

*Population and Reproductive Health  
Oral History Project*

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**Duff Gillespie**

Interviewed by  
Rebecca Sharpless

May 19–20, 2003  
Los Altos, California

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## Narrator

Duff Gillespie, Ph.D. (b. 1942) directed USAID's Office of Population from 1986 to 1993, and served as the administrator in the Global Health Bureau until 2002. He is a senior scholar and professor at the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

## Interviewer

Rebecca Sharpless directed the Institute for Oral History at Baylor University in Waco, Texas, from 1993 to 2006. She is the author of *Fertile Ground, Narrow Choices: Women on Texas Cotton Farms, 1900–1940* (University of North Carolina Press, 1999). She is also co-editor, with Thomas L. Charlton and Lois E. Myers, of *Handbook of Oral History* (AltaMira Press, 2006). In 2006 she joined the department of history at Texas Christian University in Fort Worth, Texas.

## Restrictions

None

## Format

Five 60-minute audiocassettes.

## Transcript

Transcribed, audited and edited at Baylor University. Transcript has been reviewed and approved by Duff Gillespie.

## Bibliography and Footnote Citation Forms

### *Audio Recording*

**Bibliography:** Gillespie, Duff. Interview by Rebecca Sharpless. Audio recording, May 19–20, 2003. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Duff Gillespie interview by Rebecca Sharpless, audio recording, May 19, 2003, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 1.

### *Transcript*

**Bibliography:** Gillespie, Duff. Interview by Rebecca Sharpless. Transcript of audio recording, May 19–20, 2003. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Duff Gillespie, interview by Rebecca Sharpless, transcript of audio recording, May 19–20, 2003, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.

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**Sharpless**

Today is May 19, 2003. My name is Rebecca Sharpless and this is the first oral history interview with Dr. Duff Gillespie. The interview is taking place in Dr. Gillespie's office at the Packard Foundation in Los Altos, California. It's part of the Population Pioneers Project that is being sponsored by Baylor University and the University of New Mexico and funded by the Hewlett Foundation. Okay, Dr. Gillespie, you've spent a long time studying population issues and population policy in the world, but I'd like to start out today with some general context. Tell me a little bit about your growing up years. When and where were you born?

**Gillespie**

Cairo, Illinois, and it's pronounced Kiero, Illinois, although it was named after Cairo, Egypt—a small town in southern Illinois.

**Sharpless**

Okay. As you were growing up and thinking about going to school, what were you thinking you would do?

**Gillespie**

I really wasn't thinking that much and began as many people do in pre-med and quickly decided that that was not what I really wanted to do and was more of what my parents wanted me to do. So, I basically did what people not in pre-med did then, which was to go into political science with the idea

of becoming a lawyer. And it didn't take long for me to know that that wasn't what I wanted to be, either, and that was sort of the second choice of my parents. Then I basically just took courses, and then actually became very intrigued—and also played a lot.

**Sharpless** And this was at Washington University?

**Gillespie** It was at Washington University. I wasn't the best of undergraduate students in terms of dedication to academics. And then I took a course, actually, in sort of an intermediate course in sociology and actually found it quite interesting. And then took a course in criminology, of which I knew very little about at that time, and that course changed my life—partially due to the content, which was intriguing, but also due to the professor, who was very much an activist and was not particularly interested in knowledge for knowledge's sake, but was interested in translating knowledge into action to make the world a better place to live. So that's when I got hooked. And initially was involved in a number of research activities. The first actually being with the St. Louis Police Department, which I look back on as actually very valuable experience. And some of my liberal friends still can't believe I actually did that, worked with the police. And then got an NIMH [National Institute for Mental Health] fellowship on community medicine and—

**Sharpless** Was this when you were an undergraduate still?

**Gillespie** This is graduate now. And I must say, back then—

**Sharpless** Which was when?

**Gillespie** This was in the six—'65. Back then it was actually very easy to be—if you had decent grades and a mentor, it was actually very easy to get full support.

And so really, starting my senior year in college all the way through graduate school, I not only got very strong support but enough to actually live a pretty good life as undergraduate lives go, which is one of the reasons why I stayed at Washington U, which probably was not the best thing to do in terms of exposure to new ideas. But the grants were so enticing that I felt compelled to stay. And it sponsored three different trips overseas. Actually four, I guess. Four trips overseas which are research-related and the longest being roughly altogether a year and a half in the UK doing research for my dissertation.

**Sharpless**

Which was?

**Gillespie**

Which was actually on drug abuse in Great Britain. Contrasting that approach to the approach in the United States. There was also a, sort of as a subplot, almost an ethnographic approach amongst some living—it sounds too anthropological, but studying—spent a lot of time, including weeks at a time, with a group of hardcore heroine addicts in the UK. So it was a very valuable experience.

**Sharpless**

Why did you choose to focus on drug abuse?

**Gillespie**

Well, there were a couple of things. Back then, and still to this day, there are a number of different schools of thought in criminology and sociology and law, basically in academia in general, called victimless crimes. And this was a notion that there were certain things that society condemned and treated as criminal which, in actuality, weren't criminal behavior. And back then there were some things now that we kind of look at and say, Oh my God, how could we have done that? One of those areas is drug abuse, which we still

basically do, but also there's mental illness, a wide range of sexual behavior, suicide, things that a number of different people were trying to change not just in academia but in the criminal justice system.

**Sharpless** To decriminalize those behaviors?

**Gillespie** That's correct. And actually, some of the things I look back on with satisfaction is that we were able to actually change the policies and approaches in a number of police departments, including St. Louis, and how they dealt with things like chronic inebriates, sexual deviancy, and suicidal behavior, just to name a few. So a lot of progress has actually been made in that area. I haven't kept up with it, but I guess the common theme in all of those is looking at various types of research activities with the idea of not just generating knowledge but their application in terms of actions that would have policy and problematic implications.

**Sharpless** Tell me a little bit more about the professor who had the impact on you in the criminology course.

**Gillespie** His name was David Pittman and he was a criminologist, who I think got his Ph.D. at the University of Chicago, his undergraduate at North Carolina. And he taught at a couple of universities. I think his last one before coming to Washington University was University of Rochester. And his specialty was alcoholism and drug abuse. And at that time in the late fifties, say, through the seventies, he was one of the leading researchers in the area of alcoholism especially. So, he was actually a big fish in a relatively small, somewhat marginalized in terms of mainstream academia, field in his alcoholism, especially in the social sciences. It was more seen as a health legal issue at

that time.

**Sharpless** Is Professor Pittman your mentor through your graduate work?

**Gillespie** Yes, he was. In fact he—as an undergraduate I had very little contact with him. In fact I didn't know him.

**Sharpless** Okay, so the criminology course was as a graduate student?

**Gillespie** It was a course that was one of those crossovers that had—if you had a certain grade average as an undergraduate you could take it but it was primarily a graduate school course.

**Sharpless** Okay, when do think it was—

**Gillespie** I guess they still have those, I don't know.

**Sharpless** They do at our school. What do you think it was about David Pittman's approach that attracted you?

**Gillespie** Well, I think the term used then was “action research.” I mean, he also had—he was a good researcher too. He taught me an awful lot about research methodology and was involved—one of the first things I worked on, which stayed with me for the rest of my life, was an evaluation of all the longitudinal studies, follow up studies of alcohol treatment programs and this wasn't just a casual reading. This was really getting behind the numbers and looking for internal consistencies and inconsistencies, where possible looking trying to get the actual sources of data. And, as I recall, I think it was around thirty-six studies that at that time had longitudinal follow-up studies—people who had been treated for alcoholism, and I'd say about half of them deserved not to be published. I mean, once you got past kind of a quick reading there is not only inconsistency in the data, but in some cases I

think there was manipulation or creation of data. And the second thing was how difficult it was to actually follow up without losing—having such a high attrition rate to make the process meaningless. And I have some real life experience with that, as part of the way I kept my keep was actually participating as an interviewer of people who had been treated in a detoxification center in St. Louis. So I'd been chased by dogs, threatened with firearms, interrupted a customer having sex with a prostitute in order to get an interview with him. Some really wild things. This particular group was not renowned for its social and economic and geographical stability, let's say. So it was a real eye-opener and made me appreciate much more the difficulty that goes behind some of the research, which you just don't appreciate, and the numbers such as any longitudinal study, perspective study—they're very difficult to do. As it turned out, I was involved in some of those at USAID [United States Agency for International Development], so I felt comfortable with the technical background which at that time had a very strong department. They have since actually eliminated the department, which I don't feel strongly about because the research training that I had and the other activities I was doing really wasn't sociology. It was—most of it was what we would call—actually it was probably better at home in the school of public health rather than a department of sociology. And most of the research—much of the research activities I was involved in, which at the time we used action research or evaluation research, is now actually called operations research. And at that time we didn't really call it that. And it turned out to be that's basically what I was doing and didn't realize it.



**Sharpless** And you mentioned there were four trips overseas. What were those for?

**Gillespie** Well, two of them were summer trips, if you will, doing research that actually led to the long term research in drug abuse. And so that was at, sort of based at, St. Bernard's Hospital in Southall, a suburb of London. But especially for the second summer I was there, I spent most of the time actually interacting with drug abusers and learning more about their attitude, behavior, perception of the legal system. And sometime in the British museum reading room that led to the third trip to the UK, which was basically living there and doing the research full time. Then another trip—there were some side trips to some conferences and things like that, which for someone that age was very important and getting exposed to—well, that's the other thing I liked about him. He was very much internationalist. And I think part of that was due to the study of alcoholism is much better developed, stronger developed, in Europe than it was in the United States. So most of your experts and your publications of high quality are actually done outside of the United States. Scandinavians were particularly strong in that area. One quite interesting trip was a trip—speaking of Scandinavia—of the prison systems in Scandinavia. And somewhat with the opening of how they dealt with chronic alcoholism, which is different than most other places, but basically looking through epidemiology side of it. And that was a real eye opener for someone from the Midwest. It just—I mean totally—and I'd been in a long—well, anyways it was a very interesting trip.

**Sharpless** Why was Scandinavia such a revelation to you?

**Gillespie** Well, they had this very strong socialist bent, but it wasn't the socialism that

most Americans think of. It was social democracy, social democrats. And so you saw this socialist system. It was very pervasive throughout all the parts of society, including how they perceived criminals, which were more like a ward of the state rather than as someone who was going to be punished. So that you—it was actually very paternalistic, the way they were treated. But they were treated as almost like children needed to be disciplined so that they can—in a very caring way—so that they can become citizens of the United States. That had more than a touch of retribution, and that's still pretty much it today. I don't think their system worked any better than ours, (laughs) unfortunately, but it was a different approach. As an example of that, it was very common to drug the prisoners to keep them in a pleasant state but also a state in which they could easily be controlled and manipulated. But again, it was seen not as anything negative. I was shocked by it, but as something as a mother might in Victorian times put a little bit of opium on the nipple for the child to keep him from crying. Same type of approach. So what does all this have to do with population? (laughs)

**Sharpless**

Well, it has a lot to do with—I think it has a lot actually. Tell me just one more thing and we'll go on. Tell me about the findings of your dissertation.

**Gillespie**

Well, as I recall, I was so sick of the dissertation. I literally was one of those persons who has never once opened up the dissertation since it was completed, nor do I have any desire. Almost ruined my marriage and ruined me. I'm glad I did it this way, but it was a killer. So the process was actually more memorable than the—

**Sharpless**

Than the outcomes?

**Gillespie**

Well, of course, when I was doing it, I fully expected to go back and condense and rewrite and reanalyze and have a series of publications but I couldn't bring myself to do that. I had so many friends that had all but their dissertation because they took on a job before. And I'm sure you have had many friends that way, too, or they spread out over a period of, you know, four, five, six years, whatever the maximum was, and it was sort of a festering wound during the entire—there was an entire period of time when they would bore you to tears talking about it and explaining why they haven't gotten to it or why they're stuck on a particular chapter or problem. And so I was determined not to do that, and so I literally—for about a five or six month period—did nothing but work on the dissertation. When I say nothing, I mean nothing. No movies, nothing. There might be an occasional dinner out or something like that, but I mean an occasion once a month or something like that. And my wife was going crazy, of course, and I was going crazy. I finally got it done. Hated some of the people on the dissertation committee that were making last minute changes, it seemed to me, because, as you know, then if you had a change you had to retype frequently the whole chapter. I mean word processor—they don't know how good they have it. Anyway, it was an awful experience, but I'm still glad I did it because I got it out of the way. I must admit it's—it left a dark spot in an otherwise very pleasant and fruitful academic career. But as I said, it just tore me up.

**Sharpless**

What were you thinking you would do when you finished graduate school?

**Gillespie**

Well, I thought I would probably teach and do research at a university, and

indeed I had an advantage because I had basically a year in which to transition again, going back to the strong support from the federal government. I mean, I can't tell you—this is during the Great Society days.

**Sharpless** Uh-huh, War on Poverty things.

**Gillespie** Right. Well, not only that it was just—I don't know how it is today, but I was able to take off this five or six months and just work on the dissertation. And I had a grant that allowed me to do that. Then I had another grant which allowed me to—after I got the dissertation done and spent a delightful three weeks in Maine kind of recharging myself I came back and had a year-long grant actually training policemen in police departments, which allowed me to transition into the next step, which is something I did not plan for—going back to your question. I went through a number of different interviews at different universities with the idea that I'd be teaching and doing research. And I quickly felt that I didn't want to do that. I didn't want to be in an academic setting to be an assistant professor trying to figure out how to get by with the fewest preparations possible for these huge survey classes that you're stuck with, get some publications so I can get tenured, and find time to research, and try not to get too heavily involved in departmental politics. You know this thing much better than I do, and I suspect it hasn't changed dramatically.

**Sharpless** It hasn't.

**Gillespie** And I thought, Gee, I don't really want to do that. And at least then I didn't. I didn't know what I wanted to do. I got a couple of offers at respectable schools. Not great schools, but respectable schools. And so I discussed it

with some peers, including this Dr. Pittman and he said, “Well, you know, it sounds like what you really want to do is find out what you want to do.”

And he said, “NIH [National Institutes of Health] has a fellowship program, would you want to go there?” And I said, “What’s it in?” And he said, “Population research.” And I said, “I know nothing about population research.” I had taken one course in demography and thought it to be one of the most boring classes I had, and it turned out the reason it was boring was because of the professor, not the topic. I didn’t know that at the time, though. I thought it was all boring. And he said, “Well, you know, why don’t you explore it?” So I came out to interview. This was the NIH, which of course I knew about NIH.

**Sharpless** That’s in Washington.

**Gillespie** Yeah, it’s in Bethesda. And I thought, Well, it’d be kind of cool to be at the National Institute of Health. And so I went there with the idea of staying there a couple of years, picking up some new skills, knowledge, and then going back to academia, or research organization, or something like that. And that started on the trajectory of getting into population, but in the back—very much backdoor way. And those two years in NIH were almost exclusively on the domestic side.

**Sharpless** What were the goals of the Center of Population Research?

**Gillespie** Well, it was pretty typical of NIH. Still is. It’s one of the reasons I left, by the way, because when I tell you what the goals are you can see how it’s incompatible with someone of my background. Production—well, getting money out—that’s the main reason it exists although people working there

would never characterize it that way. But it basically would be generating knowledge, and with the idea that that knowledge will result in something good. And in fact, at that time they were rigorous in not doing research that was tied to programs. And a little interesting factoid, one of the reasons why NIMH left NIH was because of that fact that NIMH felt that it really couldn't deal with mental health unless it looked at the various competing paradigms for dealing with mental health. And that was incompatible with NIH.

**Sharpless** Let me turn the tape.

*Tape 1, side 1, ends; side 2 begins.*

**Sharpless** Okay, we were talking about your work at the Center for Population Research at the NIH. And if they weren't generating—well, who were they generating research for?

**Gillespie** Well, you know, for a society in its broadest sense. That's still basically the NIH's philosophy. That's not to say that it's aimless research. They look at topics and needs, drawing very heavily on the peer group system not only to determine what research should be funded, but what the research should be on, so it's not like population and there's no particular thrust to it. In fact, all of the research was solicited in the sense of RFAs [Request for Application] or RFPs [Request for Proposal] is what we used to call them then. But in terms of necessarily the types of research that I was interested in, I was very—I learned a lot, especially since I had to read all these proposals and comment on them and write up critiques of them. You quickly learn a lot about proposal writing, but also what constitutes a good, sound research

design versus one that's rather sloppy.

**Sharpless** So is that what you spent most of your time doing, evaluating proposals?

**Gillespie** (both talking) About half of that was that which I never realized was going to be part of the fellowship. I thought the fellowship was going to be all research. And the other half was research.

**Sharpless** And what were you working on in your own research?

**Gillespie** What we did with the colleague—this is—they had what they call intramural research. We—it was a humbling experience. We decided to determine why vasectomy was so under—well, I didn't realize it was so valued—was so little used in the United States. And so we did this survey, national survey, and when the results came back we called in the research outfit that did it and said, You've made a terrible mistake. You have the prevalence of vasectomy much too high. And we went over the data and they said, You're right, this can't possibly be the case. And they redid the survey at no expense to the U.S. government. That's how certain they were and we were they made a mistake. It came back the same. They did re-interviews, a high percent of re-interviews. I think it was something like 10 percent.

**Sharpless** Were they interviewing men or were they interviewing physicians?

**Gillespie** Men, this is men. And everything came back consistent. And then we thought, Wait a second, maybe it is okay. (laughs) So then we started actually doing what we probably should have done to begin with. We started contacting urologists, almost like a network. And they said, Oh, yeah, we do a lot of vasectomies. But they weren't showing up on insured services because it was all private, and it's not a reportable procedure. And so, I mean

it was one of these stealth phenomena that—I mean, totally wrong hypothesis, which was, we had all these reasons why it was not being utilized more and it was totally wrong, absolutely totally wrong. And as you can imagine we wasted a lot of time figuring out how wrong we were. But that's basically all I worked on.

**Sharpless**

Sounds like that might have been a valuable lesson somehow.

**Gillespie**

Well, it was. It was. And I mean, that's one I learned too. There's another—there's verification of it. This linguist book which was analyzing—not analyzing, but it was doing a research on why the U.S., the American population, speaks so markedly different than the English population, and what caused our language to evolve like it did in terms of their long A and et cetera. And so there's a melting pot theory and a variety of different theories. And this guy found some—actually it's interesting. There was this group off the coast of North Carolina that was, up until the twenties and thirties, highly isolated and they did these tapes of them. I guess the same type of thing that you guys do. And so this linguist got a hold of them and started listening to them and said, “Wait a second. This sounds more like modern American English than it did Elizabethan English. What happened? How could this change taken place on those islands that there was hardly any communication back and forth.” Lots of inbreeding and then, bingo. He thought, Wait a second. Maybe we didn't evolve. Maybe the English evolved. And there's lots of other stuff including some old text, Elizabethan text, that had—we call it phonics now, but notations on how to pronounce words, et cetera. So he came up with this, you know—this is probably still a theory



but, you know, we didn't change, they changed. And it's the same type of thing. You always kind of assume, you know, ethnocentrism and various other things that—so—

**Sharpless** So do you spent most of your time at NIH working on vasectomy?

**Gillespie** In the intramural part on the actual research part it was everything, migration, contraceptive development, contraceptive efficacy, migraine—did I say migration?—and just straight demography, urologists. The national fertility survey—that was just getting started, and that used to be funded up by NIH, but now it's the Center for Health Statistics that does it. So, it was a good exposure to the population field very much skewed for domestic, although we did do some research overseas, but most of it was domestic, but I certainly learned the tools of population research at NIH.

**Sharpless** What did you think about the working population?

**Gillespie** Well, I became very interested in it. And there were a couple of areas that I—I mean, one area that I had not been exposed to before I got to NIH—I actually had been exposed to it in a very casual way—was clinical field studies. Commission very bright people in NIH and then these peer group reviews that they've been sending almost constant—you would have leaders of the field that you'd be with sometimes three or four days and get together in evenings. So in terms of a tutorial it was like another graduate school. And one of the other things that was important was that the rejection letters were not signed by me, but not the people such as myself had written. And when you're writing a letter to a full professor at, say, Columbia University who spent twenty-five years doing research and you're rejecting it, you know you

got to write it very carefully and be able to defend it. And so you really do your homework. And by doing your homework you learned a lot. So, clinical field study was an area that I—wasn't my main focus, in fact it was tangential focus to what I was really doing, but the center was actually pretty small: about a dozen people, a dozen professionals. So you kind of knew what everybody else was doing. And I became very fascinated by clinical field studies as just a cool way of dealing with things and, you know, it made some of the methodological difficulties, but also the power of double-blind studies, randomized studies, as being sort of a gold standard, and I still think it's a gold standard, for determining causality. You can see when I get into the population program at AID where a lot of this influenced the way I setup the program at AID.

**Sharpless** How did you decide to leave NIH?

**Gillespie** I was frustrated. I liked the people there, but I think you would soon—I could have stayed there forever, but I think you become almost lobotomized by that process of reading proposals, writing proposals, and it wasn't what I wanted to do. So, a combination of that and a very interesting offer from the Office of Economic Opportunity, which is sort of a domestic USAID at that time, as the War on Poverty, which was much more action-oriented in trying to make the place a better place to live (unclear) that I chose to go there.

**Sharpless** Tell me about your work at the OEO.

**Gillespie** Well, it was very short. I was only there a little bit more than a year, I think. And there are a couple things. First, the thing I liked about the job was that you had enough time to actually do some research. So this woman and I did

some research. Her name was Louise Okada. I lost contact with entirely if she's still alive—on family planning, differentials in family planning utilization, trying to explain why some facilities seem to be used more often than others, and what are some of the characteristics at different types of facilities in terms of the types of services that are utilized.

**Sharpless**

Did you have time to draw any conclusions from that?

**Gillespie**

Well, nothing earth shattering. I mean, one of them was—is pretty obvious, but one of them was the source of funding for the facility was highly associated with the type of client that utilized it and come to look at now of course. But the reason why it was important wasn't that public funded facilities tend to have people from the lower stratus, socioeconomic stratus of society, but was that those types of facilities actually do serve the poor, which was a way of looking at it. This is, in a sense, an evaluation of the War on Poverty. The other thing that we looked at, which turned out to be an important thing in terms of background for AID, but also for the battles that occurred when Nixon decided to eliminate OEO [Office for Equal Opportunity], was, Could these services change the status of the poorest of the poor. Does it make any difference? And we did a couple of in-house studies—I don't think it was ever published—of the family planning component and found that, in fact, people that used the OEO-funded family planning facilities had much lower fertility and smaller size than those that didn't. And a lot of this, when you look back on it now, you think that's pretty sort of duh type of research. Back then it wasn't. I mean, there was still a debate which picked up tremendously at USAID that organized family

planning wouldn't make any difference. In fact, you're getting a little bit of ring in that now that I think about it HIV/AIDS and the battles going on about abstinence only, et cetera. So, there was actually a great deal of skepticism in Congress and elsewhere that organized programs, not just in family planning—family planning happened to be the one I looked at—could actually make a difference in terms of behavior and fertility.

**Sharpless** Okay, let me make sure I'm understanding that. It was skepticism that if you provided services that people would actually use them, and that would make them a difference in their lives.

**Gillespie** Actually it was two. It was really interesting. Certainly the first. Would they use it?

**Sharpless** If you build it, will they come?

**Gillespie** Right. But even the second was called into question. That if they used it, would it actually change their fertility? Now clearly if someone gets sterilized their fertility is going to be changed. So it wasn't as simplistic as that, but, Could a poor woman use a diaphragm correctly? Take the pills correctly? You know, et cetera. So, it wasn't like they were questioning the efficacy of the interventions, but the effectiveness. And I don't mean to be gratuitous, but do you know the difference between efficacy and effectiveness?

**Sharpless** Remind me.

**Gillespie** Efficacy—that's an important distinction—means that if used as directed it will have this efficacy rate so sterilization, bam, a hundred percent.

Effectiveness: will it be used in the real world that way? What will be the effectiveness rate? For sterilization it's one hundred and one hundred. For

the pill it's something like ninety-five, eighty. The effectiveness is usually always lower, in some cases dramatically lower. And you get lots—and you see a lot of this is going on in the paper now. You see a lot of playing around with the concept, so that you have like many of the people that push natural family planning, it's not just in the family planning area either, and what they will do is of the people that stay in a natural family planning program what is the effectiveness rate? Basically what you have is a numerator analysis because all you're looking at are those people that stayed in the program. You're not looking at those people that dropped out. The TB people at WHO [World Health Organization] were doing this for a long time driving me bloody crazy. You'd ask them what the effectiveness rate was and they'd give you this efficacy rate.

**Sharpless**

We can do this but it's not what actually happens.

**Gillespie**

Well, they would be a little bit more clever than that. What they would do is of those—there's something called a direct—it's direct blank blank, direct observation treatment, DOTS. And the thing about TB you have to take—you can't miss—it's sort of like oral contraceptives. You have to take your dosage everyday. And so compliance was awful. So some clever people started up this program where you actually have someone else give the medicine. It could be a mother, it could be a teacher, it could be a colleague, someone who is in direct contact and they are responsible for giving it. So what they were doing is that, of the people that were in the DOTS program they determined what the cure rate was. Again, leaving out those people that dropped out of the program. So, you know, those types of things are—I like

to deal with those types of things. They're interesting.

**Sharpless**

Well, before we leave the OEO I have a question. When I teach my students about the War on Poverty, we talk about what an amazing time that must have been to even dream that we could cure poverty. It did seem so audacious by twenty-first century standards. How idealistic was the War on Poverty?

**Gillespie**

Well, not as idealistic as the millennium and development and goals that were just announced last year, which is to eliminate poverty of the world. (laughter) So, much less audacious than that. Well, I mean, I think the thing about the War on Poverty as through OEO—there have been a couple of studies done on this. I haven't really kept up with it. I moved on to the international scene. But I think probably the best assessment of OEO, not as an organization but as a program, is that when Nixon destroyed OEO as he did, most of the programs were actually bigger after the destruction. And you had people—like George Wallace is one of the strongest supporters of OEO's family planning program. He was a strong supporter for the wrong reasons. (laughs)

**Sharpless**

I was going to say, little touch of eugenics mixed in there?

**Gillespie**

More than a touch. But the—I mean, the idea is that the programs work. The mistake that it made, and the mistake that donors make now, is that most of the government interventions that you can do sort of deal with the consequences and some of the fringe issues around poverty. The huge macro changes that take place over which we have very little control—if we had control we wouldn't be in the economic situation we have now. So if

you can't—if the powerful parts of society can't control those things to make them rich or keep us wealthy, how naive is it to think that those people who are less committed to solving poverty than they are at keeping themselves rich? I mean, I'm really being kind of overstating the situation. But what would lead you to believe that you could influence those macro trends that keep poverty as an issue? Any or altering tax structure, it's not that you can't influence it but it's always kind of at the margin. I remember once I was at a meeting with a mission director, and periodically the USAID has a reduction of poverty as being its primary goal. All the Europeans have it now. I mean, that's their rationale for foreign assistance. And he's going on about his program, and it happened to be at Zimbabwe reducing poverty in the country. I said, "You know what?" I said, "You know"—Heinz had a big plant there, food packing plant. I said, "Heinz is going to have a hell of a lot more to do about what happens with poverty in Zimbabwe than you do." I said, you know, the amount of money—I mean, it's just like—but they actually were sort of exciting times. It was too bad that I joined the office when it was in its death throes. But it was still interesting. I enjoyed my brief stay there. It also was interesting because it was the first job I had, in fact it was the only job I had, where I was a minority. Most of the professional staff and all of the support staff were mostly Afro-Americans, but also minorities of one stripe or another. So that was good experience, to be a minority in a workplace.

**Sharpless**

How did you make the move up to USAID, then?

**Gillespie**

It was an offer that actually Rei Ravenholt and Joe Speidel made me. I wasn't

looking for it. There were some mutual friends. Two of my fellow graduate students had jobs with AID. And so I'm not quite sure how it started. It was at a cocktail party or dinner party or somewhere where I think Joe first mentioned it. And asked if I want to come over to the research division to start a research program dealing with assessment of the effectiveness of family planning programs. And my response was I don't know anything about developing countries. I've never been to developing countries; therefore I am exquisitely ill-fitted for that job. And for some reason they persisted, and then there was a setup dinner where I first met Rei Ravenholt and that was a trip. And his enthusiasm was infectious. And I must say after I got through that dinner I said, "I want to go there." There's really a—I felt, Here's a challenge. You want to make the world a better place to live? Well, here's a way to go. But the reason I—I mean, besides his personality and everything, but here I was thinking, Gee, I think you actually could make a difference. I mean, you could see if we're able to do this then that will happen and that will happen and that will happen. I could actually see, Yeah, this is going to be more than just a lot of rhetoric, that we will actually make a difference. So that's how it happened, and it's not any more complex than that. And got there and basically was just thrown in the water, which on hindsight was fantastic, and it's basically setup a program.

**Sharpless** Let me change the tape.

*Tape 1 ends; tape 2, side 1, begins.*

**Sharpless** This is the second tape with Dr. Duff Gillespie on May 19. Okay, so Joe Speidel and Rei Ravenholt set you up. (laughs)



**Gillespie** Right.

**Sharpless** Tell me a little bit more about what Dr. Ravenholt had to say about the work you would be doing.

**Gillespie** Well, it was very vague terms. Basically, there was a series of questions that were nagging him and others of his persuasion for two broad reasons. One is they didn't know themselves and so there was a knowledge gap or two they knew either because they intuitively knew it or because they felt the knowledge was sufficient, but no one else did. They couldn't convince other people. And let me go through some of the more, I would say more important, but sort of the priority issues. One of them was, going back to this other thing, was organized family planning. Would it work in poor developing countries? And there the question was much more fundamental. There was, and still is to some extent, much less—there was a notion that you had to have social economic development before people would change their desired family size and seek out family planning services. So there was a real issue. If you build it, would they come? And the naysayers—and you probably heard all of this from Rei. The naysayers of making family planning available would always raise the bar. So if you looked at Singapore, Hong Kong they say, “Well, that's already developed.” They looked at Korea, which was developing then, they'd say, “Well, that's Korea.” Thailand—so it was always the exception, or, It will work there but it won't work any place else. And as frequently is the case it became a black and white issue. It was not a nuanced solidly to the debate.

**Sharpless** Well, people said either, We've got to have development before we can have

family planning, or people said we had to have family planning to have development.

**Gillespie** Yeah. I mean, it's pretty much couched in those stark terms rather than, which, you know, I certainly believe it now and actually believed it then on what limited data there was, that there is an existing demand for family planning that no large social economic shifts need to take place or any demand creation.

**Sharpless** That if you give the woman the ability to control her fertility she will.

**Gillespie** No, not in all cases. But if you give a population access to information and services that there will be enough people in that population category that want and need family planning now to make a big difference. But at a certain point in time and place you went up to a threshold and that threshold usually has to do with the social economic development of the country at which time you do have to have some major changes before you can go to the next plateau.

**Sharpless** How much was religion brought into that discussion?

**Gillespie** That particular debate, not much. And in fact it's interesting—I mean, it's quite amazing looking back on it now. Most of the criticism of the program—all the criticism in program back then was from the left, especially from the feminists who very much opposed organized family planning as a way of an imperialistic fashion imposing values over populations of women. I mean, it's—to me it's extremely paternalistic to say, Well, these people have high fertility because they want high fertility rather than saying, Let's give them an option. If they still have high fertility, they can have high

fertility which is—

**Sharpless** Although, try to think, India has had coercion problems and China, of course, has coercion problems. Were there other countries?

**Gillespie** No, that's about it in terms of—I mean, you'd have individual programs sometimes would step out of line but in terms of a matter of policy it's just those two. And the feminist side, which is still an issue but not as much of one, was just that invasive methods put women at risk.

**Sharpless** Particularly with things like IUDs [intrauterine devices]?

**Gillespie** Well, yeah. The Dalkon Shield came along shortly out of that. This is even before the Dalkon Shield. There was certainly some legitimacy to it. The oral contraceptives had very high dosage. Some of the IUDs weren't that safe especially in the hands of not proficient service deliverers. The diaphragm was not particularly good now but it was really bad then. So the range of methods that—I mean, people were actually talking about douching back then, so I mean, to give you an idea that what they know—the full range we have now is just phenomenal. And certainly the safety has increased dramatically. So their concern was not without some legitimacy, but they were overboard. Again, it turned out to be a black and white just like the abortion issue is black and white.

**Sharpless** Yeah, at least the organized family planning.

**Gillespie** It was against organized family planning. But even in the development area there was lots of question. So there was that. There's an issue of community-based program. And related to that, could you have non-physicians, non health personnel, deliver family planning services and give family planning

information? And that had a couple—can they do it and it works in a sense people will use the services and can you do it in terms of maintain high quality services? I would say the most underlying issue was, Does it work in the sense of people contracepting to an extent where it would actually make a difference from a societal point of view? That was probably the main charge for me. And getting that charge seemed to me, and this goes back to some of my earlier tapes, that what would satisfy people would be a quasi-experimental design. That without that having an intervention group, a study group, and a control group, without that you would not have robust enough findings to be able to take it to a regional person and say this one works. So the first, oh, five or six studies that we did all had an experimental design. And—it wasn't five or six. I think we got up around twelve. And what was interesting about that is that back then I could participate in the design's actual implementation. So it was a fantastic way to learn about developing countries because you're working with developing countries' counterparts coming up with a design, including the intervention. So you had—it wasn't just the design you had to make sure—in order to be able to show programmatic impact you had to make sure the program was there. So I learned a lot about logistics and about training, field workers training interviewers. It was just a wonderful experience.

**Sharpless**

Give me a sampling of the kinds of things you did among those twelve.

**Gillespie**

I think there's only one that I ended up being published on, and that's the Menoufia project in Egypt, which had an experimental design, but there were lots of them, Tunisia, Morocco, Sudan, which Don Lauro, who

happens to be here, actually he worked on it when he was at Columbia. One of them is really interesting in Korea, Thailand, Ghana and the mother of them all, which you've heard of, Matlab. That was the classic. I mean, that—

**Sharpless**

Okay, lay that out for me, how that happened, from conception to report.

**Gillespie**

Well, it was done—looking back on it, I'm surprised we were able to do it. I mean, this is when you have to book a call two weeks in advance to Dhaka and then it would never go through. I mean, some of this looks like writing a dissertation. How could we ever do it? But part—one of the most difficult parts was finding places to do the research and there were a couple of reasons for that so we had this sort of general model.

**Sharpless**

What was your question about Matlab?

**Gillespie**

Well, the question about Matlab—Matlab still is unique in the sense that they have this Matlab *tabana*, or Matlab bazaar, in which they had been collecting vital events for decades and because of that you have very good trend data on—and they do a good job on them so it's high quality data. It's a field lab. So the issue there was basically twofold. You can't—if it's experimental design, you can't do—you can't have too many cells. So the two questions were: Could you have community based service points deliver services to the extent where you actually have a change in contraceptive behavior and fertility? Two: in a desperately poor country? This wasn't Korea. This wasn't—this was a country when I was boning up on Bangladesh, it had only been a country for I think about five years, less than that, less than that when we first started. I read this book by this economist not knowing too much about Bangladesh and the title of the book, a monograph, was *Can a Country*

*Die?* So this guy was looking at this country had been created as a result of the civil war in Pakistan and say—there's nothing here that would warrant a country. It's just too many people in too little land and most of that is under water. So it was indeed a desperately poor country and basically what the studies show—actually it supported the threshold hypothesis. Just making family planning services available. The actual intervention actually started off a little bit below contraceptive. We're talking about—I think the control had 2 percent of modern contraceptive use, 2 percent, basically nothing, and the treatment was about one and half percent. So we're starting at ground zero. It shot up to something like over 30 percent in about a year, phenomenal, then it dropped back down to around 18 percent. It kind of stayed around there for a couple of years and they're still collecting information. In fact I just read an article not long ago on looking at in terms of orphans the difference between orphans and maternal mortality the same study population. And because of what was then called the cholera lab because of its research capacity and the fact that in terms of developing country research stations it was the best in the world. Still is one of the best. The results had a rippling effect throughout the field. I mean, it made a huge difference. And that combined with all these other studies going is that those types of questions aren't asked anymore. And in fact if any could be criticized for being too effective, you know, that the world's being depopulated et cetera. You know, I mean, who would have thought that those issues would become an issue in that dinner I had with Rei Ravenholt thirty years ago. So it was a very exciting program that's still going on today

this operations research. The lessons that were learned there influenced the health field too. See, family planning was always ahead of health because it was never—the existing medical infrastructure in developing countries, developed countries, never wanted family planning. And there are some good reasons for this not just wanting to have anything to do with sex. And so a lot of the early experimentation that now is almost standard operating procedures like community based programs were pioneered by family planning and documented by family planning. The same with the social marketing effort and in another area too that's been greatly influenced by the family planning is HIV/AIDS and child survival programs. A lot of them are based on some of the earlier stuff than family planning.

**Sharpless**

Social marketing. So you were—so Rei and Joe brought you on board to do these assessments and—is that—

**Gillespie**

They weren't assessments, they were experiments, experiments. There's a difference. This was actually creating programs in order to evaluate—and it's an important point because it got into issues about scaling up. In other words we were looking at a relatively artificial situation. And, you know, could you expand it? In some countries it was expanded. In other countries it wasn't. But then it kind of—it got our tipping points on a lot of stuff we were trying to do now as standard operating procedures. But back in the seventies and eighties like Tunisia quickly adopted as a national program the community based program that we pioneered. Same with Morocco, the same with Bangladesh, Korea. That's really—they really didn't even need us. They were way ahead of us. On the other hand Egypt never—well, they did, but

not because of the study, just because it became sort of standard way of doing it. So the scaling up—Sudan the whole country fell apart so it didn't make any difference. We had a project in the Congo that didn't make any—I mean, a lot of these places—when the state fails that you have the best program in the world, it doesn't make any difference if the country goes down the tubes. That's happened in Sudan and Congo.

**Sharpless**

What was it like for you traveling to these developing countries?

**Gillespie**

You know, I would like to say that it was kind of, you know, a mind-boggling experience, or that I was blown away et cetera, but for some reason it wasn't. I don't know if it was because when I went—you would think here's this kid from the Midwest who had been to Europe many times but had never been to—I hadn't even been to Mexico. And the first country I went to was Ghana, which is certainly not the Sudan but it's still in the early seventies wasn't exactly, you know, paradise. And I never had any culture shock. It's just—it might be because I was busy and, you know, so involved in sort of the nuts and bolts. I loved it. And but I never had the sense of, Oh, my gosh. Now there have been certainly experiences where anybody would—if you've seen some of the worst facilities I've ever seen in my life have been in India where you just kind of think, my God. You have that, but in terms of just being blown away. In fact I think about the only place I've nearly been blown away is actually in India when you see things there that you just think, Is there any hope?

**Sharpless**

Now, for example when you went to Ghana there were already people—you had Ghanaian counterparts there that you would go meet with at that point



or how did that work?

**Gillespie**

Well, this first trip I took was actually an evaluation trip of a joint project that USAID was funding called the DANFA project, D-A-N-F-A, and I can't remember what it stands for. It was UCLA and University of Accra. And the reason I went there was because it was a study design, experimental study design and that was my area. It started before my time. And so I went there to help assess its progress but also to try to learn the things that they did that could be helpful in me designing my project. And it was very helpful more in terms of what not to do than do. But the main thing that I came away [with] were two things: one is that the design, in terms of intervention, was much too complex, and two, their sample sizes were outrageously low. Whoever they had doing their sampling frames were totally bonkers. So they had a four cell study that basically at the end they really couldn't tell much of anything. So that learned—taught me keep it simple and make sure that your sample size is big enough to detect any differences.

**Sharpless**

Okay. Now you moved into the office—into the general administration at the Office of Population in 1982. To what extent did your work change when you moved into the administration?

**Gillespie**

Well, it's not quite administration in the sense that's all I do is administration but certainly the distancing of you from the day to day activities changes and in some sense went on a downward spiral that continued up until this January in terms of being on top of what's happening I think sort of the cutting edge.

**Sharpless**

Okay. So when you were—you spent that nine years from '73 to '82 as you

say you were actually designing things and implementing them?

**Gillespie** That's right. And then as I left the research division—was it '82? It wasn't that long ago was it?

**Sharpless** That's what my notes say.

**Gillespie** Then that's when it was. You know, that is—I'm not sorry I did that but that was displaced by, you know, concern more with the policy, the politics, getting money, recruiting good people. And obviously I didn't object to that because I stayed with it for another twenty years so it wasn't—

**Sharpless** Right, right. Well, what else do we need to talk about in that time frame where you were on the ground doing research?

**Gillespie** Well, up until—literally—in some ways I'm coming back to—send me back to the future where I was twenty years ago. It was definitely some of the most exciting and rewarding times of my professional life. We had just a tremendous amount of fun. Rei thought that we were contributing and we were. I mean, it was wonderful to be able to do the research and see it actually change programs and policies and we were doing that. When I say we, I mean the team including the, you know the contractors, who almost without exception were just absolutely superb. So those were heavy times. They were equally heavy but in a different way when I got into the policy leadership role and I would have to say that it was more important in the grand scheme of things but not as much fun for sure.

**Sharpless** Yeah. Well, thinking about your time in the research division how much were you a part of the politics for example in Rei Ravenholt's departure?

**Gillespie** Not too much. I mean, I—because the research division was a division that

Rei was particularly interested in always had been and because I interacted with Rei a lot, you know, I was aware of what was going on, but in terms of being in part of the process and being any what better access to the nuts and bolts of the process than anybody else that had a lot of interaction would be, I didn't have any particular insight. I was very sorry that it happened, but it was something which both sides of the issue made tremendous mistakes and how much could have been avoided I don't know. I mean, clearly when Sander—Rei's told you all this. I mean, some you take with a grain of salt but I think it's basic—and some of it's just reflection of someone who still feels very hurt and unappreciated. The new administration when it came in—Sander Levin—that it was clear from the get go that he had been told to get rid of Rei Ravenholt. That said, what would have been—it's easy for me to say this but people even then were saying it—that what Rei should have done was look at the writing on the wall, gracefully leave, and his life would have been different. His reputation would have been different. The man is a great man. I mean, what he's accomplished is phenomenal and his basic approach I'd say three fourths of the ideas that Rei came up with were totally outlandish and in some cases comical. But the other fourth was absolutely brilliant. He did things that other people hadn't even thought about and are now sort of standard operating procedures for international public health.

**Sharpless** Let me turn the tape over.

*Tape 2, side 1, ends; side 2 begins.*

**Sharpless** Any thoughts on Rei's departure.

**Gillespie** Well, I wish it happened differently. It had, I think, a devastating effect on

Rei himself. Certainly it disrupted the program.

**Sharpless** What effects did you see on your work?

**Gillespie** Truthfully, not much. And a lot of that has to do with Rei and Joe Speidel and some of the other people.

**Sharpless** They just kept on moving.

**Gillespie** Well, they also, you know, tried to protect the program. And you know, the people that came in they basically liked the program. They just felt compelled to get this bull out of the China shop. And Rei had—the program would not have come about if Rei hadn't been Rei Ravenholt. Along the way he stepped on many people and as soon as he stumbled the knives were out so that it was messy and because that messy part of it washed over into Joe, who was never treated nicely by the system either. And so from the very beginning he was perceived as a lame duck and one that was not going to be around for very long, and maybe that's as it should have been. I don't know. But he wasn't given a chance, and he I'm sure shared with you all the details. I don't know all the details myself, but I know that his tenure was always assumed to be tenuous and short-lived and indeed it was.

**Sharpless** What about the Helms Amendment? How much did it affect your work?

**Gillespie** Well, it didn't affect it very much because they weren't doing that much but it had the desired effect in sort of stopping something from getting bigger. Back then people didn't even know about the program. As I said there was no right to life. I mean, there was just—so we were actually providing abortion services. You know we were talking about me going overseas. Some of the things were funny. There was a spree that has never been recaptured.

I mean, we did crazy stuff and everything was kind of new. So—

**Sharpless** Like what crazy?

**Gillespie** Well, I'll tell you a good example. We used to go to countries and we'd have a little suitcase with sometime just a carryon and remember this was the 707 times. This was—I feel like an old man. They'll all go to hell today, but in fact they don't. We had to go to New York because there were no direct flights to Washington and your luggage would get caught getting on these 707s that were just tiny. Anyway, we had three suitcases. One would be for your clothes, one would be contraceptives, and the other would be vacuum aspiration kits. You probably have heard this story.

**Sharpless** No, not this version, no.

**Gillespie** And so you'd be lugging these off. I don't think everybody did. I think some people were afraid of it. But anyway, I used to have down my basement of my house these huge boxes of vacuum aspiration kits and every once in a while one of my kids would get into it and they make great water guns. But, you know, you just—they were bulky and I mean, it just—in doing that, of course, unavoidably things happened. Like one time I was going to Tunisia but it was really—I look back on it, it was wow. And so the guy from the mission called up and said, "We're running out of condoms." And I said, "Okay, I'll bring some." Like, what, how many condoms can you make it won't make any difference. So I had one whole suitcase filled with condoms and it must—I don't know how many it were but the whole—that's all that was in this suitcase. And on the flight—I called the guy or faxed him. I guess I must have called him. I said, "You know, I've occasionally run into

customs problems with these condoms. Is there anything”— He said, “Don’t worry about it. Just tell them it’s your personal stuff (Sharpless laughs) and they won’t even open up the suitcases.”

**Sharpless** This is Tunisia.

**Gillespie** This is Tunisia. Now, at that time I had an official passport. I didn’t do the diplomatic until later or maybe I was too junior to have diplomatic. Anyway it was just an official passport. So anyway, I had lots of suitcases that, you know, papers and clothes and stuff. And then this one big suitcase. That was a big one—so sure enough the guy said, “What do you have in here?” I showed him my official passport. He said, “Is all this for your personal use?”—or something like that. And I said, “Yeah, you got it (unclear).” And he kind of looks at it and he can’t figure out what it is at first and then he opens one of them and he’s rummaging around and he says, “So this is for your personal use?” And I with a straight face said, “Yes, it is.” And he—

**Sharpless** Is this is in Tunis?

**Gillespie** Yeah. And he just broke up and started bringing all his buddies over and I ended up giving some away, you know, and it got through. And I thought, Gee, now here’s a Muslim country in 1976 or something like that, and we were always doing stuff like that, pushing the envelope. (telephone rings) And in most cases things worked.

**Sharpless** Do you need to get that?

**Gillespie** Somebody will answer it.

**Sharpless** Any escapades that didn’t work?

**Gillespie** Yeah, there were a lot of things that didn’t work. Probably the biggest

bomb-out was—I left off something in the other section but it might be a nice little footnote. When I first joined the agency, the guy who, wasn't Joe Speidel, but another guy who was kind of showing me around, he handed me this book by Everett Rogers on the diffusion of innovation. And he said, "The first book you read is this one." I don't know if you know much about diffusion and innovation. And I read it and I thought, Gee, I'm not quite sure I understand why I'm reading this. Well, I just finished a paper based on—I mean just literally on diffusion and innovation. It was one of those books that just kind of like everything fell into place what this is all about. I think as someone in communication you really should be aware of it. There was a popular rendition of it this last year, a couple of years ago, that made the best-seller list was called *The Tipping Point* by Gladwell, but it was basically, you know, sort of a journalistic account. Anyway, so one of the things we're trying to do with this research is to have innovative ways of doing things and then to diffuse it. So a lot of research we were actually doing had different standards. Some of them were what we called introduction research. It wouldn't necessarily increase our knowledge but to give experience to the people there to have the host country government involved to see this works in your country. You can do this. So we had two different types of research. We were having a hell of a time getting the Egyptians to—no, it's the other way around. No, it was that way. We were having a hell of a time getting the Egyptians to adopt—and we had these three studies or trying to get these three studies going, Morocco, Tunisia, Egypt, okay. And they were different stages and we were thinking, Well, they

can learn from each other. So we brought the principle investigators together.

**Sharpless** All North African.

**Gillespie** All North African, all Arabs.

**Sharpless** All Islamic.

**Gillespie** All Arabs, all academics, all actually fairly sophisticated, too. Well, one was— one was trained and graduated in France while all the rest were U.S. trained. (unclear) sophisticated. Jesus, it was a total disaster. I mean, it just—when I look back on that uncomfortable day, the week, and the Egyptians were calling (laughs) the Tunisians Arabs and the Tunisians were calling the Egyptians, Egyptians. (laughter) Those Egyptians.

**Sharpless** Like they were insults.

**Gillespie** Oh, everything. How can you think—and I was friends with all of them, you know. How could you think that an Egyptian scholar could get anything of any use from a Tunisian Arab? It was awful. There were quite a few examples of that—of missteps requiring correction. But in terms of big time mistakes, this is remarkable, but I can't really think of any. And indeed and maybe it's arrogance or just the fog of age, but looking back I'm not sure there's too much I would've done differently. There's some things I wish we hadn't done—not because it was a disaster, but just because I think there was better opportunities to use those funds for. In general things went pretty well.

**Sharpless** So when you became—anything else about that time in the research division that we need to talk about?



**Gillespie** We're still in the research division?

**Sharpless** I just want to make sure we cover it because it's extremely interesting work.

**Gillespie** Well, there were a couple of other things. Maybe goes back to the diffusion. I'm not quite sure what the term was but this has been—now I think about it I have had some failures now that I think about. They're coming out. But the one thing that I learned at the research division and wasn't able to carry it through when I left the research division was that you had to have a research strategy in that there was a real danger to have discrete research projects that weren't coordinated in a strategic sense and in order to do that it's easy when your portfolio is four or five projects because you know all of the projects. But as soon as you get up around twelve, thirteen, fourteen, fifteen, fifty, a hundred, you had to have a system and you have to have a strategy. One of my failures—and this will probably be much longer than my glib comment—was that I was not able to get that strategic orientation and to have it translate into programmatic realities for the research portfolio not only in population but also in health. And there's a tendency for people, especially researchers, to think, Gee, now that's an interesting idea, that's an interesting problem. Let's do a research project. Rather than saying, Okay, here are all the problems we have facing us, which are the most important and how can research help us solve this? And I guess a second big failure and maybe it's good that this does happen because I'm not sure necessarily the decisions that I would have made if I had more power would have necessarily been the best ones. They certainly would have been different. As you go up—I'm sure you've heard this from lots of people but it's amazing

how true it is. As you go up the ladder—and when I left I was the senior most career person in international health in AID. As you go up that ladder there's greater and greater limitation of power and over the direction of the program and over the people of the program. And you think it would be just the opposite but in fact I see it myself and again and again and again in other organizations and programs. And that limitation takes several forms. One is that your knowledge base becomes much broader but less deep and so there's just a lot of stuff that you don't know is happening. Some of that ignorance is a result of people not wanting you to know. It's purposeful. And other is just because they can't spend their whole life keeping you informed. The resulting information overload would mean that it would be impossible, et cetera. This, by the way, is the principle reason why people say, You blind-sided me. In most cases it's not that they blind sided you, you just can't possibly be—can't predict when something is necessary for you to know in advance and it usually it's not a blind side unless a problem comes up. The second major reason is that you've got so much to do and it's just any one thing can only receive a limited amount of attention. So you begin to—in fact some guy out here said that one of his biggest changes from being in the government is that he had to learn to think beyond fifteen minute time frames, segments. And I don't know if its fifteen or whatever it is but he's right that I have had trouble—not trouble—I have had to adjust to being able to go through a whole day with not one meeting. And that's not uncommon to be able to read an article in one sitting. You know, it's like wow. And in the research division you could do that. You couldn't today in

this research division. It's gotten too big. The program was small when I was—we used to count on sort of the ideal staff-money ratio of one staff to one million dollars. Now a million dollars was worth a lot more than it is today but still it's pretty generous. And in the research division we had about that, maybe one person to, say, two million. It was reasonable.

**Sharpless** What is it now?

**Gillespie** Well, direct hired staff, most of the staff are contractors, but the overall—I don't know what it is for population because I've lost track. The overall budget now is about 1.8 billion where the overall program when I was in population was one hundred. We had about one hundred staff. And counting overseas it's about four hundred and that's support staff too. If you use that ratio it should be one thousand to eight hundred.

**Sharpless** So I'm not doing the arithmetic. Is it more money to the person or less money to the person?

**Gillespie** More, considerably more.

**Sharpless** Considerably more, okay. Sorry, not doing that. How did you decide to move to the general office of population from the research division?

**Gillespie** I was asked to.

**Sharpless** By?

**Gillespie** I guess it was Joe Speidel, yeah. Wait, no—yes, it was Joe Speidel. You know, it's interesting in AID, I've always been recruited for the next position. I've never actually sought them out. So I—I mean, in that sense AID was a good, for me, was a good organization. Did my job and was suitably—if you call it a reward it was a question whether it is or isn't but in

terms of advancing in the agency, it was relatively easy for me. I never fought for anything. I fought tooth and nail in politics but I mean in terms of advancement in AID.

**Sharpless** Right, which I suspect we'll spend a lot of time talking about tomorrow. But when you moved into the general Office of Population then how did your focus shift right there at the beginning?

**Gillespie** Well, the big thing was politics, policy. That was by far the biggest adjustment and the second biggest adjustment is that I had—was basically in charge of the whole family planning budget where before it was a relatively minor budget and so suddenly to be concerned with budget allocation across the board.

**Sharpless** Okay, well, maybe that would be a good place for us to stop then and pick it up tomorrow.

**Gillespie** Okay.

**Sharpless** Can you think of anything else that we've talked about today that we need to cover?

**Gillespie** Well, no, not really.

**Sharpless** Okay, well, we'll sleep on it and if you think of it we can pick up there tomorrow.

*end of Interview 1*

*Interview 2*

**Sharpless** Today is May 20, 2003. My name is Rebecca Sharpless, and this is the second interview with Dr. Duff Gillespie. The interview is taking place in his office at the Packard Foundation in Los Altos, California. Okay, when we left off yesterday, you were moving into the Office of Population as opposed to being in the research division. And I wanted to start out today by asking you, When was the first time you ran into the politics of the situation? You mentioned yesterday that that was a hallmark of the time after you moved out of the research office.

**Gillespie** Well, there's politics with a big *p* and politics with a little *p*. In terms of the abortion issue, which led up to the Helms Amendment, I don't know exactly when it was. I mean, there were certainly—the Helms Amendment was what, 1970—

**Sharpless** Seven, I think.

**Gillespie** No, no, it was before then. I think '72, wasn't it?

**Sharpless** *Roe v. Wade* was '73.

**Gillespie** Seventy-three, okay, so maybe it was then. You'd think I would remember that. Anyway, you would get rumblings like that, but as I indicated yesterday, most of the political issues actually came from the other end of the political spectrum, the liberal. And so—

**Sharpless** They were suspicious of people like William Draper with his military background?

**Gillespie** I don't know if it was so much Draper himself, but there was sort of a mistrust of anything being done by the U.S. government dealing with what

were perceived as vulnerable women. And so certainly I think General Draper's persona would, in some people's mind, confirm that. So in that sense, yeah, but I don't know if he himself was actually a target. This was not particularly well organized and was more individuals and more of articles and things like that rather than people saying, Let's shut this program down. I think that the real political aspects really didn't occur until Ronald Reagan. I think that's when things began to be disrupted in a major way and where the program really began to be impacted on not just in terms of policy but in terms of the amount of energy and time required to deal with the issues. Prior to that it was more of the *p*. I mean, it was probably no more than other types of things that any large program needs to deal with. An occasional letter from a constituent had upset some aspect of it, you know, perhaps somebody from a developing country who now lived in the States and was concerned about his country or her country not getting enough money or getting too much money. You know, all those things happened all the time. But with the Reagan years, there were obviously issues about the abortion issue, but it was basically of a different order. It was basically saying that the U.S. taxpayers' funds couldn't be used to do something. And that's a different order of concern. That's something, of course, Congress has the right to do, and does in a lot of cases. And in some ways it was probably, you know, sort of the appropriate thing to do in terms of foreign assistance being an instrument of foreign policy, which it is, that it was probably something that while I disagree with it from a philosophical point of view—but from a policy, political point of view, it was probably a good thing to

have done.

**Sharpless** Why is that?

**Gillespie** Well, back then, in all but a handful of countries, abortion was illegal. And if you had a program that was promoting abortion, that could be perceived as an intrusion on, you know, the proper discourse that shouldn't be influenced by a foreign power, et cetera. And it's made more complex because of the sensitivity of abortion.

**Sharpless** Now, I was remembering, for example, when they called it menstrual regulation, isn't that just another pseudonym for abortion?

**Gillespie** Not really. It's certainly a splitting of hairs. If a woman misses her period and has a menstrual extraction and you don't know if she's actually pregnant or not—

**Sharpless** Sort of like the emergency contraception we have now.

**Gillespie** Well, emergency contraception is not an abortifacient. That's one of the misunderstandings that people have. It's—I mean, there are some people on the antiabortion side that feel that it is, but there's also some on the antiabortion side that actually support emergency contraception because it should have an impact on the number of abortions. It should lower it. No, menstrual regulation—I think the term was first used in Bangladesh, and it was clearly a way to legalize abortion but not have it legalized in the United States, because it's a fine distinction.

**Sharpless** Is that the kind of thing you're talking about, though, in terms of policy?

**Gillespie** Well, no. Well, the Helms Amendment is much straightforward, basically saying that U.S. funds can't be used and that—and that I—personally, I

don't feel that, but I feel that that is certainly within the sort of the standard way that all governments work. For example the German government has the same policy, but they don't make a big deal out of it. But what—so the impact of the Helms Amendment programmatically and policy-wise was not great. What it did do was to have a downstream impact. Let me explain. One never knows what would have happened, but with, at that time certainly the most aggressive abortion program of other donors—I mean, other donors didn't have any at all—would that have continued to grow?

**Sharpless** You're talking about USAID?

**Gillespie** USAID, you know, the menstrual regulation kits, the training of people, really pushing the envelope, but it was just for a couple of years.

**Sharpless** Developing the vacuum aspirator.

**Gillespie** Improving it, yeah. So it, you know—if the Helms Amendment did not take place, one can only guess what would have happened. Certainly one possibility is that the debate about legalizing abortion, making it safer within these countries, would probably have been further along than it is today. So although the immediate impact—because you aren't really doing that much in abortion, but it was beginning to grow—it just didn't have that much. It also impacted on some research that wasn't for abortion per se but could be used for abortion. So we had—you know, there were certain things that we did, but overall it wasn't that much of a handicap. The same thing with some other legislation that—the Kasten legislation about volunteerism, it basically codified things and made us be more rigorous in things that are quite appropriate and we felt was important. Mexico City changed everything. It's



a different order of restriction, and I would say that the impact—the biggest impact it had was the chilling effect. It is referred to as the international gag rule. It really did and still does—even during the Clinton years when it was taken off the books—alters peoples behavior and thinking. I mean, even now I catch myself sometimes saying, “Well, maybe I shouldn’t—wait a second. I can say anything I want to now.” It’s so much of a risk avoidance.

**Sharpless**

Now that you don’t work for the government anymore?

**Gillespie**

Well, yeah. I mean, I can say anything I want to; but what I’m saying is that other people don’t work for the government but who are influenced by USAID’s programs, either because USAID funds them, or they—let me just give you a couple of examples. WHO, the largest donor for regular budget is the United States. Now, I’m not saying that this is causal, but you have to wonder why the director generals of the WHO, either with Brundtland—Nakajima was so far out of it, no one—I mean, it—skip him. Halfdan Mahler, that— Halfdan Mahler, while he was the director-general and very close friend, never advocated a woman’s right to abortion. In fact he didn’t even talk about family planning. As soon as he retired from WHO, he became the secretary general—or I guess they call it director-general—of International Planned Parenthood Federation and became an outspoken proponent of reproductive rights. And I talked to him once. I said, “Halfdan,” I said, “While you were in WHO for eight years, you could’ve done something about this, and now you’re sort of on the outside and you’re trying to do something. But you had a position of authority and convening power” and et cetera. And he said, “Yeah, but I also had a much bigger

program I had to think of.” And he said, “I wasn’t unrestricted of what I could and couldn’t do.” Prior to her taking over WHO, Gro Brundtland, she was very fiery and eloquent in her support of women’s right to abortion. And I’d been at presentations that she made where she had people in the aisles. Joins WHO, silence. And I can give a lot of examples of that, where people just say, Well, it’s probably better just to be safe. And that’s where the chilling effect comes in. That’s where the gag comes in. And it’s—you know, when I tell people that, they get very upset and say, Well, you know, you should write an article. You should do this, you should do that. I said, “But you know, everybody knows, that is the impact, including those that promote the Mexico City. It works. That’s what they want to happen.” And sometimes people forget that; they think, Well, this is so bad. And the people that promote Mexico City are saying, That’s not bad. That’s good. That’s what we want to happen. And I think that in terms of having a meaningful debate and discussion in the developing world and even in the U.S. and Europe, that the Mexico City policy has been extremely effective. It has defined the debate about family planning, about population, and people are reacting to the Mexico City rather than coming up with a more forward-looking, positive programs addressing reproductive health and reproductive rights. So it’s been dramatically effective, and as I indicated, the thing that always amazed me is how effective it continued to be under the Clinton administration, who by the way never really pushed reproductive rights. I mean, once—the first day of office he did away with Mexico City, and then I think he felt, Well, I’ve done that. I don’t have to worry about that anymore.

And his leadership in this area was actually very weak. A lot of occasional speeches but not much in the way of action.

**Sharpless**

How did the abortion discussion get so polarized in the United States?

**Gillespie**

Well, I'm not the best person to comment on that. I think that—and I can describe it rather than explain it. But I think religiosity had a tremendous amount to do with it, with the rising political power of the Christian right. The discussion, the debate changed dramatically. And it also expanded, where you have many of the people who are against abortion now that are also against a constellation of things, they feel as equally strongly about including organized family planning. They're very negative against that, thinking it promotes promiscuity, that it, you know, is in effect against nature. And introduced with that is an absolutism that wasn't there before. There's nothing approaching what you call a dialogue. It is open warfare and will continue to be as long as people are being attacked and killed. I mean, it's—it is—it's—the polarization has made it very, very difficult to find any common grounds. Contrastingly, back in the seventies and eighties, it was very common to have some of your strongest supporters for family planning being equally strongly opposed to abortion because they felt that family planning was a way to prevent unwanted pregnancies which prevented abortions. You have very few people in that sort of a moderate middle ground that come out strongly in terms of, Here's a way to prevent abortion. And there's an inconsistency with that. The inconsistency is that if people really wanted to reduce the incidence of something that's very disagreeable—I mean, there's no one that's pro-abortion that I know of—

that you would have a much more aggressive organized family-planning program including teaching and encouraging kids to delay their sexual debut, which has always been a part of, you know, sound family planning. But because of the debate that's going on—and this is what I meant about framing the debate—that that's—rather than coming up with that sort of forward looking, you spend all the time and energy dealing with this broad-based attack on not just abortion but on family planning. And it's gotten worse. Just in the last couple of years—actually in the last six months since I left the government—it's gotten worse. It started to happen when I was—had already made my decision to retire. You know, the sanctity of the family, the appropriateness of sexual behavior, what is appropriate sexual behavior, what is the role of condoms and HIV/AIDS programs. Should we be having programs that deal with men having sex with men? And it's actually impacted more on the HIV/AIDS program than the family planning program, ironically. I mean, the reason it's ironic is because you have strong support within the conservative wing of the Republican party really wanting to do something about HIV/AIDS. Indeed this administration is probably stronger in that area than Clinton. Clinton was very disappointing. It was only the last year and half that he actually began to do something about HIV/AIDS. So it's the last two years has seen a ratcheting up of sort of what could be almost called the moral imperialism of exporting lots of things but in a very isolationist way. I mean, it goes all the way to, you know, democracy being the best form of government; and I personally think it is, but there's nothing inherently about democracy that means that it's the best

in all places at all time for all people and that people want it all the time—to, you know, what you do in your bedroom. It's quite remarkable.

**Sharpless** Well, going back to Reagan one, what impact did you see on your daily work by Mexico City and the other moves in that direction?

**Gillespie** Well, the first year of the Reagan eight years was unbelievably bad. (laughs) I mean, it was—time hasn't made it any easier. And I was Steve Sinding's deputy at the time, and Steve—and I guess this was the wise thing to do—basically said, “We can't let this kill the program.” So basically said, “You take care of the day-to-day stuff with the Mexico City.” And—I mean, literally for about a year, that's all I did. I mean, that's an exaggeration; but I spent hours and hours trying to figure out—along with an excellent lawyer named Steve Tisa—on how to implement the Mexico City. You know, there's just countless details, et cetera. And it's unusual. I mean, the political powers let career people—Steve Tisa was career, and myself, and there were a couple of other people involved, but basically Steve and I. We had meetings with the organizations that would be affected by it.

**Sharpless** You mean NGOs?

**Gillespie** Yeah, and you know, said, “As civil servants, we have to implement the role of the president, but we want to do it in a way that does what he wants but doesn't do undue damage.” (telephone rings) And so—let me just take that. (pause in recording)

**Sharpless** So no undo damage.

**Gillespie** And so it went all the way to things like trying to minimize the reporting requirements so it wouldn't become a burden on the staff to what types of

behavior were allowed. And it really got down to some details. I mean, it just—I just spent so much time.

**Sharpless** Can you give me an example of that, say, somebody you were working with, Ipas or somebody that you talked to?

**Gillespie** Well, the—I mean, there's lots of examples. The organization that was consulted most was Pathfinder, and we went through all the various organizations with the political people and said—

**Sharpless** By the political people you mean—?

**Gillespie** The political appointees within the Reagan administration that were at USAID and the White House and Justice Department. So there was the White House, Justice Department and—

**Sharpless** (both speaking) White House, Justice—and the AID.

**Gillespie** —and USAID. State didn't—state didn't get involved that much. And so we wanted to pick an organization that would go into it in the spirit it really was. It wasn't like—I mean, we really wanted to come up with something that was workable and also had the type of program that would run into most of the types of situations that would be potentially problematic. So for example, the other extreme, we didn't go to the Demographic Health Surveys, because the chances of them running into a situation where Mexico City would be applicable would be very small.

**Sharpless** Okay, let me turn the tape.

*Tape 1, side 1, ends; side 2 begins.*

**Gillespie** —and, you know, the Pathfinder board met, and they debated about it and said, Well, let's try to do this however disagreeable it is. And then the

regulations finally were agreed upon, and I think it did minimize the damage at one level. I mean, it was relatively easy to implement, believe it or not. But it still had this psychological effect, and indeed in one of the lawsuits—there were a number of them—it came out that many of the NGOs, there were things that they could do that they didn't do. Again for this risk avoidance, and very few people actually read the regulations. It was just kind of like, Let's just stay away from this topic, period.

**Sharpless** We're just not going to talk about abortion anymore.

**Gillespie** Yeah, I mean, it was—literally. And, you know, when Clinton did away with it, you know, a lot of people said, Yeah, but, you know, who's going to be the next president, or how is Congress going—because every year somebody in Congress would try to introduce it into law. Then after a year or so there were other things that happened in the Reagan administration. There was something called a Communication Review Board that looked at articles to see if, you know, the content was appropriate for this new administration, something I think they're reintroducing by the way, under this administration, and they're rather slow to do it. That became so obnoxious and so extreme that they actually—the administration actually disbanded it. (laughs) But for example there was one staffer, Elizabeth Maguire—I don't know if you interviewed her or not.

**Sharpless** I'm going to.

**Gillespie** Well, she can go into great detail, but she had this one article on Tunisia that was a professional article. I mean, it was not an article on abortion, but it had it in the phrase “abortion was legalized in Tunisia in”—I think it was 1956.

It was kind of an interesting, indeed remarkable fact that you had this thing happen when Tunisia gained independence. And I think she also mentioned that the women had the vote. Anyway, so it was just—

**Sharpless**

It was a statement of fact.

**Gillespie**

A statement of fact. And they tried to discipline her, and I mean, I think it eventually was taken care of, but the fact that they would do that—and I can't remember the name of the guy that did it, but he got caught up in some—he went to jail. He turned out—(laughs) he was a bag man for paying off people to vote. I can't remember what the context was, but he was really a bad number. Then after about a year or so things really got quiet, and it was like, Well, we've taken care of, you know, the policy issues, and now we'll just leave them alone. It wasn't benign. I don't want to give you that impression, but it wasn't like it is with this administration where it's just every day there's another hammer hitting you on the head. So there was—you know, there was some things—we had to deal with some very strong advocates for natural family planning, but it was nothing amazingly difficult to deal with, just sort of an irritation. So we actually in many ways thrived under the Reagan administration in terms of family planning, and one of the reasons for that is in most of those years Congress was Democratic, so you had this going back and forth. So every time Congress would get mad at the Reagan administration, they would increase our budget. (laughter) The other thing that was—they made a very critical error.

**Sharpless**

They? The Republicans?

**Gillespie**

The Reagan administration. The first Reagan budget, they zeroed out the



population program, just eliminated it. And that caused an uproar and galvanized people, and indeed some of the people who weren't particularly keen on the program felt like that was going too far. If they had tried a different tact and sort of tried to cut it back each year, which is what they ended up trying to do—. I don't want to give you the idea they were actually supportive. But we had very strong support on the Hill. And those were the years that probably with the strong support on the Hill, that when something did come up—and it came up. I don't want to give you the impression that this was all fun and games. It wasn't. That was probably the error—when people talk about—and sometimes I blush because I think it's an over-exaggeration when they talk about how Gillespie saved the program. It was during this period that—and also ironically the first parts of the Clinton administration, which wasn't particularly friendly toward the population program either, that's what people are usually referring to. But it's as I—not false modesty—I think the reason I was able to do that and the reason why I almost got fired three or four times was some really strong backers on the Hill.

**Sharpless**

Like who?

**Gillespie**

Well, the one that was, still is—Senator Leahy. But he had a staff person, Eric Newsom, who was wonderful. And indeed if you're doing oral history, Eric Newsom is a real hero and also Jim Bond. Jim Bond is still in the business, you know, as part of a consulting firm. Eric was at one time in the State Department. I don't know if he still is or not. And Jim was the minority party of—this is the House—I mean Senate Appropriations

Committee. Two powerful people. And he—Jim, you know, kind of referred to me as Mr. Condom and things like that, but he was—I mean, he liked to jerk us around. Antiabortion, but he and a committee of other people were actually pro family planning. And so the difference between those—having those two up on the Hill and having a good working relationship with them, that when there is a real threat I could go up there and somewhat on the House side, too, but much less strongly on the House side. I shouldn't say much less stronger. Yeah, it was. That's where the real power was, on the Senate side.

**Sharpless** So Steve said, You deal with Mexico City, and so you were the one going to the Hill to deal with—as opposed to—

**Gillespie** Yeah, some of this happened after Steve left. Steve wasn't—he was the director only for about three years or so, and then I became the director.

**Sharpless** So this was in your function as director.

**Gillespie** Well, it started as a deputy and then Steve went to become mission director, something he really wanted, and did an excellent job. So yeah, most of it was when I was director. And I mean, some of it—as I'm discussing it with you, I said there wasn't much problem. Now I think of some of the battles were actually fought. Well, actually they got pretty nasty, now that I think about it.  
(laughter)

**Sharpless** Give me an example or two.

**Gillespie** Well, one of the things that happened internally was, you know, I was saying the mistake they made, the Republicans made at the very beginning was trying to zero it out, and they'd be much more effective if they just sort of

nickeled-and-dimed. And they actually started doing that within the USAID, and some of it was a combination of not thinking that family planning was important or appropriate combined with just wanting to get the money, you know, wanting to use it for something else, and also cutting back on staffing, cutting back on travel. I mean, all sorts of nickel-and-dime—well, not more nickel-and-dime, but any one thing wasn't enough to get people on a call to arms by people supporting because it was all—any one thing was relatively minor. But overall it was having a very negative impact. Some of it was quite petty. So anyway, what I was doing—and was working the Hill rather, (laughs) and some of the legislation was very unusual saying, This is what these funds will be used for. And the zenith was when we got our own travel budget, our own budget for equipment. We had a self-contained budget.

**Sharpless** “We” being Population?

**Gillespie** Yeah, the Office of Population.

**Sharpless** You had your own line in the budget?

**Gillespie** Everything; I mean, it was wonderful and actually should be a model of how the government should work, because we actually were much more careful in how we spent the money. Had it well documented because we knew what we were going to be asked, you know, at the end, you know, Show exactly what you did with this money. And we were the only part of the agency that could actually do that. I mean, the DOD [Department of Defense] could take a page out of our book. And we had it down to our last penny. And actually a couple people said, This is probably something that should be

done. And so that was—and, of course, people within AID outside the area actually hated me and suspected that this was something I engineered and they couldn't prove it. (laughter) But there were a couple of attempts to get me—well, firing is hard to do, but to get me transferred. At one time there was a move to transfer me to payroll to be in charge of the payroll.

**Sharpless** For USAID?

**Gillespie** Yeah, for USAID.

**Sharpless** How did you fight that one off?

**Gillespie** You know, I can't even remember on that one.

**Sharpless** But you think it was jealousy over—

**Gillespie** Oh, they wanted—this guy is getting too big for his pants, and we can't have—in some ways it was the same problem that Rei had. And one of the things that upset people about Rei is that he actually had his own control of the population budget. That was the only part of the agency to have that. He had it about three years or so. All at the same length of time I had my own budget. But it was basically—and I probably would have been the same if I were my superior—and basically I didn't pay any attention to any of the superiors. I had direct power up on the Hill. So like when we used to do our budget for OMB [Office of Management and Budget] I said, "Let's just put some numbers in and don't worry about if they cut it, because I'm going to get it back in anyway."

**Sharpless** And you didn't have to run that by your superiors?

**Gillespie** Absolutely not. They would have (laughs)—wait, you mean run by what?

**Sharpless** By your superiors at USAID, your budget figures.

**Gillespie** Oh, no, that is the formal budget, and they would always cut it back, and I would say—my superiors at OMB—and I would say, “Well, don’t worry about it. Because I’m going to get the money anyway,” and they would know that and they would get very upset. I didn’t say that to their face. But they would say things like, Well, we’re going to cut you and we know you’re going to get it back and you’ve got to be careful, you’re disloyal,” et cetera, et cetera. In some ways I was disloyal.

**Sharpless** Put your modesty aside and tell me how you were able to do that while none of the other agency heads were able to do it.

**Gillespie** Oh, I don’t know. Well, there was a lot of things going for me. One is that we had a good—and still do have a good program, a program that’s well documented. We can show return on investment. The results are fertility is going down, contraceptive use is going up, and surprisingly there are very few programs in USAID—probably the government— that actually do that. A lot of it’s done on faith, just the expression “throwing money at a problem,” you know, if you throw enough money, something good will happen. We were able to show that something good has happened. And indeed, I mean, it’s somewhat ironic is that the opponents of the program—we got accused of a lot of things, but we actually never got accused of not having a program that worked in the sense of not having an impact. In fact that’s what a lot of people didn’t like about it. So that wouldn’t be enough, but that certainly helped to be able to have something that you could document. And I would say it’s another example of Rei’s genius because he’s the one that really set up first with the world fertility survey and as an

epidemiologist always had sort of an evidence-based approach to things. And so in some ways we've just carried on that tradition that he has established. The other thing is that I was never alone. You had the Population Crisis Committee, Alan Guttmacher Institute, a large number of Planned Parenthood, a large number of NGOs. So even though I might be isolated or population program was isolated within USAID, there were a lot of supporters on the outside. One in particular at this time was Sharon Camp, who is somebody else that you should definitely—who is now actually the one to start this Plan B.

**Sharpless** I'll be talking with her in August.

**Gillespie** Good. Well, she was extremely helpful and had some very good contacts but also had a strategic sense, so I—I think she and I fed off each other in terms of ideas on how to map. The other thing is I was willing to take a risk. I was willing to put my job on the line. And most—quite frankly most bureaucrats aren't willing to do that, but I was willing to do that, and I did it a lot of times.

**Sharpless** Why were you willing to do it?

**Gillespie** Well, I think part of it was I felt, and still do, feel very strongly about the importance of the program. I don't wear it on my sleeve like a lot of people do, but I feel very strongly that women should have as much control over their own fertility as possible in some of these really rough settings in developing countries. And you know, where I used to get in battles with some of the women's groups is that they always had the standards of Boston that they wanted to apply to the Sudan. And I just kind of roll my eyes and

say, “You know, okay, so we don’t offer the full range of methods; we offer something and that’s better than nothing.” And maybe our training isn’t as good as it should be, but standards would be good for Sudan, not so good for Boston. Then the other thing is that there are some strong supporters on the Hill, still are. There’re not that many of them, but they feel just as strongly about the issue as I did and were willing to fight for the program. And we were fortunate in that they were in key spots. If I didn’t have those, we wouldn’t—we would have a tiny program because the hostility within USAID. Now it’s also a bad environment, but even under the Clinton administration it was not a friendly environment.

**Sharpless**

This is among the civil servants as well as the political appointees?

**Gillespie**

Yeah; basically, yeah, for different reasons. The thing is it’s also expanded into health, too. I mean, the health budget is 1.8 billion dollars now. And that’s huge. That’s about 50 percent of all development assistance. And when you’re that big, when you have such strong support on the Hill and now in the White House—the White House actually quite supportive of HIV/AIDS in this kind of strange way with this abstinence only approach—that people are fearful that they’re losing control and that there was a definite have and have-nots approach. Why do they have so much money? and et cetera. And that’s been a constant actually with USAID. I mean, always felt sort of under siege within the organization whether it was Democratic or Republican administration. There was always this we/they approach, hostility.

**Sharpless**

During the time that you were in population, how tempted were you to leave

and go to an NGO at any given time?

**Gillespie**

Well, the first—the only time where I gave serious thought to quitting was actually the first year or so with the Reagan administration, and that's because it was so—I mean, it was like a steamroller, and, you know, Mexico City took place, and we were devastated by the Mexico City meetings and policy.

**Sharpless**

Did you see them coming?

**Gillespie**

No. I mean, we knew there was going to be an attack, but we didn't—we had no—at least I didn't. I mean, even in hindsight looking back on it, I don't think we anticipated this steamroller, you know, the head of delegation being Judge Buckley and saying things like, Population is a neutral factor—I mean, is neutral, has no impact. I mean, things have just—you know, were totally outrageous and outlandish.

**Sharpless**

Just not true.

**Gillespie**

Just not true. And in fact—I mean, even this administration doesn't say—some of the stuff they say is silly, but even they wouldn't go that far. And it wasn't that I was—that it ever got to the point of saying, I'm going to resign. But Steve and I discussed it a lot and kind of worked it through. And you know, could we in good faith carry out the policy? And I actually consulted some people outside of USAID. I mean, I didn't go to an ethicist or anything. But I had a conversation with my brother-in-law, who is a senior person in OMB, and he's not the first one that said things like this, but it kind of brought it home. He said, "You know, there's three things that civil servants can do when there's a policy that's unpopular. One is that they can



resign; two, they can carry it out in a way acceptable; or, three, they can try to sabotage it.” And then he said, “If you did the latter—if all civil servants did the latter, you wouldn’t have civil rights.” And kind of went through all the things which were done at the time. Had to be things like support, but there a lot of people that were civil servants that didn’t support. And he said, you know, “What happens when a Democratic comes in and there are civil servants who are of the other political persuasion than you, would you want them not to carry it out?” We kind of talked it through. So that basically meant, No, I can’t do that and be a civil servant. I’m required by law and a set of ethics to carry out. And so that left resigning or carrying it out. And I thought, Well, if I resign, what will that amount to? And I decided, No, that’s not going to do away with Mexico City. Steve and I felt that we probably could do as good or better job than most in trying to minimize the harm and still carry out what would need to be done. So I stayed. And after that, the—I really didn’t. I mean, I always felt that this was something I was going to stick with and not give up the fight. There were times when people said, you know, “Have you ever thought about just hanging it up and not wasting so much energy and emotion?” And there were times when it was emotionally and physically challenging. And I thought, Would that be defeat? And ironically if things hadn’t been I thought in pretty good shape when I was offered this position, I may not have taken it. If—the way things are now and I was still in there and got this offer, I don’t know what I would have done. But I had no hesitation at all. It was a wonderful offer. But also things were in pretty good shape at that time. I mean, Mexico City got

reinstated, but it was basically—things were in pretty good shape.

**Sharpless** Okay, let me change the tape.

*Tape 1 ends; tape 2, side 1, begins.*

**Sharpless** Okay, this is the second tape with Dr. Duff Gillespie on May 20. Okay, we were talking about your time in the Office of Population. What impact did the onset of HIV/AIDS have on your work?

**Gillespie** Well, when I was head of the Office of Population, not much. The—no one—I shouldn't say no one. There were probably a few people that did, but certainly I was not one of them, and there were many like me that had no idea what this disease, AIDS, was going to amount to. And there was a discussion of, Shouldn't we start an HIV/AIDS program in the Office of Population because it had to deal with sexual behavior and family planning? And I said, "No, no. I don't want that. It doesn't fit in." [Peter] McPherson, who was a pretty good administrator, said, "You know, we're not going to get involved in this. This is something that's just not going to be worth our while." And it was—and we really just didn't have any idea. So they brought in a person from CDC [Centers for Disease Control], Jeff—what's Jeff's last name? I got a blank.

**Sharpless** You can fill it in when you get the transcript.

**Gillespie** Yeah. And he was at a loss to what to do, and so I had some meetings with him and some of his staff, and indeed much of what evolved in the HIV/AIDS program was built on the experience of family planning; and indeed most of the organizations—most—many of the organizations that now are a lead in the HIV/AIDS were family planning organizations. So in

that sense I got involved and fairly soon began to see that this was something we had never experienced before. And started getting more involved in promoting HIV/AIDS, not for the population program, but you know, for the field in general and the agency in general. And of course, when I—when health became my responsibility, it became—I spend more time on HIV/AIDS than population.

**Sharpless**

Uh-huh. What are you proudest of that you were able to accomplish in the Office of Population. Obviously the fact that the program continued, but in terms of specific programs, which ones did you feel the best about in population?

**Gillespie**

Well, there's a lot, actually. If you're talking about programmatic rather than—well, certainly the operations research program. Establishing that was something that I am actually proud of, not just because of HIV and not just because of USAID, but because in fact it has influenced the field in general. I mean, most programs now have operations research programs. The support of the DHS, pushing for post-abortion care programs, you know, it's—the only program that I created of any size—I mean, there's this population environment program, which was a small program which I created, but most of them were actually, you know, derivative from things that Rei started. So there were some things I did that influenced it, you know, completely revamping the contraceptive procurement management logistics, which took a long time. It was difficult because I had to get rid of some people, and it's hard to get rid of people from the government, you know, change the whole system. It now works fantastically, so I could say,

Well, that's something that I did. But I'm very proud of that, and it's a fantastic program. That some very good people are—actually carry that out. But the idea was not mine. It was the brilliance of Rei.

**Sharpless** But you revitalized it.

**Gillespie** Well, it was collapsing. It was absolutely falling apart. It was dead.

**Sharpless** Tell me what happened.

**Gillespie** Basically what happened is that the program got too big and too complex and the people that were running it were trying to do it in a 1950ish manner, technology. They literally were not able to maintain estimates on what to procure, when it should come off the line, where it should go, where did it go. There were things that were just crazy. One time we had something like—I think it was forty-seven different types of condoms. You know, two different kinds of condoms [would have been okay], but we had different colors, different packages, and it was just a total nightmare. And I worked very hard for the people that were running the program, and it just wasn't working. And so I engineered getting rid of them and convinced this guy Carl Hemmer—and I had to convince him. Everybody wanted to stay away from that because they knew it was just a swamp. Convinced him to take it over. He had good computer skills and was willing to, you know, devote his time and energy. We brought in a couple of other good people. And actually it was helped also by working with the inspector general. They were going to do an evaluation of it. And rather—or an audit is what I guess they call it. And rather than saying, Oh, my gosh, they're going to do it. I said, "Look, I think you can help us with this. We've got some problems and let's work

together.” And they really did. They were so excited, these auditors, because usually people absolutely hide stuff from them and everything. So they got really revved up and said, “Yeah, yeah; let’s do this.” It was a real team spirit, and the program is now cited as the best in the world. And there’s some other examples I can give like that, but in terms of saying things that I did creating from, you know, from whole cloth—

**Sharpless** But keeping things going was as important as creating them de novo.

**Gillespie** Well, there were some evolutionary changes. There were little things, too, and I actually am proud of having an evidence-based program, maintaining that. One of the things that is often cited by people who used to work for me is that, you know, I tried to have a programmatic focus and not get involved with fringe activities. That caused a lot of problems because there would be a lot of things that were politically correct and made you feel good that I resisted getting involved in. Because I knew we didn’t have the resources to take on that and that we’d diffuse our energy to (unclear) and do everything and do nothing syndrome, which—

**Sharpless** Give me an example of that.

**Gillespie** Well, probably the best example is if the reserved way that—or the cautious way I should say—that we responded to the Cairo Plan of Action, which goes on for pages and pages and pages of things you should do, and there were a lot of people that advocated that. In fact I had people that were calling for me to be fired and the program to be done away with because I was seen as fixated on family planning, which actually wasn’t true, but I wanted to maintain family planning as the core.

**Sharpless** And this was after you—

**Gillespie** And we're the only donor that does that, by the way.

**Sharpless** That does—?

**Gillespie** Yeah. Part of the problem is that our people have a tendency—they still do, it's amazing—that when they think of AID, they think of the population program. They forget that we have a maternal health program, we have a child survival program, we have—they don't forget the HIV/AIDS now because it's so huge. So it was—it was—it was accurate in one sense that I wanted to keep a programmatic focus and to concentrate resources in a way we could have an impact. It's another that I wasn't quite as fixated as they thought me to be. I'm going to take a break right now.

**Sharpless** Sure.

**Gillespie** Do you want any—?

**Sharpless** Go ahead. (pause in recording)

**Gillespie** One of the things that you take pride in sometimes are things that for an outsider it's like, Oh, goll, what a dull thing to get excited about. But a lot of the things that I did institute were very internal to USAID and even to our program. Like one of the things that I did—this was about, gee, fifteen years ago—a guy was in my office, and he was a consultant and a rather obnoxious guy, and he was going to Nigeria and was asking me some questions about Nigeria. And he said one of the questions was how much was AID putting into Nigeria. And I said, "I don't know. I can find out but, it will take weeks to do that." And he said, "That's not a very good way to run a railroad." He said, "You should know that right away." And I said,

“Well, you know.” And I started thinking about it, and I said, “Well, you know, you’re right. We should know that.” The system that AID had—

**Sharpless**

You’re talking about complete AID, not just population.

**Gillespie**

No, it was just population. But even AID, they had done—you know how much is in the bilateral program, but AID gets money through NGOs and et cetera. And I started thinking, You know, we don’t know where our money is going or what it is really going for. There’s no way—and I thought, This is—this is really stupid that if you set a priority and you say it’s a priority or priorities and you can’t tell what level of funding is going for that whether it is going up or going down or staying static, how can you operate? And so we instituted—because the AID system couldn’t do it, still can’t, we instituted our own MIS system with—

**Sharpless**

What’s MIS?

**Gillespie**

Management information system, which we still use, and it has now been expanded for health. And it’s the only part of the agency where you can do that. And that philosophy, there’s only two organizations in the UN system that does that, actually tracks where the money goes and what it goes for. One is HIV/AIDS, UNAIDS, and the other is UNFPA [United Nations Population Fund]. And actually it was recommendations from me that—not recommendations. They’re required to, and that’s because of the experience that I had with this in USAID. There’s other minor things, too, like we have a user’s guide, which I started also about fifteen or sixteen years ago, and now all the parts of the agencies have user’s guide.

**Sharpless**

User’s guide to what?

**Gillespie** To the program. So—and it used to be when someone would come into the office and say, Give me a description of your program, there wasn't any. You know, you'd have to go get bits and pieces. And it's rather modest. This is the most popular thing that we do. (laughs)

**Sharpless** Okay, it's eight and a half by eleven.

**Gillespie** Well, it's also on the Net. A new one just came out.

**Sharpless** (both talking) A hundred and ninety-seven pages.

**Gillespie** A new one just came out. But that gives you—I mean, it's a very good management if someone says, Who can I contact for a particular problem, or something like that, you just give them that.

**Sharpless** That's great. And somebody on your staff had to put that together.

**Gillespie** Yeah, well, we had a contractor do that.

**Sharpless** What else about your time in the Office of Population?

**Gillespie** Well, I think the other thing that I take some satisfaction is getting good people, and the staff has always been a high quality staff. It still is. And that just doesn't happen, especially when you have a situation where there's such a political animosity toward a program and one that's under siege, and so it's sometimes hard to bring in and retain good staff.

**Sharpless** How did you do that?

**Gillespie** Well, there are two ways that—actually three ways—this is another in—now that I think about it there's actually quite a few sort of bureaucratic innovations that we did. (laughter) Do you remember I told you they had the political—under Reagan and to a lesser extent under Clinton—restricted staffing? And we thought that we got hurt disproportionately. I guess all



bureaucrats do, but actually we had the facts and figures to show that. So what we started doing is hiring indirectly through contracts and through grants, through the Michigan fellowship programs, and all sorts of different ways. And were able to get some of our best people through these unusual ways. And periodically they would try to stop us and we'd figure out another way of doing it, and now the whole agency does it. And people actually gave technical advice to different programs, Oh, You got all these people. In fact the whole government does it now. But of the AID staff, professional staff, about 60 percent are non-direct hire, and—

**Sharpless**

So that kind of is a multiplier effect.

**Gillespie**

Well, yeah, I mean, at one point it got out of hand and I think appropriately the administration said, You know, this is not just a free-for-all, you have to—. So we have to have justification, et cetera. But it's—it allows you to, among other things, to recruit people who don't want to make the government their career. And so you can get somebody from academia that wouldn't mind spending four or five years working on the program but they would like to go back to something else. Of course, it allows you to hire people that can't get in the government because there's no slots. That's one way, and once those systems were set up, we were able to get a lot of good people relatively easily. More challenging was direct hire, because people are much more hesitant to make a commitment to work for the government. And that just took a lot of hustling and cajoling and pleading—and was able to recruit a number of good people that way. Perhaps the most important way was through the foreign service. We have foreign service rotating. And

the way the foreign service system works, unfortunately still does, is to basically mimic the State Department system. And that places emphasis on generalists, on people that can do a little bit of everything, that don't have any expertise in any particular area. It's very antitechnical in that sense. In fact to this day you'll get some senior people in the foreign service programs saying, Well, if you want to advance, you need to get out of health and get into, you know, general economics, or something like that. So to attract good people in something that—they're in the foreign service and are concerned about their upward mobility in their career, to come to population or health was difficult. And I was able to do that. I always had fantastic senior staff. Even the crew that's still there, I recruited. And I'm happy to say, and I guess you could say proud to say, that for them it didn't turn into a dead end. In fact Sarah Clark who heads this program used to be my deputy. She went on to become mission director, mission director of Nigeria, and was one of my deputies. There are lots of examples of people working in the office or the center as it evolved into the foreign service that benefited from the exposure. And that's beginning to change to say that working in the Center for Population Health and Nutrition is a disadvantage when it has a budget of 800 million dollars and is the largest unit in the agency. People are saying, Well, maybe that thing isn't such a bad idea.

**Sharpless** Okay. Now, you moved in 1993 into something called the Global Bureau.

**Gillespie** Well, the Global Bureau was created, so it replaced—it was a reorganization, so it replaced—

**Sharpless** What did it replace?

**Gillespie** Science and technology, I think it was called (laughs), or maybe it was research and development. I can't remember. Remind me to tell Lana to print off the—I meant to tell her, but I forgot to—see, the—it'll be on there.

**Sharpless** Well, what did the Global Bureau do that was different from the Office of Population?

**Gillespie** Well, it was—the Office of Population was part of the bureau so it goes bureau—it now goes bureau, center, office. So it was a more senior position. When there was a change in the administration—this happens every administration, the people that—career people take over political positions until the political people can be confirmed by the Senate and all that. So there's usually a lag time. What this was was that. And it was not a particularly enjoyable year, but it was also very useful in the sense that I was exposed to all parts of the agency I wouldn't have been exposed to before. And so I learned a lot, but it was not a particularly enjoyable position.

**Sharpless** And then you went into Population, Health, and Nutrition.

**Gillespie** Well, then they created a center and so then I—which is below the Global Bureau, and so that's when I took over the directorship of that center.

**Sharpless** Okay, and population was one part of your work then.

**Gillespie** Population was one part and then health, nutrition. You can name almost any aspect of health, it was in there.

**Sharpless** What was it like moving out from population into these other areas?

**Gillespie** It wasn't moving out of population. Population was still—

**Sharpless** I meant expanding.

**Gillespie** It was great. It—there was some apprehension—not some—there was great

apprehension on part of the health community because they felt that—many felt that I wouldn't give any attention to them because I was, again, this focus on population. And they interpreted that as being disinterested in health, not knowing some of the things we went through way back, but in fact I've always been interested in health. And they also didn't realize that once—well, some people did, though the person that—the people within the agency knew exactly what was going to happen, which was once those programs became my programs, that I would promote and fight and defend, and I'd be tenacious. Because we used to get in these typical bureaucratic battles between health and pop—you know, various things which on hindsight are always so in—office space or whatever. And that's what happened. I embraced those programs and in many ways had a much bigger impact on those programs than on population because they didn't have that quite as rich history. They were totally disorganized. There was no focus at all. It was just sort of whatever a person wanted to do they were doing, so there was really no strategy. So one of the first things I did was to develop a strategy.

**Sharpless** Let me turn the tape.

*Tape 2, side 1, ends; side 2 begins.*

**Sharpless** —tell me what those strategies looked like.

**Gillespie** Well, one of the things—I mean, there were different parts of it. The health area is obviously much more complex than population or even reproductive health, but it won't surprise you what I basically did was saying, Okay, what do we want to accomplish? And one of the things I got people to thinking

about was reducing mortality, lowering mortality. There was—I mean, it sounds sort of basic, but in fact there's lots of things you can do. You can have—reduce morbidity. You can build up health infrastructures. There's lots of things you can do, and we were doing them all. And I said, Well, we still may want to do some of those things, but the bottom line has to be are we reducing mortality? Okay, that's one thing. And what are the mortalities that we want to reduce? Is it under five? Is it maternal mortality? et cetera. And there was very—this was a tough period, because everybody was coming up with, This is what we want to do because we're doing it. And they would have justifications—and sometimes good, sometimes not. But there were some unpopular decisions that were made, and for a while there was a certain amount of angst in the health community about what I was up to, primarily because people didn't understand it. To give you a very concrete example, the nutrition program—there was an office of nutrition in AID before this reorganization, and it was very marginalized. They had their own little budget. It was about seventeen million; and they weren't considered mainstreamed health. In fact they were very—they probably talked to the health office and they hardly talked to the agriculture, and they were totally isolated. And I thought, Well, you know, it's always going to be that way unless they're organizationally mainstreamed. Because I'd seen—actually when I was in the Office of Population, when I was doing some (unclear) stuff, we did stuff in the area of nutrition, which a lot of people didn't realize. So I was doing stuff in health while I was in population because of an integrated program. So I abolished the office and it caused

great concern in the nutrition community. And I basically said, “Look, trust me on this. I can guarantee you that in four years nutrition is going to be a much bigger program. It’s going to be mainstreamed, and it will have never received as much support as it has in the past.” And that’s what happened. It now is one of our star programs.

**Sharpless** You abolished the program, where did the people and the projects go?

**Gillespie** Well, I put them in maternal health and child health so that they were part of the health program rather than something over there that had, you know, bureaucratic walls around it, their own budget. I got them to start talking with each other and working with each other by having them cheek to jowl.

**Sharpless** So the MCH [Maternal and Child Health] people could see the role that nutrition could play in your program.

**Gillespie** Yeah, it was much more successful in the child survival. Going back to maternal health, it’s a tougher nut to crack, still working on it though even here. But they are very insular. Well, we started a couple of new programs including a program with the Gates Foundation called Global Alliance for Improved Nutrition, GAIN, that’s just taking off and quite exciting. That was a lot of fun because it was an area that not much is happening in, and to be able to really energize and get it going was exciting. So there was that and the other area that—well, there’s lots of areas but certainly nutrition was one, and we got the first lady to—it was called the VITA Alliance, got Hillary Clinton involved personally; and Congress was very excited, even the administrator got excited. So it really put nutrition on the map—not just in USAID—but led to increased priority for nutrition throughout the

development community. Very solid, evidence-based, by the way, of the real time consuming—and the part that was new to everybody was the HIV/AIDS. And that was probably the biggest challenge and one that obviously is still there. This is when the global program for AIDS at WHO was eliminated and UNAIDS was created. I was very heavily involved in that process.

**Sharpless** Why were you involved in that?

**Gillespie** Well, because—why was I personally involved?

**Sharpless** Uh-huh.

**Gillespie** Well, because I was the senior person in USAID.

**Sharpless** And you were giving funding to it?

**Gillespie** Oh yeah, we were the largest donor. So I was involved in the new governance of that process.

**Sharpless** How did you keep HIV/AIDS from swamping everything else?

**Gillespie** I didn't. It pretty much has now. (laughs) It didn't really until the last couple of years, but now it in fact has. Basically the HIV/AIDS programs—not just in USAID but throughout the world—were basically guilt money. The amount of money was basically static, much too small to make any impact. We didn't really know what to do. They weren't very good tools available. There still aren't great tools, but at least there's some. So it was actually a time consuming—but in terms of actual money involved, it stayed around 120 million a year for about five or six years. Now, what took a lot of energy was not just this creation of UNAIDS and all that, but we began to realize—we then realized by that time that this was a horrific epidemic. So a lot of the

time spent was trying to get support from the administration and on the Hill and in the UN system and the government. I mean, most governments wouldn't even accept HIV/AIDS funds, which was interesting because all the experience in family planning is very useful that way because they used to not accept family planning funds back in the seventies and even eighties. So there were a lot of lessons learned from family planning. And you know, I played a small part, not a huge part but a small part of getting the priority of HIV/AIDS raised to what it is now. And it will have some negative consequences for other parts of the health community, but I see no other alternative. I mean, I think it's going to be disruptive, but we have to figure out how to minimize the disruption.

**Sharpless** What were you—what were you proudest of in terms of population in the time you were at the Population, Health, and Nutrition?

**Gillespie** I'm sorry?

**Sharpless** What are you proudest of in population?

**Gillespie** I thought we went over that.

**Sharpless** No, I'm talking about after you moved up. Am I making—

**Gillespie** Oh, when I was in the center?

**Sharpless** Am I making false distinctions here?

**Gillespie** Uh, well, kind of. I mean, I always kept—I always tried to keep up with the population program. I think when I became a center director, though, relatively speaking the population program was in actual much better shape in terms of having a focus, it really being well managed. The Office of Health and Nutrition were basically a series of technological fiefdoms. There



was no sense of team, no strategy, et cetera. I mean, HIV/AIDS was new. So I mean, actually the population people were actually—they would actually complain that, You're not spending enough time, which usually was just the opposite. You're always pestering us, and give us a little slack here. So I would have to say during that period when I was center director that the things that I did in the population were basically in reaction to a problem and usually a political problem. So I was still engaged but much less so from the programmatic point of view. Now, part of it is that it was done by design. I mean, I think that if you have an office that one of the things that a person above the office level should do is to empower and to give trust to the person running the office. So I tried to do that, and there are some things that happened that quite frankly had to be undone. Most of them occurred when I was in this Global Bureau for that year or so, because then I had no—I just lost contact with the office. I was trying to deal with the new bureau and create a bureau, so I just really lost contact. And the program got off-kilter. It started doing everything and reached ludicrous degrees. I went to one meeting when I first came back as a center director, and this woman who—large turnover in staff, a lot of new staff. This woman got up at the meeting and didn't know who I was. And it was a large meeting. I was kind of sitting in the back. And saying, "I'm tired of men always talking about family planning." And I kind of looked up, and she said, "Why is it that only men use the term family planning?" And I think, What in the world is going on here? And she went on giving this speech for apropos of something I couldn't quite figure out. And there was some

shifting of seats and some shifting of—people were saying, Uh oh, what's she going to say? But also just because it was kind of embarrassing. This woman was lecturing everybody. So I didn't say anything afterwards, and I just said, "What's going on here?" And what had happened quite frankly—you can ask Liz about this and see what she says; I'm sure her interpretation will be different. But what happened is that people were literally trying to say, Okay, let's implement Cairo, let's—everything in the past is bad. I'm exaggerating a little bit but not too much, and it was everywhere. And a lot of the people felt badgered and bullied. It got to the point where (laughs) we used to have these—and actually they've been reinstated, I'm happy to say. We used to have these pretty wild parties. Some of them really were wild, and we're still renowned for our Christmas parties and end of year—fiscal year—skits and things like that, which are always done in good humor—not always tasteful humor but good humor. And there's always lots of beer and wine, although the drinking habits of the people have changed over time: not as much is drunk. But I went to this one party, I was invited to this party, and there was this bowl of punch and finger foods and little fancy cookies and stuff. And (laughs) I said, "Where's the beer?" "We don't serve beer anymore. We only have punch, non-spiked punch." And I said, "What?" The place had become so politically correct and so misguided that it was going down in flames. And it really was. But again I'm sure the others have had a slightly different take on that, but I don't—it had gotten totally disoriented.

**Sharpless**

So what did you do?

**Gillespie**

Well, to put it cruelly, kicked butt. I mean, it had gotten so bad that I really went in and laid down the law, made myself very popular with some people and very unpopular with others. I called people in and said, “This is going to stop. As long as I’m here you’ll do this and this.” There was this other thing that had taken place that it was good ideas but carried to the extreme. So there was participatory decision-making process. They’d have these meetings, series of meetings, and everybody had a chance to say something. Everybody had a chance to participate in the decision, and none of the decisions were being made. It was sort of the participatory paralysis, and yet a lot of people felt good about it. There were other people that were very frustrated, but what had happened was that there was a tyranny of political correctness and the latest sort of fad for how you—it was very, very—people like to describe it as a very warm, friendly, open environment, but in fact it was just the opposite. The people that were controlling things were very warm and fuzzy and friendly, et cetera, but the other people were scared to death. It was very, very intolerant, very intolerant environment. And so there had to be some decisive steps taken and I took them.

**Sharpless**

Other things about the fallout from Cairo.

**Gillespie**

Well, we still have it. The—I think what’s happened now, just in the last couple of years is that—and I’ve been giving a lot of seminars and speeches on this—is that people—well, first of all the dialogue has changed, dramatically so. It used to be that if you spoke—if you voice reservations about Cairo, which I did almost from the very beginning—actually before Cairo, I was on the delegation, et cetera—if you said things like, I’m not sure

we have enough resources or we'll have enough resources to do this, the response would be, Why are you against that? What do you have against women? or, What do you have against kids? et cetera. So you couldn't have any—again, the ideological attack dogs are just as vicious on the liberal end spectrum as on the conservative. I happen to be more sympathetic to some of the things promoted by liberals than conservatives, but they can be just as nasty. As a footnote, remind me to go back to the Cairo. One of the first things that happened under the Clinton administration is that there was a move to fire me by the new political career people.

**Sharpless** Why?

**Gillespie** I had to be bad because I worked under Reagan.

**Sharpless** So sort of a purge.

**Gillespie** Yeah, this guy he can't be trusted because he worked under Reagan. And actually Eric Newsom bailed me out. Called up the powers that be and said, "You idiots. (laughs) You don't want to fire this guy." And basically said, "If you do, you will suffer." So Eric Newsom played a big role in my life, and on several occasions kept me from getting fired.

**Sharpless** Did you know about that at the time?

**Gillespie** Uh-huh, I did. I had some friends that had got wind of it, and they alerted me and—

**Sharpless** So then did you call Eric, or how did that happen?

**Gillespie** I called Eric, yeah.

**Sharpless** Okay, so back to Cairo.

**Gillespie** Well, what's happened is I think that people now are more willing to—not

everybody—people now are more willing to appreciate that the Cairo agenda was a nice sounding but in many cases unworkable in the sense that we don't have the knowledge to do some of the things that are called for it, or we don't have the resources, and in some cases both. So for example, changing the status of women is something I obviously feel very strongly about, but you know, that's much easier said than to actually do it, because we don't—it's not the same type of thing as dealing with the vitamin A deficiency.

**Sharpless**

You have to change hearts and minds.

**Gillespie**

And political structures, laws, I mean, it's—and it's not to say we don't know how to do some of those things, but there's a lot of things that we do—it's like with HIV/AIDS in the beginning. You know, there's a virus there but there's also all sorts of other things that go into it. And the other thing is that people didn't rally around it. Again going back to, Hey, is it a priority? Okay, where's the money? Where are the people? Well, the actual money going for this area since Cairo has actually gone down. In other words we're losing ground, and so people are saying, Yeah, maybe we do have to rethink this. Because it's not galvanizing support, and I think that what happened is that we lost some time and we lost some ground. I think we could've been further along. I must say Cairo is not unique. If you look at the Child Summit, if you look at—I don't know if you know these millennium development goals. There's eight of them. That governments are great at making these wonderful—health for all by the year of 2000, that was done in 1978—making these political pronouncements and speeches and then nothing happens. And usually with people that are involved in the

proclamations, getting them going, they move onto something else. So part of it is just that, and then you—the Beijing conference for women, what’s happened out of that? The German meetings on water, what’s happened on that? Rio? I mean, it’s just lots of junk. And so what people are doing, Okay, let’s try to make some of what Cairo was trying to do a reality. How do you do that? Well, it means that you have to pick and choose. You can’t do everything. So what are you going to pick and choose? And I think people are more willing to think in those terms now. Some aren’t. Some are ideologically and philosophically driven. They’d rather feel intellectually pure than rather programmatically effective.

**Sharpless** Let me change the tape.

*Tape 2 ends; tape 3, side 1, begins.*

**Sharpless** Okay, this is the third tape with Dr. Duff Gillespie on May 19 [20]. Okay, as we were saying off tape it’s really hard to wrap up thirty years of work in four hours of tape, but what else do we need to say about your time in USAID?

**Gillespie** Well, I think that the—besides the years as director of the center, getting involved in international health in a much broader sense among other things made the job more challenging and also more interesting, because it was something new—and different types of problems that made it more exciting than would have been the case if I were still just dealing with the somewhat repetitive political battles in population that do have the tendency to kind of wear you down—and we’ve only touched on a few. I’m sure in—some of your other interviews will get into things like the metering process and the

Tiahrt Amendment, sort of monstrosities created by enemies of the program to in a stealth way try to undermine it. In fact Liz Maguire would be a good source for those. But one of the things that happened that I thought was not appreciated by many at the time—I think it is now—is that the end of the Cold War changed dramatically how donors, including the United States, view the purpose of foreign assistance and how others in nongovernmental areas such as foundations viewed foreign assistance. And you had different rationales of foreign assistance being developed. And some of those included the promotion of health, some the promotion of environment. So you had things that were done obviously during the Cold War, but they were basically things that were being done that had as one of the ends getting that particular government in your camp so that you would have a health program with country B. And the people working in health were obviously concerned about health, but the people in the corridors of power in Washington or London, et cetera were in effect trying to buy the hearts and minds of the people. That criteria was much, much, much less. It's still there, and in fact it's now increasing with the war on terrorism where you're beginning to have in effects a different type of geopolitical consideration. But during the period before September eleventh or before the attack on the Cole, et cetera there was a real rethinking of—not just by USAID but the international community—Okay, now, what can we do? It was rather an interesting and vibrant time, and lots of different ways of doing business began to be developed, such as international partnerships. The most famous one now is the global fund for HIV/AIDS, TB, and malaria. But there were

many other ones that were being developed during this period. And USAID was slow, because we're such a big donor in the area of health, the biggest by far. We're slow to pick up on that, and I think that one of the things I found exciting and something that I'm happy to say is continuing is to reach out to foundations, to other donors, to the UN system to develop these partnerships. And in fact the health area during the last four or five years became known for a lot of their unusual partnerships including with the private sector, for profit sector, coming up with these leveraging of interest and resources to attack particular problems, and that was exciting. It was a lot of hard work, but you got to work with organizations you otherwise wouldn't work with and to work out a formulation of dealing with the problem that satisfied the needs of all the parties involved. So it took work. Whether these will continue, I don't know. I mean, it's—has not been—will the global fund be a better way of doing business? It's a legitimate question, and it's unclear whether it will. Certainly Afghanistan, Iraq, Sudan—I mean, the list is really long where countries and conflict are changing the way that foreign assistance is used. And I think some of the consequences of being the superpower of the world aren't full realized yet and how that's going to affect U.S. government programs. Clearly it's effective already, and I see that even more now that I'm at Packard. It's like I kind of look in a different perspective, and people say things they wouldn't have otherwise have said when I was at USAID. But things like, Well, to direct this program, we'd better make sure it's not American, because if it's American that will hurt its chances of being acceptable to other countries, other donors. The



headquarters of this shouldn't be in the United States—well, maybe New York, but certainly not Washington. So it's these types of things that are coming out. And part of that is because of what's seen as—and maybe which is a reality—is seen as an overbearing bully that's called the United States. And I hope that that doesn't continue so that it begins to affect not just government programs but anything U.S. Now, concerning the—working with the foundations—and I'll mention a little bit about my current position—they have made a tremendous difference. When I say they, I principally mean the West Coast foundations of Packard, Hewlett, Gates, with Buffett and MacArthur being in there a little bit. These foundations are very, very different than the Rockefeller, Ford which back in—well, in the case of Rockefeller, going back in the twenties, made huge contributions to development in not only the health area but agriculture. And the way they did it was basically through sponsoring individual research projects and enabling bright people to think about things. It was not—it was more of a knowledge-building and diffusion process. The West Coast—in considering that they're farmed out of, you know, basically the Silicon Valley—is much more hands on, much more let's do it approach, and the amount of resources that they brought to bear—which have gone down considerably in the case of Hewlett and Packard, but not Gates, because of their investment strategy—is huge. At one—just take Gates. If Gates were a country, they'd be the second largest bilateral program in international health.

**Sharpless**

After the USAID?

**Gillespie**

After the USAID. I mean, remarkable. They bring to it this commitment and

flexibility and agenda setting that is—has really changed the scene. Gates because of the amount of money they bring to bear is especially the case, but Packard and Hewlett have also had an influence. And I hope that continues, but I think it's been very healthy. There's been some mistakes made, but it's actually in a sense kind of revitalized me and I think a lot of other people to have this fresh way of doing business and fresh perspective. In terms of my situation here, it's the stuff of dreams. I mean, I—you know, I left the agency because of this offer. It wasn't because of any dissatisfaction with USAID that I hadn't already experienced. It wasn't like I couldn't take adverse setting. I'm not sure I would still be there, though, under this—I think I probably be fired by now. But this situation allows me to do things I haven't been able to do in decades literally, such things as being able to sit in my office and read an article from start to finish without being interrupted. And to have this enabling environment to think, reflect, to write is unbelievably rewarding and stimulating. It also allowed me to kind of reflect on some of the things that I would do perhaps differently; and it's probably too soon, I've only been out five months or so. And most of the things I did—and I have reflected—I would do again. There are some things I didn't do that I wish I had done based on things that I was really unaware of.

**Sharpless**

Like what?

**Gillespie**

Well, one of the things that I really didn't—well, I began to think about actually when I was still with AID so it's not quite that much of a revelation, but when you have time to—which you don't in the government is—this is a footnote. One thing I think is very clear is that the respect I have for my

colleagues who are still in AID has actually increased dramatically. I kind of look back and say, Gee how did I do it and how do they do it? It's just phenomenal, and one of the things that—I realized I had not kept up as much as I thought I would or had been doing with what was happening, because you simply don't have the time to do all the reading, and it's a fast changing world out there in terms of developments. So my ignorance, I'm ashamed to say, was considerably more than I thought it was with AID. I guess when you have some control over 1.8 billion dollars, people don't point out your ignorance very often. But I'm also impressed—it's kind of two sides of the same coin—with how much I did know. Like there's things that I know that people don't know on the outside. And being able to maintain as much info—to obtain as much in the way of new information and findings, et cetera, working in basically a hostile environment from that—and I don't mean it political, just the amount of day-to-day stuff and minute-to-minute stuff you have to do—is quite remarkable. So my—I think—my hat's off to myself in a sense by my sympathy and empathy for my colleagues who are still doing it. Just to give you a concrete example, a typical day in AID I would get, you know, 150 e-mails. Here a busy day is 25, and that would be unusual. I can't remember the last day in AID I didn't have a meeting. And usually meetings and sometimes continuous meetings. Here it's not unusual for me to go four or five days and not have any meetings, and usually it's something I called myself, so it's totally different. Unfortunately, it's only a year. (laughter)

**Sharpless**

What are you hoping to accomplish while you're here?

**Gillespie** Well, I've got a work plan that is rather specific. One is to try to get child survival, family planning back on the development agenda. And I've been working very hard on those two—and with a lot of people on the outside, making more progress on the child survival and the number of family planning—and trying to get maternal health on the agenda, since it's never really been on. It's not been on, so it couldn't be taken off, so it's really to get it back on. And then a series of research articles that I've been working on. And I probably will not feel satisfied at the end of this year that I've been able to do as much, so I hope to continue to fight those fights.

**Sharpless** Well, I know I need to release you so you can get ready to go back to Washington for a meeting.

**Gillespie** Okay, well, listen. If when you look at the transcript or anything and you feel like there's something you need more information, give me a call and we can do it over the phone.

**Sharpless** Okay. Or, I'll be out here sometime this fall to talk to Sarah Seims.

**Gillespie** Okay, that's good.

**Sharpless** Good. Thank you very much.

*end Interview 2*

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