policy. And that was a great assistance. That opened the door to a lot of people who otherwise wouldn’t have been able to access any kind of service.

I was on the board the first time I observed a clinic, because I needed to do that. If I was going to be talking about the organization out in public, I needed to know what was going on in there. The clinic that I went to — let’s see, we had 16 women at that clinic, and four of those women, between them, had 41 children. All had been delivered at the county hospital. None of them could hear anything about birth control at the county hospital — that was forbidden; it was against their policy. I was appalled. Then a doctor who was — I think he was the head of staff at Harborview Hospital — David Metheny, a wonderful man, a surgeon. His wife had chaired the board.

MCFARLANE: Of Planned Parenthood?

MINTO: Of Planned Parenthood. Doctors and their wives were very central to the development of this organization. So David Metheny went to bat and got that policy changed at the hospital so we could send a nurse. Our nurse from Planned Parenthood could go up to the postpartum ward after they delivered and tell the women that, when they got out of the hospital, they had a place they could come and we’d help them with birth control. And that was in the late fifties!

MCFARLANE: Now how were you getting money for the clinic? You said you’d been involved in fundraising.

MINTO: Well, it was the women on the board. Until I came, they didn’t even have men on the board. But they had one man who acted as our treasurer, and he was a great guy. His wife had been on the board and, anyway, he was very concerned about the kind of work we were doing, and sometimes he’d pick up the payroll because we didn’t have enough money. We had one woman who had a Pru’s List — her name was Pru Hedderly-Smith, a wonderful woman — and she would arm wrestle people into giving her $25 a year. (laughs) That was a lot of money in those days. So we just kept our nose above water, and that was hard. Once you had an opportunity to get something in the newspapers, life improved some, because you had some accessibility to the public. We weren’t allowed in United Way until 1971.
MCFARLANE: Amazing.

MINTO: The Catholics kept us out. I can remember at the time of the War on Poverty that was during Lyndon Johnson’s administration. It was the first time the government had ever asked poor women what it was they needed help with to get out of poverty, and birth control was at the top of their list. That stimulated the first money that came out through the OEO [Office of Economic Opportunity], and we had OEO clinics, and the OEO money was made available.

MCFARLANE: So you had OEO money for Planned Parenthood?

MINTO: Oh yes. We got some OEO money. Our first federal grant was OEO money, and it had to be a separate clinic. They had all sorts of rigid rules attached to it at the time, but anyway, we were able to take a clinic to a housing project, and we’d go out there one day a week with a staff to serve income eligible women. When I got there, it just made a lot better sense to fold the money into having more clinics at a central location. And besides, women didn’t necessarily want to be seen in their own housing project getting contraceptive services. So we were able to get some of those rules changed. And then Title X came down, which was a result of the Gruening hearings and the Tydings hearings.

MCFARLANE: And that’s 1970, right?

MINTO: I can’t remember the exact date of that, but it was about that time. Certainly in the early 70s, because they were making money available to public health. The first thing the board had me doing when I became Exec. was to go around and try to organize more family planning clinics in the state, because it was silly to have only one clinic for the whole state of Washington.

MCFARLANE: So they had a statewide mission?

MINTO: Well, what they did was just tell me to go out, and I could do one of several things. If I could convince the people in the public health departments to start clinics, that was fine, and we’d build a community support group behind it because some were apprehensive about public opinion. Or, if the public health department, for one reason or another, didn’t feel able to do this — in small public health departments in different counties around the state, sometimes you had a veterinarian who was the head of the health department, or somebody that really wasn’t terribly interested in women’s health. If they wanted to start a Planned Parenthood, we could do that. National would not let us enlarge our own affiliate, because they thought, at that time, there was more strength in having separate little affiliates out and around and about.
MCFARLANE: So this is national Planned Parenthood?

MINTO: Yes. We went back and asked them if we could form a state affiliate, because that seemed to me to make the best sense, but at that time they felt that it was a much better policy not to do that. So we helped many other ones get started. Seattle-King County was wonderful. The health department started having clinics, and that was a big help. It was a longer time getting it down in Tacoma. We did eventually get a Planned Parenthood started in Tacoma; we got one started in Snohomish County, and up in Bellingham. Yakima was the first one besides us in the state, and then Spokane. We also started one in Walla Walla. We had started quite a number of them over that brief period of time. Also we were successful in helping four or five county health departments to begin services. Then we got a training grant, because when you start something, people need to know how to do all the things that need to be done, and there were quite a lot of protocols involved in that.

MCFARLANE: From the feds — a training grant from the feds?

MINTO: Yes. So we got a Region X training grant, and we trained staff from Alaska, Idaho, Washington, and Oregon, the states that we were primarily concerned about. We were teaching counseling techniques and about all the protocols. There was just a lot of information that new clinics needed to have. Where it was feasible, we would bring physicians into our clinics to spend time with our physicians. You’ve got to have some standardization, and that’s how you get to it, by training them. And so they would come in here to be trained, and, in cases — particularly up in Alaska — we’d take a training team up there. We did that a number of times. So we had that training grant for quite a number of years.

When you go into, particularly a public health department, you could come across a whole variety of attitudes.

MCFARLANE: Right.

MINTO: Well, you can even do that in a Planned Parenthood, you know, if people aren’t comfortable about things. So you’ve got to help develop people’s comfort levels with what they’re going to be doing, what they’re going to be seeing, and how clinic staff is there to help and not to judge patient’s behavior.

MCFARLANE: Well, at this point, you’re at the forefront of what’s going on nationally, aren’t you?

MINTO: Yes.

MCFARLANE: I mean by the — it’s the early 70s.
MINTO: We were fairly unique with our education program. I’m bouncing around here like a rubber ball. I’m sure — Well, I know we were the first to do a lot of sex education within the affiliates themselves because before I went on the staff — I think that would have been 1966 — we had a western region meeting in Seattle. By that time, I had developed a protocol for how you deal with high school classes and the issues of population and personal responsibility for ones sexual behavior, and trying to teach people that fidelity is a discipline not a grace. You know, what’s real in the world and what kind of personal qualities you can develop in yourself to make it work for you and not against you. Kids need to know that.

MCFARLANE: Can you tell me a little more about that?

MINTO: Well, (laughs) I can remember Stewart Mott. Have you ever heard of Stewart Mott, the young Stewart Rawlings Mott? I couldn’t believe it. At this meeting, they asked me to put on a workshop. So I did that, and afterwards, he came up and said that he’d give me $100,000 if I’d do a curriculum.

MCFARLANE: Is this in New York or here?

MINTO: No, this is here in Seattle, at a Western Region Planned Parenthood meeting. And I didn’t think he was serious. I didn’t even know who he was. That’s a lot of money. And besides that, I’m not qualified. I mean, I’m not even an educator. So I didn’t really pay much attention to him. But it turns out, he was really quite serious about that. He wanted to export the program. Anyways, the result of that meeting I was asked to speak at the national meeting of Planned Parenthood, which was always held in New York at that time, and so that was my first trip back to New York.

MCFARLANE: And this is about ’66?

MINTO: Nineteen sixty-seven. It was ’66 that we had the regional meeting here, ’67 when I went back to my first annual meeting, because at that time I was the executive director of this affiliate, which was then known as Seattle-King County, although we were serving outside the county as well. It’s now called Planned Parenthood of Western Washington because, in the meantime, national Planned Parenthood changed their policy. (laughs) They wanted people to get bigger. So anyway, there’s been some consolidation that’s taken place in Snohomish County and with Tacoma, Pierce County. Let’s see, we’ve got nine counties, I think, now, that we service now, in western Washington.

Where were we? Oh, you wanted the sex education piece of it.

MCFARLANE: The fidelity and grace.
MINTO: People often feel as if they’re not in charge of their own lives. And if they feel they’re not in charge of their own lives, they probably aren’t in charge of their own lives. But it’s a matter of attitude and perception. And if you could help kids understand that they do have some control over what goes on in their own lives — particularly young women, but even young men — it makes a difference in the kinds of decisions they’ll make.

I can’t tell you how many times over the years that I’ve had young people come to me as adults at various other functions that I’m at — or they’ll write me letters — and tell me what a difference it made in their lives to understand sexuality differently. Then, and even now, some people don’t believe sex education is a healthy subject to teach young people. Often teachers — health teachers particularly, which always surprised me — want their students to have this information, but they are very uncomfortable about teaching it themselves, and they want professionals to come in. I sometimes did as many as 20 of these a month when I was a volunteer working full time at the church.

MCFARLANE: Well, I think this is interesting, the fidelity — I mean, you’re talking about character?

MINTO: Fidelity is a discipline. Well, nobody’s going to hand you fidelity. You are responsible for grasping and practicing the concept. It’s a discipline. And this is true throughout your life. I mean, it’s true whether or not you’re married. Adolescents have a feeling that, somehow, lust doesn’t exist past a certain point in someone’s life, and that’s not true. For some it can be there for a lifetime. It’s just a matter of controlling what you do with sexual feelings. It’s not that people don’t have the feelings. You just need to know you are in charge of them.

MCFARLANE: And it’s acknowledging them.

MINTO: Yes. Feelings are healthy. It’s what you do with them sometimes that is unhealthy. And you need to understand that, in order to make sensible decisions about how you’re going to handle your life, including the sexual part of it.

MCFARLANE: Now, when Roe v. Wade comes around in 1973, how does that impact you at Planned Parenthood?

MINTO: Oh, that was wonderful because, among other things — It wasn’t just Roe v. Wade. There were several other decisions that went right along with it. We no longer had to — the husband-consent issue, you no longer had the minor-consent issue, because those were all dealt with, with that cluster of decisions that came out about that time, and it made quite a difference in the way we could handle things. We always did — while I was there, and I’m sure they probably still do now — try to encourage young people to involve their parents if they possibly can.
It’s a sensible decision. A lot of parents will be very helpful, and some of them won’t be, and it’s up to the individual in the counseling situation, to determine the way that goes.

I was starting to talk to you about education and some of the innovative things that we did with education at Planned Parenthood. We had a large education department, and we published a lot of materials.

END TAPE 1
MINTO: We did one especially for teachers of the mentally retarded, enabling them to teach retarded people in a different way. We did it with a series of charts that we published, and we sold them all over the country, and still do, I think. It had very big pictures of the anatomy and the physiology of sex and what the names are. The lovely part about doing it with charts is that you can keep each chart in place long enough for them to absorb the information. When you’re talking to people and you’re using a movie or something of this kind, it’s very hard for them to accommodate that information quickly. But you can keep a chart there as long as they want to talk about it.

MCFARLANE: Interesting.

MINTO: I think we had probably twelve plates that we used, and big ones, and that has been enormously helpful. We did a lot of work with the deaf and produced materials for the deaf, which we did with the help of some deaf teachers in the community, so that that could be a part of their understanding, too. We started programs for mother and daughter, father and son, or mixed things, so they learned together. You know, you teach the parents separately and the kids separately, and they get back together without knowing who said what about whom. You get into some very good conversations, and it’s very helpful. We still maintain those kinds of programs in the various clinic locations.

MCFARLANE: So your affiliate was in the forefront of education — sexuality education?

MINTO: We certainly were. It got, however, to the point where, because of the opposition — and it started out with the John Birch Society, and it grew over the years, as you might well guess — there was more confrontation in there than the public schools really wanted to have to deal with, and we understood that. So we began training the teachers. That’s very helpful to do.

     I told you we had a training department, but we had an intensive training course for nurse practitioners, because that’s always one of the things you’re having a hard time with, is having enough people to do the clinics. The nurse practitioners are really a critical point, and so we did an actual career-step program for nurse practitioners, taking qualified nurses and putting them through these protocols. It took about — I can’t remember — I think it was six months to get them through, but they were really very well qualified by the time they were done. And they have their clinical experience with us, and then they could go back to wherever they needed to go and be a qualified nurse practitioner. We had credentialing through Central Washington University — it’s over in Ellensburg — and their certification through that process.
MCFARLANE: I’m going to stop right here.

(break in audio)

MCFARLANE: We’re back after a short break, and we were talking about nurse practitioners, and I’d like to get back there. I’d like to ask you a little bit about facilities, as this organization is growing, this Planned Parenthood, and how are you acquiring clinics and facilities and land, if you will.

MINTO: Well, as you well know, when you grow, you have to be occupied with all that kind of thing. The first Planned Parenthood clinic in this town was done by the Junior League way back about 1945, I guess, or a little earlier than that, and it was over in the Broadway district. They leased or rented an old Chinese laundry. (laughs) Actually, the plumbing facility was in the backyard, and the women made old coffin cartons into partitions, and they just fixed up the best space they could possibly get, and it was $25 a month. When somebody tried to raise the rent on them, they decided that they would have to go elsewhere. We had been to a number of different places in the city, and during the war — the Second World War — they actually held the clinics in an ob-gyn’s office, on his day off. It so happens that his wife was on the board of Planned Parenthood, (laughs) so that’s the way we sort of bootstrapped things up.

MCFARLANE: So he did what she told him to.

MINTO: Our first real medical clinic that had been planned as a medical clinic was down at 202 16th Avenue South, and we used that until we had just expanded our program beyond its capacity to live in that building. One of our board members helped us find a much larger space that had been an Albertson’s grocery store, with a big corner lot and a lot of parking and this big building that we then ultimately remodeled to make it into a clinic and an education department. We remodeled that space about three different times over a period of years, to try to accommodate the growth that we were having there, and the fact that we had become sort of a regional entity, certainly in a training department capacity.

And then when I retired, they traded that space. We’d bought the space and they traded that space for another different property that was only a couple blocks away and built a beautiful building, just a state-of-the-art building. It was architect-designed from the ground up. And we had everything up to and including an archival space there. It’s just a very functional building of three floors. And that’s where we are now. They use that as the administrative headquarters as well as all the administrative offices and the fundraising and all the auxiliary things that you do. But we also have all these other spaces because we now have 24 clinics in 11 different counties, and space is always an issue.
We got a head start on the whole process. Many years ago, shortly after I had come, a man by the name of Hunter called me and said that he and his brother, who had a homestead up in Snohomish County, wanted to leave us their property. Neither one of them had children, and they wanted to leave their property to Planned Parenthood because they were very concerned about the issues of birth control and very concerned about population and the incursions of more and more people into what had been a fairly pastoral place for them to grow up, because they had lived their lives on this property. I said thank you, that was very nice, we would appreciate that, and I talked to them a time or two.

Then his brother died — Gordon Hunter died — and he called me again and wanted to make sure that he had the right name — he was updating his will, et cetera. And I decided I had better go out and visit him. So I did, and it turns out that this homestead, this 30-acre homestead that he was going to leave to Planned Parenthood, was actually right across from a huge development called the Alderwood Mall in Snohomish County, and the property was obviously worth a lot of money.

This man, Basil Hunter, was very crippled; he could hardly walk. He was an old Scotsman, as unique a man as I’ve ever met. He lived in this old house, which he took care of — to the extent that it was taken care of — by himself. He still planted his seeds, and because he had such a bad hip and it was so painful, he had a hard time walking. But he spent his life making do with what he had. And he made himself a little box on a stick so that he could use a cane in one hand and carry this waist high sharpened stick in front of him that had a tuna fish can on the front. He’d put his seeds in the tuna fish can, and he’d put his stick in a hole, drop in a seed, scrape dirt with the stick over the seed and he’d move on down the row. And that’s how he’d seed his garden. Just incredible, what he lived with. He raised his own food. If he didn’t raise it, he hardly had it. I got so that I was taking him hot soup every Saturday.

We just loved him. The whole family fell in love with old Basil, and it was fun to listen to him talk about the life that was. I’d stop at the store and pick him up some things on the way over. All he really wanted to buy was bread and peanut butter, and everything else sort of happened. He grew animals that he would butcher himself. He ate goat meat, which just shocked our daughter to death because she loved the goat. (laughs) He didn’t understand that she loved the goat and that it would be offensive to her to have him eating the goat meat. But anyway, that’s just where he was. He was just a terrific old guy. And when he died, he did indeed leave us this property, and I pulled together a committee, a board of our finance committee. We had some wonderful businessmen on the board. That property turned out to be worth about seven million dollars.

MCFARLANE: Oh my goodness.
By that time we had a Snohomish County Planned Parenthood up there, and so we decided it was appropriate for us to give something to that affiliate as well. But that money was — he knew just exactly how he wanted it spent, and he was hoping that we would have an abortion clinic up there because he felt they needed that kind of service where they were. Besides, he thought it would be nice on that property.

MCFARLANE: That’s interesting.

Well, he had planned it in his mind, even to the drainage. He just really thought that it needed to be there. We ultimately did not use it in that way. He was so poor that he was having a hard time making his taxes, even though they had it as green space; he was being taxed at that level. We had to do some reorganizing with the city of Lynnwood to be able to do the things that we thought needed to be done there. I helped him sell his — he didn’t have cash crop, and he just didn’t have money even to go to the doctors, which was really sad. A husband of a board member who had been a lumber broker, helped me get in touch with people that would log some his timber. He had first-growth timber on that property, which was worth a lot of money. He got about $25,000 to have most of one section — a little piece of it — logged, and that gave him some cash to live on and to see the doctor when he needed to.

He a bright light in our family’s life. But he left Seattle Planned Parenthood a wonderful legacy, and our group was able to develop it into something that was very worthwhile. We sold a piece of the property, where the timber had been, of ten acres, to a retirement home, which fit nicely with what needed to be there. We sold another piece, the middle section of the property, to a hospital, a clinic complex, which ultimately didn’t go up there. I’m not sure what they did do. They sold it after a while. And the third piece of the property — which Basil wouldn’t have appreciated at all but we had to do, otherwise the city of Lynnwood wouldn’t allow it to go forward as we’d asked. It was put into apartments, which he wouldn’t have approved of at all. But that went into a fund at the affiliate, to be used for the expansion of family planning services in King and surrounding counties. And it has been and still is being put to that use. And it has enabled us to purchase some properties where we have clinics, because some people don’t want to lease to a Planned Parenthood, especially if they’re going to be picketed. It has also enabled us just to upgrade some of the facilities that we had.

So all of our facilities are beautiful. We care about the way they look for the patients who come there, and we want them to feel good about the space that they come to. That legacy was used to buy the property we were in at the time, and which we traded for the parcel on which we put our new building in 1994. By the time that building was built, it had been completely paid for. We didn’t have a mortgage on it.

MCFARLANE: Was that due to Basil, or more than that, or planning?
MINTO: Oh no, Our Board held a big capital fundraising campaign. One of the things we found out — We’ve been very heavily involved in public affairs in our affiliate, and the opposition has been very well organized around here. Many of the primary people in anti-choice have come out of this general area. Michael Farris, for example, who I’m sure you’ve probably heard of. He has that — it’s called Patrick Henry College back in Virginia now, where they’re training attorneys to be able to take on the world (laughs) with their ideology. Rita Marker, who was head of the international anti-choice movement, came out of this area. There are a whole bunch of them that have. But in any case, they decided that they were going to gut the law that we had passed, and they got signatures on an initiative that would allow them to de-fund abortions for low-income women. We’ve always had that in the state of Washington. And so we took them on.

MCFARLANE: And this would have been about when?

MINTO: That would have been about 1986, in that time frame. I chaired the — we called it Pro-Choice Washington on that occasion. It was a really tough one. They brought in a ton of money from outside the state to try to win that, but we won it. Not by as much as we would have liked to have won it by, but we won it. Then they tried to do it again, but they couldn’t get enough signatures the second time around, so they gave that one up.

And just before I left — it was 1990 — the handwriting was on the wall — at least it seemed to us it was on the wall — that Roe v. Wade was going to be challenged in the Supreme Court. We were very concerned about it. Because the law, as it still sat on the books of Washington, would not have allowed us to do the things that we felt needed to be done if Roe v Wade fell. So we pulled a coalition together and came up with a law, in the form of an Initiative to the People, which did pass in 1991 after a real battle. Over $700,000 of Catholic money came into the State for that election. We weren’t sure until two weeks after the election that we had won it, but we did. And that law codifies the Roe v. Wade standards in the state of Washington, which our earlier reform law had not done.

MCFARLANE: So even if the U.S. —

MINTO: If the U.S. Supreme Court changes, we’re safe. We’ve got our own law that allows us to do that. And we also built into that law something that they didn’t have: The State will pay for prenatal care for income eligible women if that’s the choice of the woman, or they will pay for abortion if that’s the choice of the woman. The woman has the choice; the state remains neutral. As long as they fund one, they have to fund the other.

MCFARLANE: So this is through Medicaid?
MINTO: Through whatever is available to them. But they have to do that. And so that’s a piece of the law in Washington State. It doesn’t make me feel happy that Roe v Wade might go down but it does at least protect our capacity to deal with women’s choices in Washington State. We know that it’s not going to be that way everyplace else in the country if Roe v. Wade falls, but there’s at least a place out here for people to go. There are several other states, I think, that will — I think New York would continue to do that, for example. They always did everything through the legislature; they didn’t pass things by vote of the people. But out here, you pass things by a vote of the people, and then people leave you alone.

MCFARLANE: At the time Roe v. Wade — that decision — came about and other similar decisions, were you pretty sure that would happen? I mean, by this time you’re pretty active nationally in Planned Parenthood.

MINTO: Oh yes. Yes, I’ve been very active nationally in Planned Parenthood. By the time —?

MCFARLANE: Roe v. Wade, the Roe v. Wade decision. I mean, did you anticipate that?

MINTO: We hoped for it, but we didn’t know it. Everybody was sort of sitting around holding their breath until that came out. But that was Justice [William] Douglas, who was a westerner. He came from Yakima, Washington. His memorabilia is down there. They have a wonderful little corner of the museum down in Yakima with his office furniture and other things in it, and he was the privacy rights Justice. Westerners have a different flavor than easterners I think.

MCFARLANE: How do you see that? Explain how.

MINTO: I don’t know whether it has to do with space, or whether it has to do with less crowding. I don’t know what it is, but there’s a western flavor. Washington’s this way, Oregon’s this way. There’s more individualism. California has — Gosh, you know, even when [Ronald] Reagan was down in California, he was in favor of abortion. He worked that way as a governor, but he changed his stripes when he got to the presidency. But I think they’re fairly secure there, too. Certainly they are with this governor.

MCFARLANE: Right, it’s a difference. So your observation from being involved in national reproductive health politics is that western politics are different.

MINTO: Oh yeah, I think they are. Well, southern politics are different, eastern politics are different, and Midwestern politics are different, and we’ve got a whole bunch of different countries in this country.
MCFARLANE: I wanted to back up a little bit and talk about your perception of the relationship between population and family planning and reproductive health — how they are associated in your mind. I think you were talking about population in your curriculum early on.

MINTO: Yes, because I think we’ve got a responsibility for that, too. But I think it only becomes a responsibility when you know about it. If you don’t know about it, you aren’t positioning yourself to do anything about it in your own life. I have never felt that people should be coerced into their positions. Now that just doesn’t make any sense to me. I remember being shocked at the time the OEO grants came out and people were charging genocide, when that just was so totally removed from the reality of the situation. It was the low-income women that really wanted this kind of help, and needed this kind of help, and didn’t have it available to them. But the people on the opposite side of things would twist that to make it seem as if —

I can remember when we had our first abortion bill, the one that we passed in 1970. The opposition had a big billboard with a baby’s bloody foot on it, and they were advertising genocide. You know, it probably made people believe that that’s the rationale behind it, and that’s just not there. That certainly has not been in my experience, and it has not been what has motivated people to do what they do. I think it’s demeaning women to think that they can’t make their own decisions in life, and make them in the best way they can. Now, they’re not all going to make the same ones, and there’s room for that kind of difference in the world. But if you are officially condemning women not to have a choice in whether or not they have twelve children. Maybe they don’t have any other choice. That, to me, is wrong. I think it’s immoral and I think it’s unethical.

MCFARLANE: But how would you weave world population growth — I mean, how do you weave that together with family planning services or reproductive health?

MINTO: It’s a complex issue, and there’s no question about it, but population is connected to almost everything else that goes on in the world. You can’t ignore a population. It’s not the only answer, but it is part of any answer that you’ve got to resolve poverty, to resolve issues of conflict, issues of the environment — you name it. Human rights. It’s all interconnected. And until we are able to help people understand that interconnectedness, and until kids understand the interconnectedness, I don’t think we’re ever going to get on top of the problems that it all causes — health, disease. Sounds like Malthusian theory, doesn’t it?

MCFARLANE: Kind of. I’m wondering if you could comment a little about the controversy between the so-called feminists and the population people, especially (inaudible) 1994, the Cairo meeting [the International
Population and Reproductive Health Oral History Project, Sophia Smith Collection, Smith College

Conference on Population and Development], and your insights on that. Did you have any direct involvement?

**MINTO:** I didn’t have any direct involvement in that Cairo meeting. I had been invited to go to it, but I did not do that. It does seem to me that whenever you get talking about those things, the position of the opposition is rigid — and it’s been peculiar. You first had the Reagan administration, who was in concert with the Vatican in dealing with the Mexico City piece.

**MCFARLANE:** What’s that?

**MINTO:** The Mexico City piece?

**MCFARLANE:** Yeah.

**MINTO:** Well, in Mexico City, was when Reagan put a lot of pressure on the people that went to that conference, to keep family planning being funded at all. That’s where he formulated the gag rule — you know, you couldn’t even talk about abortion at all — and he tried to shut the clinics down, and refused to fund international services if pregnancy detection or counseling was included in family planning services. This in spite of the fact that improperly performed abortion was and still is a major cause of maternal mortality in most under-developed countries. Our Affiliate worked hard to develop some strategies to deal with that when The Reagan Administration tried to apply the Gag Rule to all Title X funded clinics nationally. We really did deal with it, and the courts backed that up, so we were okay with it.

**MCFARLANE:** So do you mean we, Planned Parenthood nationally?

**MINTO:** No, we here at Seattle. Seattle-King County did this too, and at the time I was on the board of NFPRHA [National Family Planning and Reproductive Health Association] in Washington, D.C. What you had to do was to help people understand that nobody owns you. If you have a family planning clinic, you own the family planning clinic, and it’s up to you, if you want to take that money, to use it in a way that the federal government tells you that you have to for their money, but they can’t tell you what to do with your money. It’s a matter of segmentation, and also a matter of knowing what your own capacity is. You’ve got to stand up for it. And so when people come in — if the federal government will only pay for this kind of a service, then you assign people to that kind of a service, if that’s what they want to do. If they want something else, you’ve got private money, you’ve got other kinds of money that you could use to do that, and you can keep books.

**MCFARLANE:** You may just account for –
Sure, you can account for it. It becomes an accounting problem. And they like to think that you can’t account for things, but you do account for things, and you do it all the time. But trying to help people understand that you aren’t at the mercy of a funding source just because they make a rule. They’re entitled to make a rule with their money. I don’t happen to agree with it, but they’re entitled to tell you what you can do with their money, and then use that to fit the people that it will comfortably fit. And use your other money for the people that it won’t comfortably fit.

We had a real to-do here in Seattle in 1989. We had never done abortions in our clinics. We didn’t need to because we had prepared doctors and we had lots of physicians around that provided inexpensive abortions in the Seattle area. But there was a lot of pressure brought by the opposition, and they would advertise –

(break in audio)

Older physicians who had really understood what it was like to be without legal abortions in the society, and who knew firsthand the kind of awful problems that came into hospitals with women having septic abortions. These doctors were dying off, or they were retiring, and we were going to be without an adequate source of abortion providers for low-income women. So our medical committee decided that it was time for us to stand up and start doing abortion services in the clinics ourselves.

So we were, by that time, a United Way agency, and I think we were making something like $400,000 a year from the United Way. We explained to our panel — the United Way panel — what we were faced with and that we were going to have to move in this area, but we would not be asking for United Way money to do that because that comes from a general pool of the public; that we would be funding this independently. We went through almost a year of discussions with our board and seeing how we could do this one way or another. And as soon as the board made a decision that, yes, we were going to do this, I went down to talk to the people at United Way. And it didn’t seem unreal to them because it wasn’t. I mean, they had known about it from their panel for a while, but it hadn’t gotten to the United Way board yet. There were some prominent Catholics that were on that board, and when they found out about it, the stuff just hit the fan and they weren’t going to have that. We got very unpleasant letters from archbishops, and the whole thing was very difficult, and United Way wanted us to back away.

They finally realized that we were serious about this; that we were going to go ahead and do this because our clientele needed it. And they told us that we’d have to have a separate facility for this. Well, that’s ridiculous. You don’t have to have a separate facility; that’s not even good for patients. I mean, here you’re going to do what you’re going to do in the right way. And we said no, we wouldn’t do that, but
we would separate our books. Well, that’s not enough for them because that means their money could be taken in some way. And it got to be a real brouhaha. They wanted us to have a separate board, and we said no. And they wanted us to have a separate Planned Parenthood, and we said no. And you couldn’t actually. The national Planned Parenthood would not allow you to have two Planned Parenthoods in the same city. No, you can’t do that.

So they invited me and our legal counsel and another person to come meet with some people from the United Way. And they told us that they just simply weren’t going to be able to deal with that; we were going to have to work it through for another year. We said no, we need to start it now. And he said, “Well, you have to do it without United Way money.” And he said, “You just better be very sure that’s something you want to do, because you can’t raise $400,000 easily in this community.”

So I took that back to the board, and the board — I remember writing until late at night the night before the board meeting, the pros and the cons of both sides, so the board would fully understand what the issues were. Then they sat down, and it was the best board meeting I ever went to. They took a long time, and the press was standing outside the door. We had all the television cameras and all the newspapers wanting to know what happened— because the Catholic press had publicized the issue and by that time, the community press was aware of it. I had written two alternative press releases depending on which way the Board decided to go, so we’d have something prepared for the Board to speak from because I knew the press were going to be there. And finally at the end of our Board meeting, one of our board members who had been in the state legislature said, “I’ve had enough conversation about this. This is something we need to do, and we need to stop talking and start acting.” They took a vote, and I think we had two negative votes out of the whole board.

MCFARLANE: And the board was how many?

MINTO: Oh we had 35 people on the board. We had a big board. I loved working with my Board volunteers. Individually and collectively they were outstanding men and women. You need them. I mean, you really need volunteers. Several Board officers joined me in the press conference, and they did a great job in explaining the rationale for our action. For about a month, once it hit the press that United Way threw us out checks and letters of support just poured in from the community. We totaled over one million dollars in contributions that year.

MCFARLANE: Wow.

MINTO: And before that, I had taken a poll. It’s the only poll I ever had done at Planned Parenthood, but I just felt we needed to take a poll to find out how P.P. was perceived in the community. I can’t remember all the
details from the poll. We got quite a lot of data from it and it was done by a very reputable polling company. The one statistic I clearly remember was that over 80 percent of the people in the poll had a favorable opinion of Planned Parenthood because they had received a service from Planned Parenthood.

MCFARLANE: Eighty percent of the community?

MINTO: That’s right. That’s plus or minus three percent. The big education department, the many clinics we had available in the county—people knew who we were and what we did, and they believed in us.

MCFARLANE: That’s incredible, isn’t it?

MINTO: Well, I thought so. We’d been very active in the community. I mean, all that education, all that stuff that you do for parents and kids. They’d had some piece of the program. They’d heard about us. We’d had an impact on that many people in the community. And, later, when we really needed them, people really turned out for us. I just couldn’t believe. I’d go in at seven o’clock in the morning, and the telephone would be ringing, the checks were pouring in, people canceled their United Way pledges. Finally, United Way, about halfway through this, decided that people could designate their funding for this year, because otherwise the United Way campaign that was under way would go down the tube. We didn’t want that to happen—part of what we did, that I had written into our P.P. press releases was that the community didn’t have to be either-or. The community was big enough to support both. We didn’t want the United Way organizations, because they served many of the same people we do, to go belly-up. We just needed to be funded independently of them, and the community did that.

Then, after that, by the end of the year, every time they mentioned the United Way in the press, Planned Parenthood was mentioned too. It was just fascinating to watch this. We had good friends in the press, they were with us, and they called on us. Over the years, we had developed a very active public relations program. I mean, if something broke in the press, they’d call. I can’t tell you how many times I stood out there in the front walk with people, even on the weekend. You know, something happened about the abortion issue or something happened about some other thing the president was going to do, and then they’d come out for a comment. And we always tried to be available.

MCFARLANE: How did you do that?

MINTO: You’re available. I always answered my own telephone. And I still believe in it. You know, if anybody cares enough to call, you can pick up the phone. And I answered my own.
MCFARLANE: That’s really unusual, isn’t it?

MINTO: Well, it is these days. I mean, you get 60 jillion different things that you don’t want to listen to before you get to anybody you want to, if you’re lucky enough to get there. And usually you’re just leaving a telephone number and hope they’ll call you back.

MCFARLANE: Now, I’m trying to understand this. So you’re answering your own phone — and how many patients is your organization serving?

MINTO: Well, I’m not answering the front-office phone; I’m answering my telephone. If somebody calls me on my line, I always picked up my own line. If I was in a conference, my secretary would pick it up. But they’re currently serving about 135,000 patients. When I left, which was 14 years ago — that was before PPFA let us merge with the Snohomish County and Tacoma affiliates — I think it was about 60,000 or 80,000. I can’t remember. But it was a lot less than they’re seeing today because they’ve got more clinics.

MCFARLANE: I’d like to kind of get back to your theory, your strategy, of public affairs. You’re available for the press.

MINTO: Yes.

MCFARLANE: And what else were you thinking? Did you write press releases?

MINTO: Well, I wrote the press releases for the United Way issue because it was big, and I felt responsible for that, and I felt that the board had to be prepared, and so they had some things that they could say. We didn’t often hold press conferences because we didn’t often need to, but we did hold them. And part of this — we worked in coalition with other people. We always were around the abortion issues that always got press. I think we’ve had four abortion campaigns. I’ve been around a long time. I started a long time ago, and I didn’t leave until 1993. So they had a name and they knew they could get a hold of me, and I answered my own phone at home. I hired a public affairs director who was very good; she was a journalist by discipline. We had good newsletters that went out to lots of people that would keep them informed about what’s going on. We did it three times a year. It’s just attention to little things. There’s no magic in it. It’s just being there and being willing to talk.

MCFARLANE: Do you think you, at this affiliate, did things differently? I mean, you were very active in the national politics of reproductive health. Are your observations that you were doing things differently from a lot of other places?
MINTO: We were bigger than a lot of other places. There were some really key people — people like Al Moran in New York City, who I just adored; he was just such a good friend. Tom Webber in Minnesota was a really good one. Mark Salo down in San Diego was terrific. Different people do things differently because they’re living in different situations. I felt strongly about volunteers. I felt strongly about having a lot of people know what you do, because if they know what you do — and the board members are wonderful at this — you know they’ve all got circles of friends. At one point, when I left, I remember we had 475 active program service volunteers who were working in the clinics: volunteering time in the clinics, volunteering time in the education program, in the public affairs program. And all those people are informed about what’s going on at the affiliate. You can’t do that if you don’t have volunteers. They take time, but, boy, they’re a great investment.

MCFARLANE: They take time to train or inform?

MINTO: Yes. If you’re going to use volunteers, you’ve got to have volunteer coordinators. You’ve got to be able to use people when they’re available and train them and make sure that they feel supported and that they get the information they need. And then they’re wonderful spokespersons for the agency in their own communities for whatever they’re doing. We had advisory committees in all the other clinics that we’ve had, and you spend time on that. That’s an investment in energy. But it’s very worthwhile because they know their own community, and you can’t possibly, where you’re living 15, 20, 100 miles away from it.

MCFARLANE: It’s interesting, because so many people think volunteers are problematic.

MINTO: Well, it’s a matter of attitude, isn’t it?

MCFARLANE: Yeah.

MINTO: I think to try to run what is, to many people, a controversial organization without having broad community input and support, could be lots worse than the alternative.

MCFARLANE: During the course of your long career, you spent a lot of time on national boards: the Planned Parenthood Federation and National Family Planning and Reproductive Health Association. Do you want to talk a little bit about your observations of those?

MINTO: Well, I always enjoyed board work, I always have. And I’ve enjoyed the people that I’ve had an opportunity to work with at the national level. I was part of an organization called MEXDICO, which was the Metropolitan Executive Directors Council, and that was the 35 biggest
affiliates in the country. The big affiliates have different kinds of problems than the smaller affiliates, and different kinds of opportunities than the smaller affiliates, and, I think, a different range of responsibilities than the smaller affiliates. You want to help everybody grow, but you’ve got some things that are fairly unique to the size and the stuff that you’re dealing with in big cities.

We started a program — Dan Pellegrom and I, actually, when he was down in Baltimore, started the Selected Large Affiliates Discussion Group. SELADIG we called it. And that was for the executive directors and the board presidents from — I can’t remember whether we had maybe ten or maybe twelve, large affiliates — executive directors and board presidents, who would together meet before the annual meeting. Because board presidents aren’t in there forever, you know? They only spend a couple of years, and they usually go to annual meetings and they’re called upon to vote on all kinds of things and there are all kinds of politics because it’s a big organization.

So we would get this group together a day before the meeting started, and maybe have another meeting during the week with this bunch of people, so they could stay well informed as to what was going on. Well, the board chairs loved it, because they got to know other board chairs, and that in itself was helpful because if they had a problem within their affiliate, they have a group of people they could, you know, reach out and touch. So that was really wonderful, and it’s still going — or at least it was still going. I haven’t been back for a while so I don’t really know that. But it was good. And because we’re all human beings, the affiliates sometimes would have problems with their executive directors or with something that was going on, and it’s nice for them to have another group of people that they can relate to at a peer level. So that was very helpful.

I met with the national board because they decided that they could have a representative of the affiliate staff meet with the national board and the national executive committee. I did that for, I guess, about three years. And then we started the organization of all the affiliate executive directors, which was called the National Executive Directors Council, NEDC. And at that point, once we’d written the bylaws and stuff for that organization, it just made sense to me that the chair of that organization ought to be the one that goes and meets with the national board, not just the chair of the large affiliates executive directors council. So that changed. And I was chair of NEDC for several years, so I had quite a lot of exposure to the national board on the national — what was going on back there. It was always fun, always exciting. I liked it.

MCFARLANE: Well, over the years, Planned Parenthood has gotten a negative connotation for many national — Is that something that happened here?

MINTO: Planned Parenthood Federation, you mean?
MCFARLANE: Yeah.

MINTO: Oh, there was always a battle back and forth about different issues, and it depended on the personality of the people involved. Sometimes they were tougher than rubber. We tried to smooth some of that out. The MEXDICO group, for example, would write papers about things that they thought needed doing, and sometimes that was well received, sometimes it wasn’t, but it was always interesting.

We went through a period — well, we had Faye [Wattleton, president of Planned Parenthood, 1978–1992] for a long time, and Faye was good. She didn’t make everybody happy all the time, but she was very good. She was a wonderful spokesperson for the organization. She speaks very well and she’s so beautiful to look at. You know, people knew who Faye was, and she was very photogenic, and she did a good job for us.

The farther away that got — toward the end, I think she found it very wearing, and it was largely over the issues of how to deal with the national politics, I think. That always is a bigger struggle because you have sets of people in the South who tend to be much more conservative and not want to talk a lot about abortion, because that’s an issue down there. And then you have people up here that are pushing the edges, sort of like we are (chuckle) here. You’ve got people back in New York, which I just always loved, because I just thought Al was so great, and it just killed me when he died. But you had really good people on the East Coast, too. We didn’t always agree with each other, but we were on the line, you know, we knew what was going on in our areas. And that was what made MEXDICO, I think, a really useful thing, because you did get the various inputs of people coming from different parts of the country.

MCFARLANE: You also served on NFPRHA’s board for ten years?

MINTO: Well, a long time; I don’t remember how long. And I’m still active. I still belong to the organization and read their stuff with great interest.

MCFARLANE: Could you comment a little bit about the differences between those two different boards and organization?

MINTO: Well, NFPRHA never had an awful lot of money, which made a lot of difference. But I think the genius behind that, of course, was Fred Jaffe, when he started the old Center for Family Planning Program Development which was later renamed the Alan Guttmacher Institute. He and Jeannie Rosoff really started that national organization so that it would encompass everybody in family planning, like the Planned Parenthood and the public health departments. Anybody that was offering family planning services — low-income family planning services — was eligible to belong to that group, and I think it’s been a terribly important organization. Although NFPRHA doesn’t do all the
things that Planned Parenthood does, it gives common cause to a movement that encompasses all family planning service providers.

When you’re going to try to reach out and do things legislatively, it is helpful to have more than just Planned Parenthoods doing it. Now, Planned Parenthoods will always be a big part of that, but they can’t be all of it. You need to have a strong, solid, knowledgeable group of public health people that are on that bandwagon, and NFPRHA allows that to happen. It facilitates it, and I thought it was terribly important. And so I worked in it and for it and with it.

MCFARLANE: In terms of NFPRHA, I mean, would you have recommendations for NFPRHA, or what it is to do at this point?

MINTO: Well, I think they’re doing a fairly good job. I haven’t met Mary Jane Gallagher, president and CEO of NFPRHA, because I haven’t been able to go to meetings, and I probably won’t do a lot of that. But their communications are very good, and they’re getting stuff out to you right away. We’ve been supporting them at the Brush Foundation, and that’s been useful, because I stay current about what’s going on. They aren’t the best grant writers in the world, so it helps to have someone know what the organization is doing and who’s doing it.

I thought Judy DeSarno the past president of NFPRHA did a terrific job. Judy is just a very good lady. She’s now with the Buffett Foundation, I don’t know, but this Gallagher seems competent to me—I’ve been impressed with her telephone calls, and I’ve been impressed with the kind of communications that are going out. And I certainly did recommend that they fund her through the Brush Foundation. We often will not do that. Once somebody leaves an organization—the executive director—we’ll usually not fund the organization for at least a year until we find out what’s going to go on there. But I think with this one—she seems very good.

MCFARLANE: Would you talk a little bit about your work with the Brush Foundation and what the Brush Foundation is?

MINTO: Well, the Brush Foundation is fairly unique in the country, as far as I know. It’s very small and it doesn’t have an awful lot of money to give away, but it’s very thoughtfully done. It goes to the issues of family planning—I mean, that’s what it funds, anything that relates to family planning, nationally and internationally. I think their corpus is probably around seven million dollars, depending on the stock market at any given point in time. I don’t think we’ve ever been over eight [million]. And we have to spend five percent of that on average over a three-year period, like any other foundation does. So it doesn’t give us an awful lot of money to give away. But we put it where we think it’s going to do the most good: where things are innovative, where new programs are coming along that seem to have possibility of replication. We don’t like
to fund videos, and we don’t like to fund teen programs unless they’re taking a new approach. If they’re new, that’s another thing, but once a teen clinic gets off the ground — You can’t be funding all the teen clinics in all the country, but you can fund the first ones and, you know, give them some help to go.

We get an extraordinary number of applications. I think once last year, we had 97 that came in in one sequence. We do it twice a year. I sat on the selection committee that weeds those down to maybe 20 that you’re going to look at. I don’t like to look at more than 20, and I don’t think it’s fair to. They can send letters of inquiry, but you don’t want — we can’t fund much more than ten, twelve, at a given sequence, and it takes a long time for even little organizations to write a grant. You need to be selective about that, and we don’t have program staff.

MCFARLANE: How did you get involved with them?

MINTO: Dan asked me. Amazing. You know, it’s like the world is: people know you, you know people. When I retired, he asked me if I would like to come on the Brush Foundation board, and I thought that might be fun, and it was, and it is. I retired this last year when I turned eighty I didn’t want to go up for another three-year term so they made me an emeritus member and I get to go when I want to. (laughs)

MCFARLANE: Well, that’s kind of the best of –

MINTO: But I chaired it for three years. Well, really four, because Meacham Hitchcock was not well that last year, so I took his term, too. It’s a commitment of time and energy, but, you know, you get to know people. I must know, at least at the national level, I’m sure I know better than half the people that apply and who’s the head of them, because I’ve been around a while, and you sort of have a good sense of what they’re capable of doing. Brush funds some family planning clinics of all different kinds, innovative programs in underdeveloped countries. Although we require that they have a 501(c)(3) domestic sponsor, because we aren’t big enough to send people out to look at their program, and we just have to depend on the fact that we know the organization that’s going to sponsor them for the international things. We try to balance it so half of it is domestic and half of it is international; some of it is advocacy and some of it is direct service.

MCFARLANE: Well, you, over the course of your career, have had quite a bit of contact with foundations, is that correct?

MINTO: Yes. Well, compared to Gordon Perkin, no. We didn’t ever try to get foundation money outside of the Seattle area.
END TAPE 2
TAPE 3

MINTO: I was telling you about this United Way issue. The day that hit the press, Peter Greenberg, the Director of the Buffett Foundations was in town and he read about it in the paper. He called up and he said — I answered my telephone.

MCFARLANE: (laughs) Thank goodness.

MINTO: And he said, “Would you like a check for $50,000?” And I said, “I certainly would.” And he wrote me one — just like that. I’d never met the man. I met Susie Buffett afterwards; she came because she loved our education work, and this was her foundation, the one that that money comes out of. Mr. Buffett, since her death, has now put another five billion dollars in that foundation, so they’re going to have more money to distribute. That will be helpful. And I think Judy [DeSarno] is going to be a very good person to have back there helping to guide that effort. That was a smart move on their part, because she knows the programs around the country.

MCFARLANE: Now is that foundation based on Omaha or D.C.?

MINTO: Oh no, it’s Omaha. Peter Goldberg, the Director, was once married to Warren Buffett’s daughter. They’re divorced now, but he still heads the foundation. But it’s in Omaha. He answers his own telephone. I’ve talked to him a number of times. He’s just like — Well, Warren Buffett wouldn’t allow anything to sort of get top-heavy. (chuckling) He doesn’t like that sort of management.

That is the only time that we’ve ever gotten big foundation money at Planned Parenthood in Seattle-King County area. The Seattle Foundation we get some things from, but they’re a local foundation. My contact with foundations has largely been — well, when I was chair of the Brush Foundation, I would go to a meeting of the Funders Alliance, which is a foundation — all the foundation stuff that deals with population issues.

MCFARLANE: You were on Alan Guttmacher’s board as well, right?

MINTO: Well, I did consulting for Alan Guttmacher. Well, I was, too; I was on that board. I was for — I can’t remember — three years, six years, something like that. That was a long time ago. I’ve since done some consulting for them. When Sara Seims was there, I did.

MCFARLANE: What were you doing?

MINTO: They wanted a capital campaign, and she had asked me to come back to Washington, D.C., and talk about that with some of her board people:
what I thought was feasible and what I thought wasn’t. That was as a volunteer. I didn’t get paid to do that.

(break in audio)

MINTO: One of the other stories about the whole abortion area. I was sitting at my desk in 1968 before the law change in Washington, and the front desk volunteer came back to me and she said, “This woman just has to see you. She’s just got to see you.” And I said, “All right, bring her in.” This was a woman in her jeans, and she’d come in a pickup truck, and she’d brought her retarded daughter with her. She came into my office, and she put a sack of money on my desk — I could hear it — and she said, “I’ve got a problem, and you’ve got to help me with it.” And she said, “My girl doesn’t think right, and she’s got herself in trouble. And she didn’t mean no harm by it, but you’ve got to help me, you’ve just got to help me.” And she said, “I’ve got $125 in there.” She said, “I’ve sold everything I can get my hands on.” She’d driven all the way down from Skagit Valley to have help for this girl, and there wasn’t a thing I could do. I’ll never forget that woman either. Never forget her. Those memories are the most painful memories that I’ve had at Planned Parenthood. If you get close to people’s pain — and you do when you’re in a situation like that — you never forget them. And you want to tell people about them so they understand what is there. And it hurts.

(break in audio)

MCFARLANE: This is the second interview with Lee Minto. My name is Deborah McFarlane. Good morning. I’m glad to be back. I wanted to ask you about your decision to retire after — was it 20 years at Planned Parenthood?

MINTO: It was nearly 30.

MCFARLANE: Nearly 30, okay.

MINTO: Well, if you count the time that I was involved on the board, it was more than that, but, yes, a long time. I was 65, had a really good staff, good people in line, and I wanted to spend time with Robert. We both had very busy lives, and he was home and I was home, and it’s been great.

MCFARLANE: It was the time. It wasn’t a hard decision for you to make after –

MINTO: No, it really wasn’t, because we had passed the Washington version of *Roe v. Wade* plus by that time. That went through in ’91 — as a matter of fact, the very day that my granddaughter Ariana was born; it was the fifth of November. We passed the law at that time, and that made me feel more secure for people that were left behind.
MCFARLANE: Over the 30-year-plus period that you were directly involved in the field, how did you see the politics changing around reproductive health or family planning?

MINTO: Well, the whole thing — it was a metamorphosis of attitudes: public attitudes, medical technology. A whole variety of things happened during those years that changed it rather dramatically from a time you couldn’t talk about sex in public, you couldn’t get anything in the newspapers, you didn’t have any articles in magazines. It just was under the cover.

I can remember, at that time, when I was in college over here and was visited by a friend who had recently married and was having some difficulties in her sexual relationship and wanted to have more information. I had read something in the New Yorker magazine about a book called *Ideal Marriage*, by a Dutch physician, Theodor H. Van De Velde, and they spoke very glowingly of that. I said, “Well, let’s go to the library, and we’ll just get you a copy of the book so you could read it. It might be helpful.” I hadn’t read it at the time. So we went to the public library in Seattle, and were shocked at the attitude of the librarian, who wouldn’t give me a copy of the book until I produced a marriage license.

MCFARLANE: You’re kidding?

MINTO: And I said, “Well, I am married.” I was wearing a wedding ring, I’d had a child, and I said, “I am married.” I finally persuaded her that it was going to be all right for us to look at that. We were taken into the head librarian’s office and sat down, and we could look at the book there. Now that would have been in — let’s see — about 1950.

MCFARLANE: Wow.

MINTO: A little later than 1950. And when you look at the other things that happened, from a legal point of view — It was 1965 before they got the *Griswold v. Connecticut* decision, that it was all right for married people to use contraception. That came through the Supreme Court. That was 1965. It was later than that — well into the 70s I think it was — before the American College of Obstetricians and Gynecologists changed their policy. Do you know the old number policy for sterilization for women?

MCFARLANE: No.

MINTO: Well, as I recall it, you took the woman’s age and you multiplied it times the number of births she’s had, and if it reached 125, then she might be eligible.
MCFARLANE: This was for –

MINTO: For anybody.

MCFARLANE: For anybody.

MINTO: Any woman that wanted to have a sterilization. If you had five children and you were 25 years old, you’d qualify if you’d had five children. But if you just decided that you didn’t want to have any more children, that wouldn’t be good enough. The silly part of that is that probably the easiest time to do a female sterilization, the way they were doing them at that point, was right after you had delivered. But if you didn’t meet the qualification, then you couldn’t do that.

The attitudes were very prescriptive. And that’s changed in my life. People can talk much more easily. There are people who think that we have gone backwards instead of forwards with our attitudes, and I think there is some of that to be said. But by the same token, women have much more opportunity to participate in their life choices today than they’ve ever had before. That has changed dramatically in my lifetime, and it did from the time that I was at Planned Parenthood.

I mentioned to you yesterday, when we came there, and when I came there, they had a policy, and I think it was a national policy, about young women and birth control, that you had to be married or engaged with the date set. You couldn’t be examined; you couldn’t be seen in the clinics at that time. It took a while for that to change, but it has changed, at least in this area. I can’t speak for the rest of the country because I’m not familiar with other people’s attitudes there, but in this area, the medical community was very enlightened about that. They helped change that because most of them were OB-GYN's and they really cared about women’s health, and they could see the connections between reproduction and women’s health, total health.

MCFARLANE: At the same time, while we’re talking about the progress, the opposition to reproductive health or reproductive freedom has increased.

MINTO: Oh, indeed it has. It’s still there and it’s strong. You go some places in the South, and — I think it’s within the [Southern] Baptist Convention where women are still supposed to be subjected to their husbands. They are not entitled to make decisions independently, to say anything of collegially. It ought to be a partnership, from my vantage point. That’s changed, but you do see hardening of that. A lot of people find it very hard to give up control, and they feel that the world’s better off if the control is there. And I think women have the capacity to control themselves. They’re given the authority and the responsibility of raising children. You would suppose that if we had the capacity to do that, we could make some other independent kinds of decisions.
MCFARLANE: In the course of the organized opposition, in the course of your career, has the Catholic Church become more politicized, at least in this area?

MINTO: Pretty rigid.

MCFARLANE: I mean, say, after Roe v. Wade, did you see a change?

MINTO: Oh yes, oh absolutely. It was much more organized after that. It began being organized — Actually, we had a part in that out here in the West, because we had this big state discussion and debate about abortion in Washington in 19 — it was 1970 when we passed that law. At that time, a group of people organized and called themselves Human Life, and it then changed into Right to Life groups as it went on, and that was largely organized out of the Catholic bishops. That’s a matter of historical fact. That was probably the most organized group, although we did, at the same time, have a fairly organized group of people coming out of the John Birch Society, but it didn’t have nearly the tentacles that it has developed over a time. Now you have a far more polarized group.

When I came on the board of Planned Parenthood and we were trying to make some headway in having our clinic here, we had a religious advisory committee, and on it we had some wonderful people. Of course, the Episcopal Church was the first organized religious group that approved birth control, in the Lambeth Conference in England, in 1930. So they were fairly enlightened about this. We had a wonderful Baptist church here, First Hill Baptist Church, that was very supportive, and we had a number of Jewish congregations that were very supportive of family planning. Congregational churches, we had Presbyterian ministers and Methodist ministers. And that was very helpful in getting some credibility, if you will, ethical credibility to what it was we were about.

MCFARLANE: So you organized that religious –

MINTO: I was the chair of that, the board liaison to the religious advisory committee, so I was very familiar with that. I got to know a number of the ministers in town in that way, and they were the first people that invited us into their churches to speak to their congregations about that.

I can remember when I started — and this was as a volunteer — I started a speakers committee at the board. (chuckles) I had charts. Bob built me an easel, and I had charts, and I had a wonderful artist that did some of the graphic stuff on the charts so that I could go through this whole thing, talking about what we did and about the issue of population at that time. I don’t remember how many charts I had, but I had a lot of charts. And it actually took a friend to go with me when I had to set up for my first speaking engagement on this regard. The chair of the religious advisory committee at the time was the Reverend Alan Lee at the First Christian Church downtown, and he took me back to his
women’s group to speak. He introduced me to the head of the women’s group, and she nodded to him and she said, “Well, it’s okay, you can leave now.” And I said, “Oh, aren’t you going to be here?” And she said to him, “We didn’t think that was quite appropriate.” So he had to leave.

**MCFARLANE:** To discuss this in mixed company.

**MINTO:** “We wouldn’t discuss this in mixed company.” So we went ahead. That changed over time, too. But attitudes were fairly rigid about what you talked about and in front of whom you spoke and what you could really discuss. That changed rather dramatically.

**MCFARLANE:** Did you maintain this religious advisory?

**MINTO:** Yes, always. It was very valuable to us, and it still is. As a matter of fact, now they have a chaplain in-house at Planned Parenthood, and he works with other ministers in the community. Oh, they’ve been very valuable. When we started to do abortions at Planned Parenthood, they were extremely helpful to us, because it was very reassuring, I think, to people in the community, to know that there were religious people who were accessible to us. If we had a girl come to us who had a strong ambivalence about what it was she was doing, and that was exaggerated because of the opposition and Pregnancy, Aide, and the other organizations that were telling people that this was killing — you know, you were murdering a fetus, et cetera, et cetera — it was important that conflicted women had a chance to talk about this with somebody from their own denominations, if they wanted to do that. And these men and women were always available to us, and they would come in and talk to the patients, if that was an appropriate response, or a person could go to them, and they could help them involve their parents. Whatever was best for the woman was what they were there for. They did a wonderful pamphlet that we had available at the clinics, so that they could take that home with them if they wanted to. For some people, they do need that kind of imprimatur.

**MCFARLANE:** Were you picketed?

**MINTO:** Oh yes, always. We’re still picketed. We’re picketed by people all the time. But we haven’t had the violent kinds of things going on here that they’ve had in some parts of the country. But yes, we’re picketed. They’re unpleasant, but they have to stay a certain distance from patients. If we need to, we have people who escort the patients into the clinic so that they don’t feel besieged.

**MCFARLANE:** I think your career began in reproductive health with sexuality education, so I thought it might be interesting for you to comment a little on this abstinence-only movement.
MINTO: Well, as a matter of fact, abstinence has always been a good choice for people to make, if they chose to make it. But to have it foisted upon them as the only thing that you can depend on is not medically accurate, and it certainly isn’t always appropriate psychologically, depending on where the person is and who they are and what their experience has been. I don’t think large measures of guilt are very helpful for anybody to have to carry with them. I think that’s where it’s unhealthy for some people to be bombarded with abstinence-only as a way of handling your sexual development. If people are going to be sexually active — and it is a part of normal development to do that — expecting them to wait until they’re 25 or 30 years old to have their first sexual experience is not terribly helpful, and it’s not at all realistic for most people. There have to be ways that people can come to terms with their own realities. And it’s not mine, it’s not yours, it’s not somebody else’s, it’s theirs. They’ve got to be partners in this in terms of how they make those decisions, and I think they need to be prepared to make them that way, but to be thoughtful about how they do it.

MCFARLANE: So what do you think about what needs to be done about –

MINTO: Well, for example, last week the House passed a $28 million increase in the Title X funding, which would be very, very helpful since we’ve been very short of funds throughout this whole Republican administration. They wish we would disappear, and many of their people have tried to take federal funds away from people in Planned Parenthood. But they did pass the $28 million thing. But to get that through, they had to agree to put another $28 million into abstinence-only education. There has been absolutely nothing that I have been able to find in any of the literature that would indicate that this is an effective program. They have not been able to have any positive indicators of that, data-driven, that I’ve been able to find. And that’s just ridiculous.

MCFARLANE: Do you think they’re here to stay? Or that political –

MINTO: Well, as long as President Bush is there, I’m sure that’s probably true. But I do think there will be some remediation. I hope there will be remediation, if there’s a change in the power plays back there.

MCFARLANE: But do you think abstinence-only is going to be in the political landscape beyond Bush?

MINTO: Probably some of it. I don’t know. I would think that they’re not going to fund that nearly as heavily. There’s a good deal of discussion about that, as well as all the things that are going on in terms of religiously-based organizations being funded to do a lot of things that they hadn’t been before. So I think that’s going to be looked at. I would hope it would be looked at carefully. As long as people are doing things
legitimately and not forcing religion on people as they go through the process, there’s a place for that to happen. This happened long before it was being funded by federal money. Churches have been one of the really great places where people could go for help, as it should be, but not to promote that church, or a church or a particular string of beliefs in a church. I think that’s what — Funding sometimes does odd things to people.

MCFARLANE: Could you develop that a little more?

MINTO: I think when funds are available, sometimes people hang on to things that perhaps oughtn’t to be hung on to. It’s not evaluated, it’s not what I’d call evidence-based, and I think that needs to be looked at. If you’re going to use the public treasury to be helpful to people, you ought to be accountable for what you’re doing, and I think that accountability has not been built into the process at this point. If it doesn’t work, then you shouldn’t do it.

MCFARLANE: And abstinence-only certainly doesn’t have any.

MINTO: They haven’t been able to bring any evidence of this. There’s been some evidence to the contrary, as I look at the research. But, you know, I’m sure this is going to continue to be done. But I don’t think it’s going to just be foisted on the public purse because of a particular set of beliefs.

MCFARLANE: I want to switch gears a little bit and ask you about politics in general. You certainly have been a leading figure in American reproductive health. Do you see the politics of reproductive health domestically and internationally as one?

MINTO: I would like to see it as one, but it has not been as one. For example, as far back as the Reagan administration, and now with the other Bush in the White House, we have the same problem: you have a different set of standards for what you allow people to do internationally than you do locally. The Supreme Court would not allow them to have the gag rule in this country, but they do put a gag rule on things that go on internationally, and I just think that’s unacceptable. And the idiocy of thinking that people who are working in reproductive health can avoid the issue in the international area of abortion is just foolish, because that’s one of the major causes of death of women around the world is illegal abortion. And to think that you can just lay that aside and not pay any attention to it, to me, is absolutely immoral.

MCFARLANE: In your work with Planned Parenthood here, did you do any international work?
MINTO: We have Sister City projects that we do in this affiliate: we have a project in Cameroon; we have a project in Mexico, and now a project in Nepal, which we helped to fund. Our people are very interested in and vitally concerned with that, and it’s been a way of helping. And this is not just typical of this affiliate. A number of affiliates have Sister City projects that they also give funds to and try to stimulate interest in. And I think it’s a way of helping people in this country understand what’s going on in lots of others areas of the world, because it’s not easy to get that information. It’s just not out there readily available to people unless they’re taken to it.

MCFARLANE: So this is something the board promotes?

MINTO: Oh yes. And certain funds go into it. Sometimes they’ll take tours of people there, to the Sister City projects, and I’m not terribly close to this one at this point that we’re doing in — I think it’s in Ecuador. They have taken groups of young people there and –

(break in audio)

MINTO: We do peer education here, and that’s how most of the education is being done in the schools. We train peer educators, and then they’re available within their own school setting to help promote responsible sexuality within the student body, and they help with the health classes and things of this kind. They’re available for information individually, and they’re available for information as a group. Sometimes they do these little theater projects. They have a whole variety of ways they go about this, which has been very helpful. They find that peer education is just as valuable when you go abroad as it is here. And so that exchange of young people and the experiences that they have is very valuable for them.

MCFARLANE: And that’s a way to get the board –

MINTO: Involved.

MCFARLANE: You’ve mentioned, over the course of your interview, about how much you love volunteers and the board. Could you talk a little bit about that in terms of how you saw the board and how you cultivated and developed a board to further the mission?

MINTO: Well, when I came into Planned Parenthood as a board member, we had virtually no staff, and we were very small, and we weren’t able to reach very many people. And the work that got done was done by the volunteers in the community. And they, at that time, happened to be all women, although subsequently we did put men on the board and they were certainly very helpful. So I guess I grew up, if you will, with an
appreciation for what volunteers could do and had the capacity to do if
they had the opportunity to do it.

Instead of having a chaplain, as they are now able to afford to
do, we had to sort of develop our own coterie of people that could help
us in the area of religious — the religious advisory committee. We had
this wonderful group of physicians who were our medical advisory
committee. I just must say that there was never a time in Planned
Parenthood — and I used to have to do a lot of counseling myself
because we didn’t have any staff, when I first came in, to do that. But
there was never a time, even later on, if we had a problem patient, a
patient that had some difficulty but they really had to be dealt with
medically, that I couldn’t pick up the telephone and call one of my
medical advisory committee and say, “Look, I’ve got a problem here,
and she has no money.” “Okay, send her over.” Just the availability of
that kind of attitude and professionalism, really, if you will, the
willingness to take on the difficult cases. Or if somebody came in with
a real problem that had been not well dealt with someplace else, you
could send it to them and they would clean it up.

MCFARLANE: If you were going to be a little prescriptive about how to develop those
relationships and teach someone how to do that, what would you say?

MINTO: Well, I think the first place it’s got to start with is board development.
It’s a matter of — I don’t think there’s any magic. I did write a paper
on the utilization of volunteers, because it seemed so obvious, what it
added to the program and added to the enthusiasm of the other adults in
the community when they had peers out there doing things of this kind.
This has got to start with an appreciation for the capacity of people to do
good, given the opportunity to do so, and then nourish that. You do
have to train, and I think that takes some time.

We had a lot more people working in our clinics before
HIV/AIDS. At that point, we got a lot more government regulations
about the credentials of the people that could be involved in the clinic. I
could appreciate that, but you can also train volunteers to be just as
careful as you can train professional staff. But that’s your responsibility
to do so.

The opposite side of that, which I have heard from a number of
people over the years, is that it just takes too much time and too much
energy, and they’re not reliable. Well, I haven’t found that to be true. It
does take time, it does take energy, it does take planning, and it takes
support. You can’t just turn people loose to do things unless they’ve got
the support to do it.

We’ve used volunteer counselors for a long, long time —
wonderful people. We’d bring in community psychiatrists — we
always had them available to us; they were on our medical committees
— to help train, and to give some of the insights, some of the counseling
techniques, where you should go and where you shouldn’t go, kinds of
information to people before they’re turned loose to do that. You
MINTO: They expanded our capacity to help more people. But they also expanded our capacity to be known in the community as responsible people who were trying to do good things in the health-care field, because every one of them would go out and have their own spheres of friends. Just in the process of living, you let people know what you’re doing with your life, and people are interested in it. So I can’t be too enthusiastic about them, and I’m afraid I’m not being terribly coherent in terms of how you go about that, but it’s identification of the right people. You have to know what their skill potential is, but that’s certainly something that you can learn, it’s not magic. And then you put them in the right places and let them help you do the things that need to be done. And they did.

I can’t remember which regulation that was, but we had to keep track of how many volunteers we had and how many hours they gave, and it was an incredible number of hours that we had in our program, given by volunteers that made our clinic-reach be better with the dollars that we had, and it made the community a lot more aware of what we were doing.

MCFARLANE: What do you consider to be the greatest achievement of your career?

MINTO: Well, I never thought about that. I suppose the way the laws have been changed, because they’ll last a long time after I do. I wouldn’t say they were the most satisfying thing I’ve done.

MCFARLANE: That’s interesting. So there’s a difference between the satisfactions –

MINTO: Well, I see them a little differently. Because I think when you pass a law, or when you play a role in making sure that a punitive law isn’t passed, that’s a nice legacy to leave to the world. But in terms of personal satisfaction, I’ve gotten most of my satisfaction out of working with the people. As I mentioned to you, I used to have to do a lot of the counseling, and I found that very rewarding, to be able to help people on an individual basis, even if it’s a small thing you can do. If you have that kind of an impact on someone and their lives, that’s very satisfying to me. But I had to, obviously, give that up, because as we grew — But I had a lot of satisfaction working with my board, and I had a lot of satisfaction working with the volunteers. I loved the work I did when I was in the East, working with the Federation. The people have been really the most satisfying part of my life in Planned Parenthood, I think.
MCFARLANE: Do you have anything that you consider a big regret or failure?

MINTO: Well, not a big regret. We did — at one point, we had a union that came in, which I felt badly about because it seemed to me as if we were doing the very best we could with staff. But they did vote to go into the union; it wasn’t a compulsory kind of thing at all. It worked out just fine, but it felt like a failure at the time, as if you had not been satisfactorily taking care of your responsibilities with staff, or at least they didn’t feel so. But I had a wonderful staff, and it continues to be wonderful to this day. I don’t have a lot to do with the staff anymore, but once in a while they’ll bring me back to talk about the good old days, (laughs) and give people a sense of history, because, you know, that disappears if you don’t have it.

MCFARLANE: What have you been doing since you retired?

MINTO: Well, just shortly before I retired, I had been approached by a physician who retired from Children’s Hospital. He and his wife had been traveling around the world and had come back so disenchanted by what they’d seen in terms of the poverty and the education, and lack thereof, for the children of the world, that they wanted to do something about that. They came to me to talk about how do we get more projects like Planned Parenthood internationally so that people did have access to family planning, and that could be a great help to them. We talked about that for a while, and the ultimate output of that was a new little organization that is called Facing the Future. Unfortunately, Dr. Bill died, but he had supported this, getting it started. He and his wife were both dedicated to getting it off the ground.

MCFARLANE: And they wanted to promote family planning?

MINTO: Well, that was where they started, but it came beyond that, to recognizing that there’s a lot more than just family planning that needs to be done. And family planning is a part of the answer, but it’s not the whole answer. You know, it isn’t adequate in a country where people hardly have enough to eat, and they don’t have any of the other kinds of resources they need for education or anything else. So with Facing the Future organization, you’re concerned about family planning — or not family planning per se, in the sense that it’s clinical, because other people are doing something about that. But the education piece of it, so that people do understand how things are connected: that population is connected to poverty and it’s connected to the environment and it’s connected to all kinds of other issues, conflict in the world. And of course, now we’re talking about climate change and all the other kinds of things. There are economic aspects of it. You can’t just deal with one and ignore the others. You’ve got to help people understand how the system works, and hopefully give them a sense of responsibility for doing something about what they can do something about. And there’s
almost always something you can do something about in this world, if you teach it properly.

So we have pulled together a series of curricula. And to get the biggest advantage of it, we teach teachers, and the teachers then have a capacity and the curriculum to deal with some of the global issues that are out there, and to teach youngsters from early ages how the system works. That’s going very well. I’m terribly excited about that. We now have the curriculum in schools in all of the states of the United States and in 42 different countries. We’ve got a Web site that — We do teacher trainings, we do teacher-support stuff. We’ve tailored the lessons so that they can be taught in math, in geography, in science and biology, in English as a second language. The kids love it because they’re given activities to do that help them understand, in a more graphic way, the reality of what’s going on out there. They have all kinds of exciting exercises. We’ve got one about fishing, we’ve got — Well, there are just dozens of them, and the teachers find them very dramatic in terms of the impact on the kids, because the kids are learning things that they didn’t know before, and they’re enthusiastic about what they’re learning, which is the most important thing.

Then there are all kinds of activities that they can do in their own area, where they can put some of this information to work. Maybe they’re going out and helping do something with the wetlands, or they join a group that’s going to pick up the paper on the highways, or they’ll do an energy audit at home. There are just so many things that you can do, and we’ve gotten all those outlined for people to tailor-make those to the various areas.

Everything that’s in there is standards-based so that it can go into a school system and fit there with what the school’s standards are, because different states have different standards about stuff. So we’ve tried to take most of the work out of it and let teachers teach, which is what they know how to do. They don’t have time to research all of this material. They don’t have time to get this kind of thing together, but they love it when it’s there, so they can just translate it in the classroom to an exciting learning experience for kids.

MCFARLANE: So you’re trying to promote an understanding of the future?

MINTO: Yes, and how they relate to the future and how they shape the future. That’s one of the things that’s so hard to communicate to people, is that you do shape your future. Everybody’s got something they can do to shape their future. Family planning is only one small thing you can do, but it’s a very important thing to do. But you have to have the sense that you are in charge of something in order to make an impact on the world.

MCFARLANE: And so this organization is producing documents, or producing curricula?
MINTO: Well, the curriculum — they have curriculum, they publish these things. We started at the high school level and at the junior high school level now, we’ve had so many requests from teachers we have a set for kids from kindergarten through the fourth grade. Some whole school districts have adopted it from top to bottom.

MCFARLANE: Do they pay for the materials?

MINTO: Yes, they do. We make them available as inexpensively as we can, but, yes, they do pay for the materials. They can download them from the Net without cost, but it is costly if you have to print them off yourself. The Bound copies are colorful and we will make them available at low cost for schools with a high percentage of low income students. Almost any type of teacher has some kind of a national association or a regional association that they can belong to. For example, teachers in biology, you know, have a grouping that they attend, and you can go to one of those and do a teacher training there. Sometimes we’re called in to do it for the whole school district, and so that’s a little different load than you’d get someplace else. We’re still exploring the best and most efficient ways to do that. We only have five staff, that’s all we’ve been able to afford, but we are adding to that what we call lead teachers from different areas of the country, who have gone through our process and will undertake to do some of these trainings for us out in their own individual areas, which is very helpful. So that expands our reach some.

MCFARLANE: How are you funded?

MINTO: By private contributions and some funding that we get from foundations and some funding that we get from selling our books, but it’s very modest. Our budget this year is just going to reach over $400,000 for the first time.

MCFARLANE: And this is international, is that correct?

MINTO: Well, the material is used internationally. We can’t yet afford to go internationally. We’ve only been outside the country as far as Canada in terms of sending our people there, and we did have one thing that we did in Egypt. (laughs)

MCFARLANE: Why Egypt?

MINTO: Well, we were invited, and it just seemed like it was the right time to do something, because we do intend to have it as dynamic internationally as it is nationally, but it just takes a while to build your organization. We now are reaching over 500,000 kids annually. That’s a very conservative estimate of how many kids are getting the materials in their classrooms, but we expect — our long-range plan has it going to 12,500,000 annually by 2020.
MCFARLANE: That’s ambitious.

MINTO: Yes, it is ambitious, but it’s possible, and we’re going to shoot for that. It means that we’re going to have to gear up in a lot of different ways. We are working on a program where we’re going to be doing pre-education in schools of education in a college or two. We’ll give a class, every once in a while, where we go out into an area to do something for schools — we’ll pick up a class at a university. But we’re going to do this in a more targeted way. There are a number of things that we have in the fire that will expand, but the most important one is getting money to do some good with.

MCFARLANE: What’s your specific role in this?

MINTO: Well, I was a founding director of the first board, and I’m still on the board. They haven’t let me go yet. I’m the history of the organization at this point, because almost everybody else that was in that as a founding director — except Gordon Perkin is still with us — everybody has died. So the history isn’t all that long. As a matter of fact, it’s only about 14 years old. But it’s coming along, and I’m very excited about that.

MCFARLANE: Now, this is entirely separate from your work at Planned Parenthood, is that correct?

MINTO: Oh yes.

MCFARLANE: Is that necessary?

MINTO: Well, I took the position when I left Planned Parenthood. I just don’t think it’s fair to hang around and, you know, look over somebody’s shoulder. That just isn’t my way of doing things. And so while I certainly go to the events that they have, and I still serve on their Board of Advocates and will do some fundraising for them, I think it’s really important to keep some separation. I think it’s healthy for the organization. I’ll help them when they ask me, but I don’t — that’s not my organization anymore.

MCFARLANE: Would it be controversial if your name were associated with Facing the Future?

MINTO: Well, I’m on their board list, and I suppose for some people that might be controversial. I don’t think it’s necessarily helpful that I had come from Planned Parenthood, but they are very separate organizations. They’re working toward the same ends in terms of the health of people, and they want healthier people out there, internationally as well as locally. But they go beyond where Planned Parenthood is prepared to
go to do that, in terms of recognizing and working on some of the other issues besides the physical health aspects of it.

**MCFARLANE:** Well, I’ve noticed, in the course of my career, that there is a discomfort among some reproductive health people about the whole idea of population.

**MINTO:** Well, I think that came many years ago, when the first old OEO grants were coming out, under the Lyndon Johnson administration. I think it was in Philadelphia, if I’m not mistaken, that some of the people — I think it was in the black community there — were saying that it was genocide, and there was a great big brouhaha about that, and I think that people had their fingers burned and really felt that — On the other hand, groups of black women around the country said that’s what they wanted. I mean, they wanted the opportunity to have family planning. So it wasn’t really clear-cut, but I think it scared people, and people just wanted to distance themselves from seeing — as if you’re trying to control a population of people. And that’s just not true. It happens that those particular populations of people were among the more impoverished in the country, and some of them still are, so those services are needed. But it’s not because of the color of your skin, and it’s not because of the church you go to. It’s because you need reproductive health care. All women do.

**MCFARLANE:** So when Facing the Future achieves what you want it to do, what will it achieve?

**MINTO:** It will achieve having people be better educated about the realities of the world. And I think that we all have needed to have some of that happen. I think we’ve learned some things over the last 30 years, and it’s that when people have opportunities to have better control over their health, most people choose to have smaller families because they recognize the economic advantage of that. In many countries, there is not an economic advantage to that that they can see, because there’s nobody to help them if their children aren’t there. And your children die so early that you need more children to make sure that you’ve got children to help you. I mean, there are just some honest-to-goodness aspects of this that I don’t think people think about very often. But if you give people an opportunity to better themselves, most of them are going to take that opportunity if they can. And bettering themselves means taking care of yourself and being able to take care of your children: to give them food, to give them shelter, to give them some opportunity for education, so that they can have a life, too. I think people will take advantage of that when it’s available to them. And part of this is helping people understand that we all have a responsibility to each other to make it available to more people.
MCFARLANE: So in a lot of ways, if I’m understanding this, Facing the Future also reflects your optimism about people.

MINTO: Yes, it does.

MCFARLANE: That if people know how to do things, they’ll make –

MINTO: They’re not going to make all the right decisions, nobody ever does, but they’ll be better prepared to make right decisions if they have an understanding of what’s involved.

MCFARLANE: Does the material that Facing the Future — it’s geared toward many different cultures?

MINTO: No, but it certainly will have to be. As one has a more international program, we’re going to have to make it more culture-specific, I’m sure, but we’re just not able to do that at this point, because there are not enough of us. There are not enough people to do that — and people who would be culturally aware. So they have to take what we’ve got and adapt it to their cultures, and some of them are doing that. There are a number of teachers, particularly teachers in the international schools, who are doing this, in various areas of the world.

MCFARLANE: Can you tell me a few stories about what they’re doing, where they are?

MINTO: Well, not as many as I should be able to, because I can’t remember them all. I know that our materials are being used now in 42 countries.

MCFARLANE: That’s incredible.

MINTO: And they’re being picked up because we’re on the Net. We’ve had inquiries to have materials translated into Mongolian, into Arabic, into French, into Spanish. I can’t remember all of them; I’m sorry. We don’t translate the materials, and we’re not capable of doing that right now, but if other people get them and they do that, they can use the activities. Most of those activities that we have for the teachers to use in the process of teaching some of these areas are, I’m sure, convertible into different languages, but we’re just not there yet. I hope we can have that capacity in my lifetime.

MCFARLANE: So they are being used in Mongolia?

MINTO: Well, they asked.

MCFARLANE: Oh, they asked.

MINTO: They asked if we would translate them.
MCFARLANE: And you mentioned — off tape — Saudi Arabia?

MINTO: Saudi Arabia. There’s a teacher in Saudi Arabia who was just over here, as a matter of fact, and she came to see us. She was very pleased because this was the first curriculum that they had been allowed to use that had not been written for the government.

MCFARLANE: And how did she find it?

MINTO: On the Net. And she was talking to another teacher, and she’d come over here and visited, and she happened to be in Seattle and came up to — we only had the one office downtown — and she came up and spent some time with our educators up there. And she was just so enthusiastic about it because it’s a different style of education than they’re used to offering. It’s a more participatory, engaging kind of thing for kids. Kids love it, they’re very excited about it, and we get all kinds of comments from them like, “This has changed my life.” “I had no idea.” “I think more about other people now.” You know, just little comments that they make.

MCFARLANE: Do you get those on the Web?

END TAPE 3
TAPE 4

MINTO: For what people have learned, we pretest and we post-test, and in the post-testing, there’s a place for comments, and the kids will just comment on this. And we get those in and we keep track of them. That’s one of my favorite reports that I get every month.

MCFARLANE: This is done monthly?

MINTO: Well, they pick off some of them and just send it out in the report that the board gets, just because we get such a charge out of it, the way kids express themselves. One of the exciting things about it is that we find that this is very effective with minority students that are not otherwise interested in what they are learning at school. This will just turn them on, and they get all excited about it. One girl, who had been failing, and her teacher had very little hope for her, got so turned on by what she was learning in this particular segment from Facing the Future that she got engaged with a program that would take her so she could do something for some people down in — I think it was South America or Central America that she went. She spent a good piece of the summer there, and she came back — she just got home — and she’s going to study international affairs. And this is a girl who was practically flunking out of school.

MCFARLANE: So the educational component is really engaging?

MINTO: Oh, very, very engaging. If you go to watch this happen in a classroom — and we are encouraged, as board people, to do that occasionally — it’s just terribly exciting to watch a bunch of kids take this on. The engagement that they have with the subject, and their knowledge of it and their excitement about it, are just palpable in a classroom.

MCFARLANE: Is it engaging because of the participation, because of the type of reading or the subject or –

MINTO: When you’re there observing, I couldn’t tell you exactly where it’s come from, because they have had something to read. They’ve got materials that they can get on the Net, or they have copies of this in the classroom. They do it by segment. I mean, they’re not just given the whole book to read at one time; they do it by segment. And so they get very excited about what they’re learning about. Fish –

MCFARLANE: Fish?

MINTO: Fish, the fun stuff, you know. And what’s happening to fish, which goes into oceanography. The whole thing connects, and they connect with what they’re learning, because most of it is at a level which they can really appreciate and engage in. It’s hard to explain it, but it just
works. It works for the teachers, and it’s so exciting for the teachers because the teachers get feedback. You know, they know that the kids are learning something, and that’s terribly important for teachers. If the classroom is a mess, if there’s lots of disengagement in the classroom, kids aren’t learning very much. But if the kids are engaged in what you’re teaching, and if they feel that it’s relevant to their lives, and that there’s something they can do about it, they brighten up quite fast.

**MCFARLANE:** So there’s a philosophy around this, that you can do something in the world.

**MINTO:** Yes, and everybody should. They should have that sense of power in themselves, to know that they can do something. When we first started doing this, we got to the activity piece of it, because kids, once you’re teaching them about all the stuff, they get to feel hopeless.

**MCFARLANE:** Oh, yeah.

**MINTO:** I mean, it’s easy to look at all the problems in the world and go, My God, I just don’t want to get up in the morning. You can’t do that to children, and you shouldn’t do it to children.

**MCFARLANE:** We’ve lost the planet.

**MINTO:** Yeah, we’ve lost the planet. They haven’t lost the planet yet. And we should help them not lose it, and to understand where they can intersect with what their unique talents and interests are, in which way. And it’s not going to be the same for everybody. But there’s someplace that you can fit, and there’s something that you can do, and we all have an obligation to do that and to teach children how to be able to do that, too.

**MCFARLANE:** It sounds like you have a very talented staff.

**MINTO:** Oh, very. They’re wonderful people. They’re all very well credentialed. Most of them have spent a good deal of time overseas. They have experienced different cultures than the one we’re living in, so they have some sense of the reality of the problems that are out there and can be dealt with and that people need to know about.

We had one little class at a private school — a very good private school locally — who started using this, and they were so excited about it that they made a connection with a school — I think it was in Zambia. We helped them make the connection, in that school, to Zambia, and it was the same size classroom. And those kids didn’t have anyplace to study. They had hardly a roof over their heads. They had benches to sit on. They didn’t have any paper, they didn’t have any books, they didn’t have any of this stuff, you know, but they’d like to learn something. So they adopted that school. This little classroom here in Seattle adopted that classroom over in Zambia, and they made a school project of
collecting the money and sending them all the stuff that they needed to have. They sent crayons — they sent all sorts of stuff — and books and papers and things, to their fellow students in Zambia, and they just felt really good about that. And they did it. They did the project at their school that brought the money in. Of course, their parents had some money to put into that, but they did it. And they felt really empowered by that. They helped. And that’s what we need, is a generation of helpers, not scalpers.

MCFARLANE: So the benefits are really long-term here.

MINTO: Oh, I think so. The people who give, I think, get as much as they give always in life. And if you don’t give it, you sort of shrivel up, too.

MCFARLANE: You’re also on the board of PATH, is that correct?

MINTO: No, I’m not on the board of PATH; that’s a largely international board. I’ve been on their development committee. That’s something that they’re doing very, very well now, and they have such a neat way of doing it. Do you have time?

MCFARLANE: Yeah, yeah.

MINTO: They didn’t have any community support. They were sort of known as one of the best-kept secrets in town for a long time, because they didn’t have any outreach, really, in the city [of Seattle]. So they really wanted to work on development, and they decided that they were going to hold a breakfast and bring people in and let them see what PATH did and give them tours, and one thing or another. But they were going to hold a breakfast. And so they sent out invitations to all the people they had on their list. I went just last year, and it was just such a treat. They converted their parking garage into a restaurant, and they did it by putting some material screens around the side so it didn’t look awful. They brought in carpet, and just laid a carpet all the way across the floor, and set up tables and chairs, and had a buffet breakfast in there for 900 people.

MCFARLANE: Nine hundred?

MINTO: Nine hundred people came to the breakfast. Well, it’s been growing now for the last few years. But without spending a ton of money. You know, if you had 900 people to breakfast almost anyplace else in town, you’d have an enormous amount of money involved. You had some fruit and a very pleasant little breakfast, it was very nice. But it was just so exciting to see the way they’d done it. Then they had some of the people from — they had it coincide with the board meeting, so their international people had come in, so they had some very good speakers.
MCFARLANE: And what do they do exactly, PATH?

MINTO: Oh, that’s just another two-hour segment. It’s called the Program for Appropriate Technology in Health, and what they try to do is to come up with simple techniques of helping people have better health. For example, they have invented a way of — little vials of vaccines, you know, that go out in the country: some of them are no good because they’ve been exposed to too much heat, or too much something or other. They have a little thing that they put on the front of the vaccine vial that turns color if that’s happened, just so that a nurse could look at that and know that was not good, and so you don’t give it to somebody.

They developed a little birth kit, and that was when Gordon [Perkin] was still there, I think, when he was the head of PATH. It had a bar of soap, it had a tiny little baby scale, and it had a razor blade and a plastic sheet. The plastic sheet was to put underneath the woman so that she was on a clean surface; the razor blade was to cut the umbilicus; the soap was to wash with; and the baby scale was to find out what the birth weight of the baby was. It cost very little to put this together, and you could put it in the hands of tons of people around the world at very little expense. They’re very innovative about that sort of thing.

They have a good deal of Gates money involved now. They’re working on vaccines — a malaria vaccine — and a variety of other things. It’s an extraordinarily effective organization that doesn’t try to do it all by themselves, but partners with people to get a lot of stuff done in a very inexpensive way. You ought to come some time and just meet PATH president and CEO. Chris Elias. He’s just a great guy, and the people over there are very innovative. I’ll send you some stuff, if you like. I get it from them all the time. I bet you’d be interested in it.

MCFARLANE: Thank you. So it sounds like, over time, your interests have gotten more global.

MINTO: Well, they started with global. I got turned on to this years ago, because I read the Draper report.

MCFARLANE: And that’s the first time you had heard it?

MINTO: Yes, in that sense, yes, it was. Then there was a lot being written about population at that time — the 1950s — and that opened my eyes in a way that I had not had my eyes opened before, and I read rather deeply in that. And certainly the connection between Planned Parenthood and an opportunity to help low-income women in one’s own area is very real, but it’s not the answer to all the world’s problems. I never have thought that. So I guess I just sort of have come a circle.

MCFARLANE: What would you say — what advice would you give to people working in the reproductive health field in the future? Or even people there now? What insights would you want to give them?
MINTO: Well, to borrow an old phrase, I’d say you’re doing the Lord’s work, and to feel good about what you’re doing, and to keep doing it, because it’s not going to go away. I don’t think women have achieved what they can achieve yet, and they never will until they have control over their own bodies.

MCFARLANE: How about the rise of the right wing, the Christian Coalition that’s gotten so deeply involved in this field? What would you say?

MINTO: It keeps you sharp. I mean, I don’t see them as a — I feel sorry for them because they see the world in such a narrow framework. But they do help you keep sharp and keep you on your own toes and keep you focused, because I think focus is half of achievement in life. If you can’t focus, you don’t get there, and somebody can knock it off at any time.

I didn’t ever dream, when I first started in family planning, that there was going to be as much public affairs, political stuff going on in the world. I didn’t know that. And you just — when those things happen, you have to rise to the occasion. You’ve got to somehow manage to have another focus, too. And that’s the outside focus as well as the inside focus. But the primary thing, at least for me, was my concern for women and their health when I was at Planned Parenthood. That just had to be it, because that’s what I saw, what I heard, what I felt with people. But in order to do that, you’ve got to be able to move your focus to a different area when it jeopardizes what you’re trying to accomplish.

When we began to get federal money — and that made such an enormous difference in the numbers of people we could see. We always had a fairly supportive state government. We’ve always had some support from them in terms of the health needs of women. But at the federal level, that was new, with the Gruening and the Packwoods and the Tydings, and all the people that were — that was new. And when that money began to flow, then you could really make a difference in a much larger measure. That’s when growth took place and training took place. And then that became political. And so I spent probably more of my time in that than I would have wished to do.

MCFARLANE: You didn’t enjoy it in particular?

MINTO: Well, yes. I guess I’d have to say I mostly enjoyed most everything I did, but you give up something. I mean, there’s only so much time you’ve got. I had to give up a lot of my patient contact. You just have to go where you’ve got to go, but that was my job. And that was an exciting part of it, too, and that’s where the real progress has been made.

MCFARLANE: The legislation?
MINTO: Yes. The recognition and then the legislation. You have to educate people to the problems, and that’s public relations and education.

MCFARLANE: Did you spend a lot of time at the state Capitol and in D.C.?

MINTO: Well, whenever I go back to Washington, D.C., I go up on the Hill and talk to people, and on several occasions I testified before legislative and senatorial committees, but I didn’t spend a lot of my time back in Washington, D.C. I spent a lot of my time ON Washington, D.C. (laughter)

MCFARLANE: And you said you met Senator [Ernest] Gruening?

MINTO: Yes, I did meet him, and that was my very first meeting in Washington, D.C. That was in 1966, and he was there. I can remember — I think he had 16 feet, he said, of testimony that he had collected. He was a physician. I don’t know if you knew that, but he was a physician from Alaska, and he said he’d accumulated, I think it was 16 feet of testimony about this issue.

MCFARLANE: What was the occasion for meeting him? Were you at the hearings?

MINTO: No, I didn’t go to the hearings. I went back there to a conference. As a matter of fact, it was sponsored, I think, by AGI [the Alan Guttmacher Institute], but it wasn’t AGI at the time. Fred Jaffe and Jeannie Rosoff were there, I can recall, and I think they had pulled it together. But it was the occasion of giving an award to Martin Luther King; that was at least one of the high points of the conference. But it was talking about family planning as a federal priority, and that’s why Gruening was there, and why Joseph Tydings — They both spoke, and I think I told you yesterday that Cohen spoke, too. Wilbur Cohen was there as the head of — either was the head at that time or became the head of the Department of Social and Health Services. So that was a very exciting time, and I really enjoyed that. That was my first visit to the Hill.

MCFARLANE: So Martin Luther King received an award?

MINTO: Well, he was to have received, but he couldn’t get down because the weather was bad. His wife was there and so she took the award, and she gave just a wonderful talk. I think that was at the evening sessions, but it was a conference and it was a full-day or two-day conference, or something of that kind.

MCFARLANE: Did you ever meet Bill Draper?

MINTO: No, I never got to meet Bill Draper. I would have liked to have met him in person. As a matter of fact, I think I heard him speak at a national Planned Parenthood conference, but I didn’t ever get to shake his hand.
I thought he was just the most extraordinary guy, and he certainly did leave a fine legacy. You know, that’s where Population Action International — he began that, and it’s still going. Amy Coen is the head of it. Have you met Amy?

MCFARLANE: Mm-hmm.

MINTO: She used to be the Planned Parenthood exec in Chicago, which is where I met her. It’s been fun to watch all of these people. I’ve had the remarkable opportunity to have trained a number of really fine people. One of them became the head of NARAL [National Abortion Rights Action League] when she went to the East.

MCFARLANE: Who’s that?

MINTO: She was Karen Mulhauser, who worked as a trainer in our Training Dept. in Seattle P.P.

MCFARLANE: That’s all right we can —

MINTO: She was also a counselor at Planned Parenthood, and I had her with me for about two years, and then she was in my training department. She went east with her husband, who had a job change, and I think she was the first national chair of NARAL. Another one I had who was a counselor and a social worker, Barbara Radford, went back to become the head of the National Abortion Coalition, and she’s now back here in Seattle. Amy Pollack, who was my medical director, went back to — she was briefly at national Planned Parenthood, and then she went on to take what’s now called Engender Health. I think I’ve had five of the outstanding women from our Affiliates who have gone on to take leadership roles in national organization, and done really super things. It’s been a joy to work with people like that.

MCFARLANE: Until recently you’ve been active with the Brush Foundation, is that correct?

MINTO: Mm-hmm. Well, let’s see, when I left Planned Parenthood, Dan Pellegrom was a very good friend of mine, and he asked me whether I would be interested in coming on the Brush Foundation board, and I decided that would be a fun thing to do with some of my retirement time. So I have; I’ve been on it for — until this last year. They made me an emeritus member, so I can still go to their meetings but I don’t have to do a lot of the work.

MCFARLANE: What do they do?

MINTO: Well, they primarily give money to family planning programs here and internationally. They sort of split it between the international focus and
the national focus. This was started by Charles Brush as a foundation to honor the memory of his son who died quite young and who had been very interested in the issues of population and family planning. And his wife, Dorothy Brush, had been very interested in the Planned Parenthood of Cleveland. And so the focus of that was around family planning. That’s where the money goes, into education, direct service, or advocacy, in those areas. It’s not a big corpus that they’re working with, but it’s enough to be very helpful to small programs. The largest grant they give out, I think, is $25,000, so that’s not going to keep anybody rich, but it does help to get some programs and innovative things going.

MCFARLANE: But it sounds to me like your real heart is with Facing the Future at this point.

MINTO: Well, right now it is, yes. It’s local, and I don’t have to travel so much. (laughs) At the age of 80, it’s nice to be able to sleep in your own bed occasionally. But I do like it and see it connected with all of the other things I’ve been interested in for a good share of my life.

MCFARLANE: I have one more question. Do you predict that Roe v. Wade is going to be overturned?

MINTO: No, I don’t. I fear that it may be, but I don’t predict that it will be. I have greater faith in the American people than to think that they would prolong the push to the right that has been going on in this country for the last eight years. I think they’re tired of it, and I think that better heads will prevail.

MCFARLANE: Even with the current composition of the Supreme Court?

MINTO: Yes, I think even with the current composition of the Court, because I don’t think that Justice Anthony Kennedy would go that far. If you change the Court, you know, it’s all up for grabs and it depends on whether or not something happens in this next year. But I just pray to heaven that all the existing players that are on our side are going to still be there until we get a different president to make some of those choices.

MCFARLANE: Is there anything else you’d like to add?

MINTO: Well, you never know what’s going to happen out there in the future. If that happened, then you’re going to have to take a different tack. But I’m sure there will be people with innovation and imagination and determination to go and do some of those things. It took a long time to get where we are now, but it’s certainly a better world than it was 30 years ago — for women. Any way you want to cut it, it’s a better world for women. Some of us, at least, have made some real gains in that
department. You can see a lot of the women in the world that are still suffering, people in the world that are suffering, children in the world who are suffering. But we’ve made gains, and I think we just have to keep on that track. And I’m sure you will.

MCFARLANE: Is there anything else you’d like to add?

MINTO: No, except it’s been a very pleasant time.

MCFARLANE: Thank you very much.

(break in audio)

MINTO: Having had a 62-year-old marriage has been wonderful for me.

MCFARLANE: A sense of stability.

MINTO: Oh, it has. What did somebody say? The wind beneath your wings. Everybody isn’t that lucky. So it would have been strange if I hadn’t tried to do something worthwhile with my life. (chuckles) Well, there are a lot of people out there who can and should. It was fun to have you here. You’d better come back again.

END OF INTERVIEW

Edited by Sheila Flaherty-Jones, April, 2008.

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