Population and Reproductive Health
Oral History Project

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Mario Jaramillo

Interviewed by
Rebecca Sharpless

July 22–23, 2004
Tampa, Florida

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Narrator

Mario Jaramillo, M.D. (b. 1932) is an obstetrician/gynecologist who was active in the beginning of the Columbian family planning program. An eloquent critic of USAID population and family planning policies, he has consulted for reproductive health programs throughout the world. In his oral history Jaramillo addresses the theme of the Catholic Church’s opposition to contraception.

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

Nine 60-minute audiocassettes.

Transcript

Transcribed, audited and edited at Baylor; editing completed at Smith College. Transcript has been reviewed and approved by Mario Jaramillo.

Bibliography and Footnote Citation Forms

Audio Recording


Transcript

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[see file for Dr. Jaramillo’s PowerPoint version of this interview, with additional sections (introduction, conclusion), charts, etc.—ed., April 2006]

Sharpless Today is July 22, 2004. My name is Rebecca Sharpless, and I am interviewing for the first time Dr. Mario Jaramillo. The interview is taking place in his home in Tampa, Florida, and it is a part of the Population Pioneers Project. Good morning, Sir.

Jaramillo Good morning.

Sharpless It is a real pleasure to be here in your home in Tampa, and I am so grateful to you for agreeing for the interview for this project. I’d like to start very generally this morning. Just tell me a little bit about your growing up.

Jaramillo I was born in a little town, Salento, among great mountains, the greatest mountains of Colombia. I was raised by a very Catholic family, a great family of eleven children. I was educated in a very poor public school, and then I was sent to the capital of the department, Manizales, for the secondary school. I was very aware that my IQ was higher than that of most of my companions, so I was quite ambitious and aggressive since the very beginning, and I had high ideals. When we were living in this little town a civil war came to Colombia and we had to live the place. My father was broke and we went to live in Medellín, the second largest city of the country, when I was fifteen.
Okay, so you moved to Medellín when you were fifteen. And what happened to your education?

When I was twelve my mother wanted me to be a priest, and she insisted so much that I said, “Okay, I will try it. I am not very interested in becoming a priest, but I will go to the seminary.” And I went.

How old were you?

I was thirteen. But four months later the director of the seminary asked me to go on summer vacations and not to return because, definitely, I had no vocation for priesthood. I indeed was very impressed with doctors. We had only one doctor in our little town; he was the most respected person in the town, and I was awed when he was invited to my house or he was there to see one sick member of the family, I saw the great respect of my parents for him. So, at the age of eight or nine, I decided to be a doctor. From that time

From very early.

I was advised by my oldest brother that Medicine was a very, very difficult career, but this was precisely one of the incentives I felt. He was a very good student, and he decided to be a dentist. And I decided to be a doctor precisely because it was very difficult at that time.

Okay. So, after you left the seminary, what did you do about your schooling?

My father rapidly recuperated from his financial crisis, and I was sent to a fine secondary school of the diocese of Manizales. It was under the direction of three priests. I have never been sympathetic of priests, but these three were exceptional. When my father had to leave our town and go to Medellín, I went to the University of Antioquia High School. The university had a big high
school, and there I completed my secondary studies. In Colombia medical studies start immediately after finishing high school, and they take seven years. I was admitted to the Medical School in February of 1952.

**Sharpless**  And how old were you then?

**Jaramillo**  I was twenty. At that time the curriculum was eight years long, but those who had the highest qualifications in high school and in the admission exams had the chance to win one year. I was the second in the selection exams, so I won one full year.

**Sharpless**  Okay. What was a medical school like in Colombia in the 1950s?

**Jaramillo**  Our medical school was qualified as the best one of the country at that time.

**Sharpless**  This was in Caldas”

**Jaramillo**  No, it was in Medellín, the capital of Antioquia. We had a very good hospital and excellent professors. At that time Medellín had six hundred thousand inhabitants. I still believe that, since I have visited so many medical schools, my school was very good, not the best of the world, but at least the best of Colombia.

**Sharpless**  What kind of classes did you take at first?

**Jaramillo**  The curriculum starts with the basic sciences: anatomy, histology, chemistry, physics, physiology and anatomic design. This is the curriculum for the first year. Then pharmacology, bacteriology, parasitology, semiology and laboratories of bacteriology and parasitology. From the third year on you start seeing patients in the clinics, and from the fourth to the sixth you go into the clinics only, with different specialties. The seventh is a year of internship. Since
the middle of the career I was very rapidly oriented to women: obstetrics and
gynecology. At that time I decided to become an obstetrician and gynecologist.

**Sharpless**
What was about obstetrics and gynecology that interested you?

**Jaramillo**
Because I always had a devotion, a special inclination to weak people, to people
who suffer. And I was very aware that women were abused in every way
possible. When I started my studies of obstetrics, I realized that pregnancy is
not a physiologic phenomenon, it is a disease.

**Sharpless**
It is a disease?

**Jaramillo**
Pregnancy is a disease, so I decided to specialize in that disease. I was also very
impressed with the course of preventive medicine and public health. I had a
very bright and intelligent professor, with wide experience around the world.
He taught me a lot about those two sciences. So I discovered that I had to
study very deeply those subjects too.

**Sharpless**
What kind of problems were the public health people focusing on?

**Jaramillo**
At that time we had very high mortality rates in Colombia, especially Maternal
Mortality and Infant Mortality. And these two had direct relationship with
pregnancy, with the number of children and poverty. So all of that oriented me
toward the excess of children in families as a problem.

**Sharpless**
How did your mother view having eleven children?

**Jaramillo**
It was very normal, very natural. She accepted it without any objection, I never
heard a complaint. Later, when my two sisters married they had only three each
one. And my daughters two, my first son has one, and the youngest asked his
doctor to performed a vasectomy on him before his marriage because he didn’t
want children, only dogs. So I have seen the evolution in my own family.
Yes, a lot of us have. My mother was the youngest of eight, had three, and then me zero. So, give me an example of what you saw? What families that were too big? What the effect of too large families was?

The most definitive impact on me was when I attended the first deliveries as a medical student, in my practices of Obstetrics, at the university hospital. The ladies who go there are the poorest of the city, and I saw how much repeated pregnancies, deliveries, and abortions, destroyed the bodies and minds of these poor people. I had never heard about family planning or birth control or contraceptives in the medical school, it was complete taboo at that time. And these ladies begged me, Little doctor, do something, please. I am only twenty-five and I already have five children, I do not want to have more, do something, please.

Did they know that there was something that they could do? Or did they just want anything?

They knew a lot of things, folkloric contraceptive methods, ineffective, dangerous, but the scientific methods were relatively unknown. But they believed that after a delivery a doctor could do something. But it was absolutely forbidden to do something.

And you had not had any training.

I had no training. I had not even a clear idea of that.

Did you get any clue in your obstetrical training, did you get a thorough physiological lesson on the female anatomy. I mean, you had….a clinical knowledge of how all the organs worked.
Jaramillo: Yes, but it was seen as something normal, as something physiologic; “the destiny of women was to be pregnant”, it was said by one of my professors, “the role of women is to produce children.” But what those women said was very tragic and dramatic, month after month of practices. I was convinced that I had to do something. At that time I compared women of thirty years with six, seven, even eight children, with my mother, who was fifty, and my mother looked much younger.

Sharpless: Yes, they were just worn out.

Jaramillo: Completely destroyed. Besides that, in my course of public health I was studying mortality rates and some statistical data on population growth.

Sharpless: Yes, I was going to ask you about the demographics of that. What was the population of Colombia? How fast was it growing?

Jaramillo: At that time was about thirty million. It was growing at almost record speed in the fifties and sixties. It was growing at 3.5 percent per year. In those years the world population was growing at almost 3 percent, Colombia 3.5 percent. So I also decided to be a family planner, full time, and to do it for life. I also had very clear the idea that the higher the fertility, the higher the mortality.
**Sharpless** We are looking at a graph that is correlating fertility and maternal mortality; it is a very close correlation.

**Jaramillo** Yes, and this one is a negative correlation.

**Sharpless** This correlation of contraceptive prevalence and maternal mortality, as you have more contraception maternal mortality declines.

**Jaramillo** Yes
This is a correlation between fertility and infant mortality, obviously the same direct correlation: as you have more fertility you have more infant mortality.

And finally—

As infant mortality rises, maternal mortality rises

So, these are very, very eloquent arguments for a person to understand the reality of the problem. And for young doctors to be impressed and to see an opportunity protect life very productively. Most of my professors advised me not to do anything with this because there was not future at all for its control in a Catholic country. It was such a powerful church.

So, did they know what was happening in places like the United States? Were they aware of the global trends?

No. My professors were not well informed about the subject, they had very local views.

But they were talking about the power of the Church?
Jaramillo

The power of the Church was felt by everybody in every aspect of life. It was completely paralyzing. When I started speaking of this subject with my professors, my colleagues and my co-students, no one, no one was interested in this field. Communism had a tremendous influence in all universities, especially in public universities. And to be communist was almost equivalent to being intelligent, and not to be communist was equivalent to being stupid, no matter if you were one of the best students.

Sharpless

If you weren’t communist, how much did you think about communism?

Jaramillo

I thought much in communism because I always believed that it is a lie that communism is the salvation of mankind. Because I had since I was a child a great appetite for history. I have read more books of history in my life than books of medicine or anything else. I knew that the Soviet Union had many years to show that it was succeeding, that it was a developed country, a rich and fair country. That was not true, and its satellites were more underdeveloped than capitalist countries. So, I always had communists obstructing all my initiatives.

Sharpless

So, you decided very early not to be a communist.

Jaramillo

I was never a communist, I was liberal. My father was a politician, and he was one of the leaders of the liberal party in that region, not at national level, just at local level. An I am still a liberal.

Sharpless

So, you had the Church on the one hand and the communists on the other hand?
Jaramillo  And the medical profession on the thirty hand, because the medical profession is particularly conservative in Colombia. So, these three blocks were the most opposed to the promotion of family planning.

Sharpless  Let me turn the tape right quick.

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

![Population Growth in Undeveloped and Developed Countries, 1950-2050](image)

Sharpless  Okay. We are looking at a graph called Population Growth, with population projections to 2050. Now, where did you get these projections?

Jaramillo  From Population Prospects, from the United Nations.

Sharpless  Did you have in the 1950s access to materials like this?

Jaramillo  Yes, but not as advanced as these. I had information on how the population of the world had grown in the last millennium and centuries in different regions.

Sharpless  So you could see what way happening

Jaramillo  Yes.

Sharpless  Okay. So, you are in the medical school and you decide to do family planning but your professors tell you—

Jaramillo  Not to do it
So, what did you do?

I graduated in 1958 and I was appointed Sub-director of a health center twelve miles from Medellín. Since I was in charge of attending prenatal care, deliveries, and postnatal care, since the very beginning, in October 1958, I began to ask two questions that did not exist in the formulary for the clinical history of my patients. One was, “Did you want or plan this pregnancy?” The other question was, “How many more children do you plan to have?”

And what the women tell you?

For my surprise, most, more than 50 percent said, No, I didn’t want this pregnancy, but what can I do? It’s the will of God, or, This was the will of my husband, or, I cannot do anything because the priest would not confess me, would not give me communion, or, Because I will go to hell. When I asked, “How many more do you want?” most of the time they said, None. And there was around a 30 percent that said, As many as God sends.

Okay. And you started adding those questions to the questionnaires on your own?

Yes. And this was the beginning of the family planning clinic. I converted this maternity clinic into a family planning clinic. I also invited my patients to meetings with their husbands in the nights. Ten, twelve or fifteen couples, and I began teaching them the rhythm method, only. This was a great challenge for the establishment, even with just the rhythm method.

Let me ask you a couple of questions about that. How did you decide to take this bold step?
Because I had already taken the decision of becoming a family planning specialist and to devote all my life to do that, no matter the consequences, and no matter the risks. I was very aware that asking these two questions was anathema and that teaching to these ladies was very, very dangerous for my job, for keeping my job and advancing my career.

How did you decide to be so brave?

I had always the conviction that the virtue number one in a person is courage. I had seen this in my father. He was a very courageous man. He had fought duels and was a brave leader of the liberal party.

Did you say he fought duels?

Yes, duels.

Okay

So, the source of my pride is not so much what I did, but what I am. I am very happy because I have never felt fear of anything, absolutely anything.

How did you gather information about the rhythm method?

I had the physiologic knowledge, and I studied at the very good library of the medical school. I was plenty of information in the library.

Okay, then how did you let these couples know that you would be teaching this class?

Initially it was only through word of mouth communication, person to person. My task was: all women who come here pregnant for prenatal care will have this information. Initially I concentrated only in these pregnant women but this was all new and that rapidly permeated to the community.

How did the husbands react?
In general, for my surprise, they were very cooperative. I discovered that they had, many of them, not all of them, had the same concern, the same desperation: How can we avoid having so many children? So, they cooperated and assisted to the meetings in the evenings.

This may not sound right, but how much of their concern was financial, and how much was affection for their wives?

Mostly economic concern, some affection for their wives, and also affection for their children, the suffering of the children. Probably the less important issue has been the sufferings of women. Women suffering were not very important.

So, that is the third down the list.

Third or last.

It’s like Nafis Sadik told me, she actually had a man tell her “if my wife dies, I can get another wife."

Nafis said that?

Was it quite that bad in Colombia?

I think so. There is not much difference between Colombia, Bolivia, Mexico and Saudi Arabia. The machismo of Mexico is no less radical and abominable than the Saudi machismo.

But for their various reasons, these men were receptive to the idea of spacing children.

Yes, and if you want, let us see this……
Undesired Pregnancy and Multiparity

<table>
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<th>Age</th>
<th>Years since Marriage</th>
<th>Pregnancies</th>
<th>Living children</th>
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<td>9.4</td>
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<td>4.5</td>
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<tr>
<td>31-35</td>
<td>13.2</td>
<td>10.0</td>
<td>6.2</td>
</tr>
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<td>36+ and 1 Medellin Leaders</td>
<td>8.2</td>
<td>12.6</td>
<td>7.3</td>
</tr>
<tr>
<td>41</td>
<td>16.0</td>
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<td>3.8</td>
</tr>
</tbody>
</table>

source: SASP, Bulletin of the Public Health Society of Antioquia, Vol 2 No. 6, Pg 29, 1964

Jaramillo: Okay, this is a table on your first family planning customers.

Jaramillo: Yes, and as you see, women twenty-five years old…….

Jaramillo: And have 2.4 living children. Compare this with another study of the leaders of Medellin.

Jaramillo: This was not a very big sample and this was extremely poor people. So, they do not represent the community.

Jaramillo: But they are still losing a lot of children.

Jaramillo: A lot of children, yes. And this is……

Jaramillo: And their average age is forty-one.

Jaramillo: So, they have completed families, who are having less than four children.
Jaramillo: Yes

Sharpless: So, how were the leaders doing that then?

Jaramillo: Let’s wait and see

Sharpless: Okay, that is part of the story. Half of them didn’t want any more. Wow. By the time the woman was thirty-six, practically no one wanted more children. Multiplication of the poor.

Jaramillo: That has been another motive for my dedication to this field, that to be poor is a tragedy. I was not poor, and I was young, but I saw that to be poor was a tremendous tragedy. When I discovered these figures, that rich countries do not grow and the poor countries are going up, I thought on the future of mankind. At this speed the multiplication of poverty is catastrophic for the population of the world, and something has to be done. These graphs were done recently; at that time I had some information about that.

Sharpless: It’s projected population for the growth of Mexico, Pakistan and Nigeria, compared to rates of Japan.

Jaramillo: Look, such a tremendous country that is Japan…….
The birth rate is projected to decline in Japan, and to go up dramatically in Mexico, Nigeria and Pakistan. The population of Nigeria is soaring.

Yes, but I believe that the Nigerians are not informed on what is good for the world, as the Japanese, the Germans, the English, French or Italians. They believe that population control is a conspiracy of the American imperialism to dominate Africa, Latin America, and other parts of the world. I wonder, then we have also other imperialisms in Italy, France or Germany?

So, this an argument that you use, that it is not only the Americans?

No, not the Americans neither those other.

Or the Northern Europeans or the Japanese.

This is not a matter of imperialism, it is a matter of ignorance.

Yes

I compare Africa with Europe. Africa began the twentieth century with two hundred million and finished with eight hundred million. If Africa continues growing as it is now, in only fifty years they will have two billion.
Sharpless Two billion people in Africa! Well, a lot of that has to do with the fact that people are not dying of other things now.

Jaramillo We will see the impact on the rates later.

**Demographic Growth in half a century, 1950-2000**

Sharpless Population growth in Guatemala is soaring!

Jaramillo This is one of the most dramatic cases of population explosion. Guatemala in only fifty years went from two and a half million to almost twelve million.

Sharpless Wow!
Jaramillo: And in one full century, from 1950 to 2050, will multiply by thirteen.

Sharpless: And there is where your son is working now? In Guatemala?

Jaramillo: Yes

Sharpless: He has a big job.

Jaramillo: Yes, but no hope, at all. We will see what Guatemala is in this field later.

Sharpless: So, you started having these classes. And then, what happened?

Jaramillo: I started these classes in October 1958, and I married in November. When I returned from my honeymoon at the end of November, the principal priest of the town, Caldas, called me, “Doctor, come immediately to my office because I have to talk with you” I had a great respect for him. I am an atheist, but I respect people who are good. And this priest was a saint.

Sharpless: A good man

Jaramillo: A very good man, and he also had a great respect for me, even though I did not believe. “There are two terrible accusations against you: one, that you had a
civil marriage.” At that time the Catholic marriage was the marriage of 99.9 percent of the people.

**Sharpless**

Married in the Church.

**Jaramillo**

Yes, married in the Church, and only in the Church, not civil. That was because the Catholic marriage had civil effects and validity. “And one of my young priests said in the Sunday mass that we have here a corrupt doctor who not only married civil, but also is teaching the women of this town how to avoid pregnancies.” In Caldas we were fifteen doctors. The fourteen other doctors went to the priest who had denounced me and said, “You have to say the name of that doctor because otherwise you are accusing us altogether, and our prestige is suffering. You have to say his name.”

So, the chief priest asked me, “What can we do?” And I answered. “What can we do?” “I consulted the archbishop and he asked me to go with you to speak with him.” I said, “Okay, let’s go. When does he want us to go?” “Tomorrow.” Okay. And we went to the archbishop’s office. He didn’t look at me, and spoke to the priest, not to me, and when I spoke he didn’t look at me.

**Sharpless**

He didn’t even acknowledge you?

**Jaramillo**

No. He said that he had not given permission to me to teach the rhythm method. And I said, “Excellency, I do not need your permission, I received a degree in medicine from the medical school, and this is enough for me to teach. To avoid undesired pregnancies is a matter of hygiene, and women have the right to decide when and how many children they want to have.”
And he said, “That’s nonsense. Unless we authorize a physician to use the rhythm method, no one, no one can use it. And we have not authorized you.”

It was the only time he looked at me, with the finger—

**Sharpless**

With the finger pointing at you.

**Jaramillo**

I responded, “It is a problem because I am going to do this, because my conscience tells me that it is good for my patients.” And the archbishop said, “Go, both of you, go!” Later he called the priest and said, “Keep me informed of everything about this issue.”

Since I continued with the program and it was growing, he contacted the director of the conservative party; the party put pressure on the Secretary of Health, and the Secretary asked me to move to another town.

**Sharpless**

Okay, All right, let me change my tape

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

**Sharpless**

This is the second tape of the first interview with Dr. Mario Jaramillo on July 22. What was your understanding then, or what did you think about why the Church was so dramatically opposed to family planning? What did they have to gain by opposing family planning?

**Jaramillo**

I always had a tremendous rejection for the idea of priests playing the role of shepherds. I believe that it is insulting to call the people a flock, and definitely it is an insult for me if someone pretends that I am a sheep. Because of that I have hated all my life people who pretend to be shepherds of people who do not think.

**Sharpless**

So, you think that it is a question of control?
Jaramillo

Yes, the motivation of priests of all religions, all around the world and through history has been to exploit the people. Usually they are more intelligent, have more studies, more knowledge, and with these they have a tremendous advantage over the population. The prehistoric people were more vulnerable than the current one to be impressed and to be obedient, to be believers. Even in the twentieth first century there are billions of believers. And a believer is a person who prefers not to think but to believe. And all churches have always aspired to have as many people as possible, for exploiting them. Christians have an enormous experience in this since they took power in the fourth century. Then they became the bosses, the masters of the western world. Besides that I have done very careful research on the Bible and every one of its sacred books. And I know that since the very beginning, the Christian church was ambitious in economic matters. St. Peter, in the Acts of the Apostles, applied the death penalty to a couple that did not give him the total amount of money they received by selling a property, because at that time all believers had to sell everything they has and bring the value to St. Peter and the other apostles.

Sharpless

Now, when did you realize that you were an atheist?

Jaramillo

At seventeen or eighteen.

Sharpless

And your wife, was she a church member?

Jaramillo

Yes, she was it until she married me.

Sharpless

Yes. Were you married in the Church?

Jaramillo

Yes, because our families were so Catholic I didn’t want to disturb them, but I took care of making my marriage null. The Catholic marriage states that the
man has the right to demand sex from the woman and she has not the right to say no. Before our marriage I appointed two witnesses and told them, “I want you to be witnesses of this, that I do not accept this; my wife has every right to say no or say yes, and I have the same right to say no or say yes, and this nullifies the marriage that we are going to celebrate next week.”

**Sharpless**  So you gave up your power.

**Jaramillo**  Of course.

**Sharpless**  And what did she think about that?

**Jaramillo**  She was also very liberal; her father was a very intelligent liberal politician, she was Catholic only the first six months of our marriage.

**Sharpless**  So, do you think that the young priest knew about the nullification before he denounced……

**Jaramillo**  No, nobody knew that, only the two witnesses.

**Sharpless**  So, that was just a rumor that you had had a civil marriage?

**Jaramillo**  Yes, just a rumor, it was not true.

**Sharpless**  Let’s go back to Caldas. The conservatives brought pressure on the public health Secretary and he decided that you had to leave Caldas.

**Jaramillo**  Yes, I left, I resigned, but at that precise moment I was invited by the director of the Liberal Party to talk with him and he offered me the job of secretary of health of Medellín. The director of the party made a list of three candidates and the mayor made the selection and the appointment. I was in the list but I was not selected; the mayor appointed another doctor that was my very close friend and a member of my promotion. He appointed me director of the Pilot Center of Public Health, a nice center that was connected with the medical
Mario Jaramillo, interviewed by Rebecca Sharpless

School for practices of public health students. When I became the director, I organized the family planning service.

At that time I had the support of a Jewish entrepreneur. He gave me some money for paying two extra auxiliary nurses to do work full time in family planning. So I had not only the regular personnel of the center, paid by the city, but also these two additional workers. And three years later the Ford Foundation gave a grant to the Colombian Association of Medical Schools for opening courses of family planning for medical students, for medical personnel of government health centers and hospitals and for specialists in Obstetrics and Gynecology. And this center of mine became the training center of the Antioquia University’s Medical School.

Sharpless
Okay. Let me make sure I understand. You went to the Pilot Public Health Center as director, then you got money from the Jewish entrepreneur to hire nurses. How much did the Church have to say about that, when you hired those nurses and expanded your family planning activities?

Jaramillo
The church was always intriguing for my destitution, but at that time the mayor of Medellín was a friend of mine. He didn’t appoint me as secretary, but he was a very powerful leader of the liberal party, he didn’t pay attention to intrigues of the archbishop and supported me those four years.

Sharpless
So, he just ignored the Church.

Jaramillo
Yes, and I took contact with seven or eight priests in the area covered by the center. Some of these priests were very positive and supported me in secret, confidentially.

Sharpless
Interesting, interesting. So you started training.
Jaramillo: Yes, but this was later, in 1963.

Sharpless: And how did all that go?

Jaramillo: We recruited many more clients. Besides those that came pregnant, my nurses recruited many other ladies that were not pregnant, and so we had a great clientele.

Sharpless: At this point are you teaching the rhythm method only?

Jaramillo: No, I had started using the pill, in 1964.

Sharpless: So oral contraceptives were becoming available.

Jaramillo: And in my meetings with husbands (sometimes I had meetings only with males) I advised them how to use the condom.

Sharpless: Now let me make sure I understand. At what point did the Ford Foundation get involved?

Jaramillo: The Ford Foundation came three years after my appointment as director of the Pilot Center. The Foundation gave a grant to the Colombian Association of Medical Schools, my center became a training place for doctors working in all health centers of the Department (the State) and medical students. The center was also the base for a number of research projects. So, it was producing family planning services, research and training, and by my own initiative, I started making political contacts in the liberal parity for support against the opposition.

Sharpless: And how did that go?

Jaramillo: Very well, Very well until 1966.

Sharpless: Where were you getting your supplies of pills and condoms?
Jaramillo: We had no supply of contraceptives, my customers had to purchase them with their own money.

Sharpless: I am trying to figure out just how much control the Church had. It brought a lot of pressure, but someone could go to a pharmacy and buy birth control pills?

Jaramillo: Yes, yes.

Sharpless: So, they were available.

Jaramillo: They were available after 1964.

Sharpless: Now, tell me what kind of research projects you worked on.

Jaramillo: One was an evaluation of the clients, we made a report every year with the new clients we had. Second, we conducted a survey on a sample of the top leaders of Medellín: directors of universities and deans of faculties, the main politicians and high officials of governments of the Department and the city, CEOs of large industries and malls, directors of periodicals and journals and advertisers, religious leaders, (I made a list of religious authorities but no one accepted the interview, so I interviewed just priests), and finally, women’s leaders.

Sharpless: What kind of things were you asking them?

Jaramillo: Let’s see a little later. We also made a sample of Medellín doctors and a survey to them, and finally, with the assistance of Cornell University, we made the Medellín Fertility Survey. This was one of the first fertility surveys conducted in Latin America.

Medellín Fertility Survey, 1966
Women didn’t know about menarche when it came 49.4 percent
Didn’t know about sexual relations in the wedding day 55.3
Never had thought about an ideal number of children 31.7
Average number of pregnancies 6.4
Average number of children the day of the survey 4.9
Average of those that accept “as many as God want” 6.3
Do not want more children 73.0
Have used Coitus Interruptus 29.2
Have used Rhythm 26.6
Have used the Pill 13.2
Have used Condom 11.7
Have been sterilized 1.5
Have used IUD 0.2

Sharpless
You have a whole list of questions about the need for family planning, and
population growth, and all sorts of interesting things.

Jaramillo
And as you see, very high percentages were in favor of family planning.

Sharpless
Yes. Now, how willing were they to talk with you about these things?

Jaramillo
In general, very, very good cooperation. The coverage was about 90 percent.

Sharpless
Wow. So, the rhythm method, coitus interruptus are by far the highest
percentages.

Jaramillo
Yes, the pill was just beginning.

Sharpless
Yes, the pill and the condom, and very little sterilization and IUD.

Jaramillo
I had only a few months working with the IUD in my clinic, in my private
clinic, not in the center.

Sharpless
So, you were operating a private clinic as well?

Jaramillo
Yes, because it was 1964. In order to put an end to the civil war, the two
parties made a deal, to govern four years one party and then the other, for
sixteen years, four presidential periods. In 1964 I saw that the situation in the
city, with a favorable mayor could change, so I was preparing myself for
becoming jobless, and I opened my private clinic. I was quite right, because
immediately a conservative mayor was appointed and within the same week he asked me to resign, and the center was closed.

**Sharpless** So, you could see it that coming

**Jaramillo** Yes.

**Sharpless** But you had four years under the liberal government to get your work underway.

**Jaramillo** During those four years we had a conservative president and a liberal mayor, now in 1964 we had a liberal president and a conservative mayor.

**Sharpless** Okay, okay, so the flip-flopping. Then in 1965 you created the Association for the Study of Population. How did that go? What was that supposed to do?

**Jaramillo** I needed political support, I wanted to be a person among others, not an isolated one. One isolated person is very vulnerable and I wanted to show that I was not alone. With many difficulties I gathered ten people.

**Sharpless** What kind of people joined the association?

**Jaramillo** This was after the course of Chicago. I invited two doctors that went with me to that course, also the two nurses who worked for me, and three or four friends of mine. I included the chaplain of the medical school, a Jesuit priest who was a doctor and had gone with me to Chicago. We appointed him president of the association (Sharpless laughs) and I was the secretary. I didn’t accept to be the president because, by advice of Dr. Mendoza, director of the Population Division of the Colombian Association of Medical Schools, ASCOFAME, it could alienate a lot of people. We started with some meetings not very productive, and finally the president, the priest, invited a group of very conservative doctors and also he invited a group of communist doctors
and intellectuals, social workers and sociologists. This way my original group became a minority, and the enemies of family planning the majority.

In one of the last meetings I attended the president organized something very similar to a trial. They were going to judge me because I had begun to use the pill and there were rumors that I was using the IUD in my private clinic. And this is the dialogue by which I excommunicated myself—

Sharpless (laughs) Who was it that was challenging you?

Jaramillo The president of the association.

Sharpless Who was the Jesuit priest?

Jaramillo Yes, the Jesuit priest

Sharpless And they were concerned that you were challenging the Church’s teachings on birth control. So, how did you excommunicate yourself?

Jaramillo Yes. He said, “Dr. Jaramillo, you are playing with fire by defying the authority of the Church. Remember that His Excellency the Archbishop has the faculty to expel any member of the Church if he is not obedient to its teachings.”

Father, the archbishop in spite of all his authority cannot expel someone from where he is not.

“Ah, does that mean that you are not Catholic?

Yes. (I said slowly, with emphasis) I AM NOT CATHOLIC

“Ah! If that is so, you can do whatever you want

Precisely so, Father Duque, that is what I am doing, and what I will continue to do.

Sharpless And what was the price of excommunicating yourself?
Jaramillo: The price was that I was fired from the Medical School where I was Assistant Professor of Obstetrics and Gynecology, from the Center of Public Health and from the Maternity Hospital of Medellín, where I worked as an Obstetrician. I lost my three jobs.

Sharpless: What about your private clinic?

Jaramillo: My private clinic was plenty of customers and I was making a lot of money. At that time the archbishop had a Mercedes Benz car. I purchased one exactly equal, the same brand, same model and same color. He believed that if I had no job I was going to starve with my family. In only six months I saved enough money to buy a Mercedes Benz. This way I demonstrated him that he was wrong.

Sharpless: You had plenty of private patients.

Jaramillo: I worked around fourteen hours a day, six days a week. I inserted thousands of IUDs. In this moment I contacted the Association of Medical Schools, because they were the supporters of the Pilot Center of Public Health. The director of the division told me, “Open the family planning center somewhere else, appoint a board of directors, organize a new institution.”

Sharpless: And we will support it?

Jaramillo: Yes. He took the risk, because his bosses were the seven deans of the seven medical schools, and he was not authorized to do that. Only centers associated to medical schools, and this one was going to be independent. And with the support of ASCOFAME and the Jewish gentleman I opened an independent, completely independent center.

Sharpless: Okay. I need to turn the tape.
Tape 2, side 1 ends; side 2 begins.

Jaramillo  I had money to purchase new equipment, to hire good personnel, and even to purchase contraceptives for the poorest people.

Sharpless  Money to purchase contraceptives to give to the poor? So you were well set up. And then, what happened?

Jaramillo  Then came the public opinion, the press (we had three journals in the city, two conservatives, one liberal). When the disputes with the archbishop exploded again I started publishing a Bulletin every week where I responded his pastoral letters and his press releases. I distributed this bulletin to all newspapers of the country, and many of them published its content. In a few months I became in some way a celebrity, because the public was very enthusiastic with my services and qualified me as a brave person. There is nothing as courage to get support and respect. The society of Medellín was in my side, both the people and most of the leaders. So, these years from 1965 to 1966 were tremendously controversial. I was invited to speak in all universities and all kind of cultural meetings, and many, many journalists interviewed me. So, I was winning, I was winning hundred percent.

Sharpless  That there was family planning in Medellín, at least.

Jaramillo  Yes. In 1960 the department of Antioquia had the highest fertility rate of the country. Women had more children than in any other department. Ten years later Antioquia was the lowest in fertility.

Sharpless  Wow! That’s impressive.

Jaramillo  The reason for that was that no one in Antioquia was left uninformed. This debate was so exciting, to see a doctor fighting with the powerful archbishop.
No one had ever heard someone to do that. Everybody in Antioquia learned about family planning and in only ten years we went from the top to the bottom in fertility.

**Sharpless** Did you ever feel physically threatened?

**Jaramillo** I not only felt, I was threatened.

**Sharpless** This is a dispute in the Academy of Medicine, 1966

**Jaramillo** The Academy of Medicine is the most respected group of doctors, and I was invited to speak. Initially I was going to speak half hour, but finally they gave me only ten minutes.

**Sharpless** But event though they had invited you.

**Jaramillo** Yes. Here are some of the ideas that were presented by them: population explosion and overpopulation are myths.

**Sharpless** This is what they were saying to respond to you.

**Jaramillo** Yes. The more people, the better for everybody. Birth control is a tool invented by the Yankee imperialism to dominate the world. If the poor women die because they have too many pregnancies, let them die, but do not teach them about contraceptives. This was the professor of medical ethics and a very illustrious gynecologist. As good Catholics, we must obey with blind faith, with blind faith, the commands of our bishops. With blind faith.”

**Sharpless** He repeated that, huh?

**Jaramillo** Yes. He was the professor of Cardiovascular Surgery. By coincidence, a few years later he became completely blind. And the chief professor of Obstetrics and Gynecology said, “Dr. Jaramillo is not a good scientist because he is using anovulataries as contraceptives.”
The pill.

A mix of Estrogen and Progesterone. But they were teaching that it is used to help an irregular woman to make equal menstrual periods.

Right, right. To regulate the period, the menstrual cycle.

Yes. They were using anovulators just as menstrual regulators.

So, they verbally attacked you, basically.

You asked me if I had felt some threats. Indeed, the second in command of the archbishop, Monsignor Wiedeman, called one of the most distinguished ladies of Medellín, the leader of voluntary workers, and asked her, “Why are you cooperating with this enemy of the Church?” [She was the person in charge of managing the grants to my center, for services and research.] “Dr. Jaramillo is taking great risks because he or his family can suffer the consequences of being an enemy of the Church.” She immediately called me. “Come here because this cannot be discussed by phone.” And she told me that.

That the bishop has said that you or your family could suffer the consequences.

Yes. Then I called my boss, the director of the Population Division, and he said, “This is very dangerous, very, very dangerous. I will think about that.”

The next week he had a dinner in the house of the Chairman of another university, in Manizales, and in this dinner one of the invited persons was the archbishop of Medellín. My boss, Dr. Mendoza, was another invited person.

So, the Chairman of that university invited you and your boss and the archbishop all together?
Jaramillo: No, not to me.

Sharpless: Okay. You were not there. Go ahead.

Jaramillo: They had a very good conversation, and in one moment the archbishop asked Dr. Mendoza, “What do you think about Dr. Jaramillo?” He said, “Ah, he is a great person.” “I think so, I agree. Why don’t you invite him to come to Bogotá, instead of Medellín? You win his help and at the same time liberate me from somebody who is bothering me too much.” “I will think about that.” One or two days later he called me and told me this story, and said, “What about moving to Bogotá and becoming subdirector of the division?”

Sharpless: Subdirector of the division? Okay.

Jaramillo: In 1965 one gynecologist of Bogotá created the Colombian Association of family planning [PROFAMILIA]……

Sharpless: Did you know him?

Jaramillo: Yes. But that Association was just a group of persons, he had not a clinic. He opened one in 1966 in Bogotá, their only one in the country.

Sharpless: Bogotá is a huge city and the capital, right?

Jaramillo: Yes

Sharpless: So, did he have the kind of difficulties that you had then?

Jaramillo: No, because he didn’t publish anything, he didn’t make noise, he just worked in silence.

Sharpless: He didn’t speak out.

Jaramillo: No. So, my boss and I decided to convert my center of Medellín into one of PROFAMILIA’s clinics, the second one. Now the family planning association had two clinics, one in Bogotá and another in Medellín.
Sharpless: One in Medellín that was yours.

Jaramillo: Yes, and I went to Bogotá and became the Sub-director of the Population Division.

Sharpless: Okay, that was like moving to Bogotá?

Jaramillo: We were very happy to go to Bogotá. This was a tremendous promotion because I had the chance of working for the whole country. And we decided to organize a National Family Planning Program. We sold the idea to the new liberal president.

Sharpless: Okay, so it flipped again and the liberals were back in.

Jaramillo: Yes. But the previous conservative president had been in conversations with the American embassy for a grant to the ministry of health by USAID, and finally this was what happened. The American embassy negotiated the grant and through the participation of the Population Division it was accorded to divide it in three parts, the largest for the ministry of health, another for the Population Division and another for PROFAMILIA.

The ministry of health was in charge of organizing training of its personnel and supervision, but we would do the training in our training centers of six medical schools, and the regional supervisors will work under the Training Unit of the Division. I was in charge of the Evaluation and Management Unit, and the family planning association in charge of organizing clinics specialized in family planning, like those of Bogotá and Medellín. This system of clinics grew from one in 1966 to two in 1967 and twenty-seven in 1970.

Sharpless: That is an amazing growth

Jaramillo: I will tell you later why that amazing growth was possible.
Okay, but that's the way it was set up with these three divisions: Training and Supervision, Evaluation and Management, and Specialized Clinics.

In only two years we organized family planning services in forty major hospitals and four hundred health centers. In only two years!

Wow. You must have been working incredibly hard.

Yes, but at that time we had money, we were respected by the whole society, by the whole country, and had a tremendous enthusiasm.

Did the most of the money come from USAID?

From USAID and twenty percent from the Ford Foundation.

So, things were really moving quickly, then, once you moved to Bogotá.

Oh, yes.

The National Fertility Survey

This was one of the main items of the evaluation of the program, and this was the first national fertility survey that we made in Colombia. I was the director of the survey since I was the director of the Evaluation Unit. Six months after the beginning of the National Family Planning Program we reorganized the Division and instead of having one Sub-director we had two. I became responsible for Evaluation and Supervision and the other one of training and logistics.

How did you get the methodology to do the survey?

The United Nations have a training center for demographers in Santiago de Chile, with a second base in San José de Costa Rica, the Latin America Center for Demography, CELADE. This center conducted some small surveys in five capitals, Mexico, Río, Bogotá, Santiago and San José, in 1963, 1964 and 1965.
They also made abortion surveys in six or seven places. Then in 1967 they made surveys in rural areas, and finally, they decided to make national surveys. I was invited to coordinating meetings in Mexico, Santiago and San José, where we made the plans and adapted the questionnaires and the methodology for data processing, analysis and the production of reports. Our survey was one among four or five national surveys, advised by the UN center.

**Sharpless** Alright, and what was your sample size?

**Jaramillo** Around four thousand

**Sharpless** And it was national? Nation wide?

**Jaramillo** Yes, urban and rural.

**Sharpless** It’s a big undertaking.

**Jaramillo** Yes

**Sharpless** And, what did you found out?

**Jaramillo** The areas of study were these: knowledge about sex, reproduction and contraception; attitudes toward pregnancy, abortion, family planning and specific methods; use of contraceptive services and products, quality of service, opinions, history of pregnancies, abortions, deliveries and living children. This was done in around nine months.

**Sharpless** And what did you find out?

**Jaramillo** At that time we had only sixteen percent of all women in reproductive age using contraception, and most of them belonged to the middle and high classes. In general the opinion of the women was very positive. Most of those who were not using contraception were willing to use it. The knowledge about sex and reproduction was very scarce, very primitive.
Now, let me ask you a question before we stop, because I want to hold the end of family planning until after our break. When you dealt with people, for example, from the United Nations, and you saw that they were doing work all over the world, how did that affect your thinking?

I have been always very cautious about what the people say, compared with what the people do. The United Nations has never been very effective and honest. So, I am very skeptical about international organizations commitment……

How satisfied were you with the survey that you worked on? Were you pleased with the method and the outcome of the survey?

Yes, I was hundred percent pleased with the advise of CELADE.

Okay. So, that was good.

We also had wonderful advisors, American advisors, but not from the government but from universities, especially from University of Chicago, University of Michigan, and Cornell University.

Let’s stop for a few minutes, take a break and then come back.

end Interview 1
Interview 2

Today is July 22, 2004. My name is Rebecca Sharpless and this is the second oral history interview with Dr. Mario Jaramillo. The interview is taking place in his home in Tampa, Florida. It’s a part of the Population Pioneers project.

Okay, Dr. Jaramillo, we talked about your early career this morning and now we are at the National Family Planning Program in Bogotá. So, we were talking about the National Fertility Survey. Was there anything else about the NFS that we need to talk about?

Jaramillo

I don’t remember much of the specific results of the survey, besides of what I have already commented.

Sharpless

Was there anything you were surprised by?

Jaramillo

We were surprised by the cooperation of the people, the willingness to speak about so intimate matters. The prevalent idea was that poor people know nothing and never speak openly of these things. It was not true. They want to speak about these problems. They are honest; they are open, very open, even in the most remote areas. I was not indeed very surprised, because I had already the idea that family planning was vehemently desired by most of the people in the country. They were just discovering the solution for a very old problem.

Sharpless

So, what did you all do after the completion of the survey?

Jaramillo

The survey was completed at the end of 1969. At that time we had a very, very difficult political situation, because the liberal president who was supportive for us hundred percent, found himself in a very serious problem with the conservative party. He had proposed a constitutional amendment to the
congress, in order to give the power on the management of the budget to the
president, not to the congress. The congress was the budget manager, and the
president wanted to take control of that function.

This was important because it had to be approved in two successive years. It
had been approved in 1968. But the conservative party decided to frustrate this
initiative of the president and organized themselves very well. They were a
minority, but a very big minority.

The leader of the conservative party was a nephew of the cardinal of Bogotá.

They decided to filibuster the discussion of the constitutional reform by
opening a great debate against the family planning program. The limit time was
November and we were in September. If at the end of November the
constitutional amendment was not approved, that had to start again, since the
very beginning. The minister of health was a coward; he said that we were not
using any contraceptive method forbidden by the Church.

Sharpless
He lied.

Jaramillo
It was a complete lie. He gave us order not to use any method besides the
rhythm. We had already inserted more than 100,000 IUDs and we had 300,000
women with pills.

Sharpless
So, this was a complete flip-flop.

Jaramillo
I was one of the Sub-directors of the program and in the middle of this mess
the director died. And no one was in charge because the other Sub-director
was a friend of the minister of health and was open to compromises and ready
to wait. And I was not ready to wait for the results of the debate nor to obey
the minister’s orders. The debate lasted until October. The president was very
concerned that he was going to lose the opportunity to reform the constitution, and asked the cardinal “What do you want?” The cardinal responded, “Close the National Program of Family Planning. And the president said, “Okay.”

**Sharpless**

So, the program was sacrificed to save the constitutional amendment.

**Jaramillo**

Yes. And the next day the minister called us to his office. He said, “Everything is over, no more training, no more research, no more family planning clinics. Everything stops. The program will be conducted by the ministry of health only, without you. But the money was coming from the United States.

**Sharpless**

From USAID mainly?

**Jaramillo**

Yes. But the Pan-American Health Organization said that they were going to ask for the whole amount of money. No more for the Population Division, no more for the family planning association, all funds for the ministry of health, through PAHO. The people of USAID’s mission in Bogotá called me to their office and asked me, “What do you advice?” I responded, “I am sure that the ministry of health will do nothing. They gave us order to stop everything. That is the proof that they are not going to do anything. Second, the Population Division is now ready to change its role. They will not do more research in family planning; they want now to work in the environment. They are planning to change its name for Division of Population and Environment. So, my advice is this: Give all the money to the family planning association, PROFAMILIA. We can organize it as a private national family planning program that is not vulnerable to the attacks of the Church and is protected by the law of free enterprise.”
USAID got my advice; they stopped financing the MOH and ASCOFAME and gave all the money to PROFAMILIA. And thanks to that, its clinics jumped from two in 1969 to twenty seven in 1970. And as you will see later, Colombia has one of the best family planning programs, almost without the cooperation of doctors and institutions of the public sector.

**Contraceptive Prevalence Growth**

**Colombia Compared with Thailand**

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**Sharpless**

All has to be done privately.

**Jaramillo**

At least in a very high percentage. So, this is the story of the end of our National Family Planning Program.

**Sharpless**

It seems, a couple of times you have been working with the government and that’s been shut down, and you have been able to do private work. So, I am not sure what my question is. Why, if private is so much easier, why did you keep trying to work with the government?

**Jaramillo**

Because the government has a lot of resources that, if were used honestly could be very effective. There are many wonderful examples of governments
that decide to do family planning, take the program seriously, and implement wonderful family planning programs. But these are more exceptions than rule. Especially in Latin America the rule is, “Give me the money and we will do everything besides family planning.” And they have been so successful. The saboteurs of family planning have been so successful in the whole world now that they are destroying the effectiveness of our programs by implementing, at worlds scale, the strategies in which the had so much success in Latin America.

**Sharpless**

So, at the end of the national family Planning Program, what did you think you would do? You had the private organization.

**Jaramillo**

Yes, but at that time the family planning organization was the minor branch of the program, and its director was a little jealous of the power and prestige that we had in that moment. When he received that big amount of money he didn’t’ want to give me any chance to go into his organization.

**Sharpless**

Didn’t want to share?

**Jaramillo**

No. And I also was not willing to work with him because I recognized that he was very different as a family planning pioneer. As a manager, he has great merits, not only in Colombia but also in the whole world, but we could not work together. So, once again, I became jobless, partially because of him.

**Sharpless**

Sid you consider going back into private practice as an Obstetrician and Gynecologist?

**Jaramillo**

Yes. I had to go three times into private practice. Whenever I was jobless I immediately opened a private clinic, because in normal times I never paid attention to money. And I never had large reserves, I spent everything, I had no savings. In the clinic I made more money than what I needed. So, on 1969 I
had no job in Colombia and had no chance to be employed by anybody in the
country. But my professor of Chicago, who was our main advisor, invited me
to Chicago to dictate a course in the Summer Workshop about Design,
Administration and Evaluation of National Family Planning Programs.

Sharpless  Now, before we go to Chicago, could I ask you a few more questions about
the years in Colombia? You could have stayed in private practice and make a
lot of money. Why did you keep going back to the public sector?

Jaramillo  Because I was not born to make money. I do not appreciate money. I prefer to
have a middle class living and I am much more satisfied making research or
teaching in an institution than making money.

Sharpless  So, the public health aspects allow you to work in a bigger area?

Jaramillo  The bigger scale possible.

Sharpless  It’s the public health aspect. You can treat a woman at a time or you treat the
whole country.

Jaramillo  Or the whole world. (Laughs)

Sharpless  Yeah, you were married and you had four children. And you mentioned the
threats. What impact these activities had in your family? What was it having a
wife and small children?

Jaramillo  I think that it has been worth because they came to seek a sense of the world,
not just a sense of Colombia. Colombia is irrelevant. They became people with
great intellectual ambitions, they do not concern too much about money. They
know how to read, how to enjoy being intelligent. They are people with
compassion and they do not conceive anything that is not of love, they are able
to love other people, and these values are much more important than material
things for them. So I had to show them how to handle very critical situations. Four years later, when we had the great crisis of 1983, all of them, the four, were at the university, here in the States. The oldest was twenty, the youngest fifteen, and all of them had to look for a work in order to pay for their studies. This has made of them much better people. Much better than if they had had immediate help. So, all of this has been wonderful, all these defeats have been beneficent for my children. Even if they are defeated themselves, they now know that it is not the end, that they can prevail.

Sharpless
You were always able to find a different path. Okay. Thanks you for that. Let me ask you another thing. Looking over the things that you wrote about, you mentioned someone named Mendoza.

Jaramillo
Hernan Mendoza. He was my boss as director of the Population Division of ASCOFAME and in that position he was also the director of the National Family Planning Program.

Sharpless
Okay, tell me a little bit about him.

Jaramillo
He was a top quality man. He belonged to one of the most prestigious families of the country and was educated in the best American universities. He was endocrinologist, professor at the National University and had a huge clientele in Bogotá. He was a very cultured person and one of his hobbies was population, he had written several papers on the subject. He was selected to be the director of the Population Division, immediately he closed his private clinic, resigned his position as professor at the medical school and accepted a job with a salary of 1,200 dollars a month, that was much lower than the amount he made in his clinic. And he devoted his enormous capacity of work
and his leadership to the creation of a National Family Planning Program. He was my support against any enemy, no matter what was said of me, he was always on my side. Even in my mistakes. So, he was the best boss I ever had.

**Sharpless**  
Do you think that the outcome for the family planning program might have been different if he hadn’t died?

**Jaramillo**  
Oh, definitely, because he was able to maintain the three institutions together. He was a very powerful personality, and politically he had very good connections.

**Sharpless**  
Let me turn the tape.

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

**Sharpless**  
Who else would you say was your mentor; was he a mentor for you?

**Jaramillo**  
Well, in some way yes. Because I was a very local authority. He promoted me to national level. He sent me to the United States and several times he took me with him to important meetings in international agencies. So he initiated me to international contacts.

**Sharpless**  
Who else served you as a mentor in the years in Colombia?

**Jaramillo**  
No one else.

**Sharpless**  
So, Dr. Mendoza was the main one?

**Jaramillo**  
The only one. Another person who almost qualifies like that is Dr. Donald J. Bogue, director of the Community and Family Study Center, University of Chicago. Also Dr. Carmen Miró, director of the UN Center of Demography, in Santiago de Chile. I also had other friends from whom I learned much, like Dr. Achilles Sobrero, director of the Margaret Sanger Research Bureau, in New
York, and Professor J. Mayone Stycos, of Cornell University. They were my teachers.

**Sharpless** What sorts of meetings Dr. Mendoza take you?

**Jaramillo** To the International Population Conference in Santiago de Chile, to the OAS Committee of Population, in Washington, to meetings in the IPPF, New York.

**Sharpless** Anything else about Dr. Mendoza?

**Jaramillo** He was the creator of the national Family Planning Program, but it was a short-lived success.

**Sharpless** Okay, so you were jobless, bossless, but you had a friend in Chicago. What was his name again?

**Jaramillo** Dr. Donald J. Bogue, Professor of Social Sciences.

**Sharpless** And how long had you been in Chicago?

**Jaramillo** I had been as a student in the summer of 1965.

**Sharpless** And what did you do then?

**Jaramillo** I received a course on family planning communication and promotion of demand. It was three months long.

**Sharpless** It was when you met Professor Bogue?

**Jaramillo** No, I met him in Colombia, he was our main advisor. I met him when we were planning to establish the national program. Now he invited fourteen Colombian to the Summer workshop, I was one of them. He was also one of the advisors of the national survey, and my main advisor for the Evaluation Unit.

**Sharpless** So, when the national program went bust, what did you think you would do? How did you decide to go to Chicago?
Jaramillo I received Dr. Bogue’s invitation. This was a great opportunity for me to teach about what works and what does not in family planning. It was also an opportunity to meet many leaders or future leaders of family planning in the world. I had students from forth five countries. It was in Spanish, English and French. I made important contacts with leaders from many countries.

Sharpless What were you teaching?

Jaramillo I was teaching planning, organization, management and evaluation of National Family Planning Programs, and what works and what doesn’t work. I was very happy in this course. Precisely yesterday was the anniversary of the landing in the moon. I was in Chicago looking at the landing in the moon, thirty-five years ago.

Sharpless Did your family move to Chicago?

Jaramillo No, I went alone but in the middle of the course my wife arrived there. I had a very nice apartment in the university campus and she stayed with me a couple of weeks.

Sharpless And how long did you stay in Chicago?

Jaramillo Three months.

Sharpless And then what? What were you going to do?

Jaramillo I went back to Medellín. I was planning to open my clinic again when I received a call from the International Institute for the Study of Human Reproduction, of Columbia University. They asked me if I would like to work with them. So, I was jobless just a few months, but I had so little reserves of money that in six more months I would have nothing in the bank. This call came just in time.
Sharpless: What Columbia wanted you to do for them?

Jaramillo: They received a grant from USAID to organize four family planning evaluation units, in Brazil, Ecuador, Costa Rica and El Salvador. They appointed me director of the Evaluation Unit of Ecuador.

Sharpless: What did that mean?

Jaramillo: To establish an office within the ministry of health, to make a plan for a family planning program at national level, to coordinate the activities of the ministry, the family planning association and other smaller NGOs, and to create an evaluation system for the program, including training of local personnel, to work as director for three years and then to transfer the directorship to the Ecuadorian Sub-director. I worked there from the last months of 1969 to the beginning of 1973.

Sharpless: How did the people of Ecuador receive you?

Jaramillo: Very well. Very well because the director of the family planning association had been one of my students in Colombia, in one of three international courses that we organized when our program was in full development.

Sharpless: So, you already knew him.

Jaramillo: Yes. The minister of health had been with me in a meeting in Columbia University. He received me very well, and even being a Colombian, he appointed me as chief of an important Ecuadorian public office.

Sharpless: And the work in Ecuador, how did it go?
Jaramillo

It was a great success, for Ecuador and for me, personally. We made very good work; in three years I produced three volumes of evaluation studies.
I trained a team, my assistant has been the director of evaluation in the family planning association for thirty years, and he has been one of the key persons for the success of family planning in that country.

**Sharpless** How did this situation of Ecuador compare to the situation of Colombia?

**Jaramillo** Very similar. Because in three years we created a National family Planning Program. And in three months it was destroyed as dramatically as the Colombian.

**Sharpless** Why?

**Jaramillo** It was destroyed through corruption from USAID to the government, and by the intellectual leadership of the Pan-American Health Organization. PAHO destroyed half of the family planning programs of Latin America.

**Sharpless** Tell me more about that.

**Jaramillo** PAHO is the branch of the World Health Organization for the western hemisphere. WHO had always said that public health has nothing to do with fertility or with fertility control. They defended this position until 1970. So, medicine or ministries of health had nothing to do with such a thing. But when in the 60s and 70s donors appeared with large packages of money for family planning, suddenly the WHO began saying that the best organization to promote birth control was WHO, and ministries of health within every country.

**Sharpless** Was most of that money from USAID?

**Jaramillo** USAID had two different epochs, one under Dr. Ravenholt. He is a very bright person who knows exactly what should be done, hundred percent convinced of what he was doing, no ambivalence at all. He was very critical of
institutions to which the money was going. He made a fabulous record; he changed completely the position of the world vis-à-vis overpopulation and put the United States on top leadership in birth control. I think his best achievement was to put a population officer in every American embassy. I had the chance of being professor in Chicago for fourteen people who were the first USAID population officers.

Sharpless

That’s very wonderful. Let me change the tape.

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

Sharpless

This is the second tape of the second interview with Dr. Mario Jaramillo on July 22, 2005.

So, the second epoch of USAID’s Population Office was?

Jaramillo

The second began with a president of the United States that was not very sympathetic to our cause.

Sharpless

Probably Carter.

Jaramillo

Yes

Sharpless

And then Reagan even more.

Jaramillo

Yes. And Ravenholt was changed. Carter appointed other people who were just bureaucrats, who had no personal commitment and motivation for birth control, that were negligent in the use of money, that disliked to know about problems or misuse of funds, that were prone to use bribes to get decisions. And little by little the role of USAID changed, particularly in the second half of the 70s. At the same time, the United Nations Fund for Population Activities, UNFPA, was created. A Catholic from the Philippines, Dr. Raphael Salas was appointed director of the fund. He fully supported the idea that everything in
development was his field; family planning was always in the bottom of his long list of objectives. A lady was invited to become the second in command, Dr. Nafis Sadik, a Pakistani, who had the same philosophy. Although she had worked with the IPPF, she changed completely her mind and became the promoter of what was called “Population and Development Programs”, PDPs, which are practically whole government plans, all tasks of a government are listed as objectives.

Sharpless

Because the linkage of population with development.

Jaramillo

Yes. So, family planning disappears. The UNFPA has wasted several billion dollars in that trash.

Sharpless

I want to come back to that, but we started talking about USAID because we were talking about increased funding to WHO and PAHO. So, at the time you were working in Ecuador, what was going on with PAHO?

Jaramillo

PAHO was receiving more and more money for family planning, and theft funded programs at national level. Our project in Ecuador was an exception, because the money was not funneled through PAHO, but through Columbia University, and for the family planning association through IPPF. For the Ministry of health, obviously, through PAHO.

With the first minister of health everything worked well, because he was one of the pioneers of family planning in Ecuador and one of the founders of the family planning association. But a coup d’ etat changed the civilian president for a military president, a general. A military doctor, a colonel, was appointed minister of health, and he was immediately embraced by PAHO.
The minister announced that all family planning activities should be under the ministry, nothing outside, not even the family planning association, everything under the ministry. The family planning program should not be a program but a function of the MCH Division. No directors, no personnel, no equipment or offices, no independent budget, no advisors. All of this was decided under the advice of PAHO.

**Sharpless**

You have written some very critical of the connection between maternal and child health and family planning. Was this the first time you’d run into it?

**Jaramillo**

No. The first time was in Colombia, when the minister of health destroyed our program, because the political problem but under de advise of PAHO, they tried to take all the money for the ministry of health. They didn’t succeed because I advised the Americans to do the opposite, to give all to PROFAMILIA.

**Sharpless**

I know that you have written about this, but to talk about it, why people try to lump them, maternal and child health together and family planning and why should they not be lumped together?

**Jaramillo**

Family planning is a difficult task, it has many enemies, it has tremendously well-organized opposition. Because of that it requires commitment, logic, identification with the idea. Not all people are prepared for this. A weak organization like ministers of health are not the place for such a difficult function. It requires being invulnerable to legal and political pressure in capitalist countries, where private enterprise is both legal and almost immune.

So, what was the question?
The question was, why do people—well, I asked two things, why do people try to lump MCH and family planning together? And then, why do you think it’s a bad idea?

I believe that there are many reasons, but the key one is to sabotage family planning.

It’s very deliberate

Yes. Very deliberate and very blunt. The second reason is to take control of the resources. In communist countries this is not a point of dispute. By definition the economy of these countries is centralized, the government is responsible for everything because a private sector does not exist, everything belongs to the state. This is axiomatic. And since for many years the WHO and PAHO have been dominated by extremists, communists and the most conservative understand each other wonderfully in the WHO. It is amazing how they work together as brothers. At that time birth control was recognized by both extremes as a conspiracy of the gringos to dominate the world.

So, PAHO basically shut down the work in Ecuador.

PAHO lost this second battle as had lost the one with the civilian minister. The military one had not personal interest in favor or against Family Planning, his only interest was money. USAID had its best population officer in Ecuador, a real pioneer of family planning that has played a great role in many countries and at central level, in Washington, John Paul James. When the minister, Colonel Maldonado, demanded money for him as a condition to tolerate family planning activities, John’s answer was, “OK, let’s give money to him.” He consulted the director of the family planning association, Dr. Marangoni, an
Italian physician who served in the German army during the Second World War and immigrated to Ecuador at the end of that war, very Nazi and conservative. He said “Why not? Let’s give money to the minister and his staff.” The three or four key members of his staff. They were asking for very little money, the minister demanded the equivalent to his salary, twenty five thousand Sucres, equivalent to one thousand dollars, per month. He received this amount in cash, every month in his office, from Dr. Marangoni’s hands. The Planning director, the chief Epidemiologist and the Chief of Supervision received ten thousand Sucres, three hundred and fifty dollars per month.

**Sharpless**

Just to stay out of the way.

**Jaramillo**

Yes, just for saying, “No way” to PAHO. (Sharpless laughs.) But with one condition, that the program in the MOH will be under the MCH Division.

And AID said OK. John asked me to help him in the design and writing of a five-year plan, and we prepared a very good one, very similar to the Colombian one. And we went to New York where we presented it in a meeting of donor organizations. When we were in IPPF headquarters, very close to an agreement to fund the project, a person came from Ecuador to say that that plan was no longer the Ecuadorian plan, that they wanted an MCH plan, with no role at all for the family planning association.

**Sharpless**

Where do you think they came from?

**Jaramillo**

I had no time to investigate details because I resigned and went away, I was excluded from any meeting or source of information. So, when we were negotiating details and all the agencies were ready to support financially and technically the Ecuadorian program, this guy from the MOH came saying that
this was no longer the idea of the minister. We had spent three days in Washington and this was the second day of meetings in New York. The agencies were perplexed and decided not to give a penny to Ecuador. The five-year plan was a stillborn. PAHO had destroyed a very good initiative, a very promising program.

**Sharpless**
So, you were in New York and the rug was pulled from under you.

**Jaramillo**
Yes. When I went to Ecuador they pushed me to transfer the directorship of the Evaluation Unit to the Ecuadorian sub-director. And this guy immediately went to PAHO and asked, “What do you want me to do?” Three years later he was working within PAHO.

**Sharpless**
So, what did you do at that point?

**Jaramillo**
I was promoted to director of the Program Development and Evaluation Section of the International Center for the Study of Human Reproduction, at Columbia University. One of my functions was to supervise the four evaluation units of Ecuador, Brazil, Costa Rica and El Salvador.

**Sharpless**
Tell me about that work.

**Jaramillo**
I went to Columbia University and was there for three or four months. One day my boss, who was a great family planner, Professor Samuel Wishik told me, “We are going to receive a new grant from USAID to organize a new family planning program in Paraguay, integrated to MCH, and probably another in Venezuela and other in Argentina, but under the same approach and under very close cooperation with PAHO.”

My answer was, “Dr. Wishik, PAHO has destroyed two programs that I had built up, those of Colombia and Ecuador, and you want me to go to Paraguay
and Venezuela to repeat those tragedies? No.” “But you have been in meetings with PAHO and you see that they are ready to cooperate with us.” “Yes, but I am not ready to cooperate with them.” So I resigned, because I have never sold my integrity. I preferred to be jobless again. Besides that I had another reason, we had in Colombia a new liberal elected president.

**Sharpless**

In Colombia, the country?

**Jaramillo**

During the electoral campaign he had announced that he was going to restore the family planning program. I immediately thought, I am ready for this, I will go to work in Colombia. I resigned to my job in that great university where I had worked with very important and good people and had a good salary. I went back to Colombia with the hope that I would be able to get the directorship of the new program. Besides that, this time I had some savings and wanted to invest this money. I purchased a beautiful piece of land in the mountains, twenty five miles from Medellín, I built a little and lovely country house by myself, started living the happiest time of my life and took a full year of vacations—1974, totally free of the duties of a job.

**Sharpless**

Do you think you would resigned to Columbia University if there hadn’t been this change of government in Colombia, the country?

**Jaramillo**

Probably yes, because I am unable to work with PAHO, the same way that I was unable to work with the director of the Colombian family planning association.

**Sharpless**

What makes you such a person of principles?

**Jaramillo**

I don’t know. I think that I was made that way since the very beginning. People sacrifice most often because of material possessions, because they do not want
to spoil their economic possibilities. I don’t have such thoughts. So, I lost everything I had. I have nothing, absolutely nothing. Only the contents of this house are mine.

**Sharpless** As a result of what happened in 1983?

**Jaramillo** Yes.

**Sharpless** Well, that’s talk about that, you are a person of enormous principle.

**Jaramillo** I try to be that.

**Sharpless** So, you left a well-paying job in New York City and went back to the mountains of Colombia.

**Jaramillo** I already had an American visa and I had the chance of getting that or another position. I spent a full year relaxed, but at the end of that year I began looking for a job. It was impossible to get a permanent one in the international area. I tried to find one in Colombia, in family planning or otherwise because my savings were going down. I was invited to go to different places, Costa Rica, El Salvador, Guatemala, Honduras and Haiti, I went as a consultant.

**Sharpless** That was for USAID?

**Jaramillo** For United Nations, USAID and IPPF.

**Sharpless** Let me turn the tape.

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

**Sharpless** Okay, in the last minutes for today, talks about that period when you were doing a lot of international consulting. What was the most interesting thing you worked on in that time period?

**Jaramillo** I went twice to Costa Rica. The first time I went with a very high level mission of five people, sent by the Population Division of the UN, to perform an
evaluation of the population situation of Costa Rica and the activities of family planning. We stayed there for one full month, and we visited the whole country. It is a beautiful place, I had the chance of knowing the people as well as the leaders and intellectuals, who are of top quality. At that time the level of contraceptive use was around 60 percent of all women in reproductive age. That was very high for that year.

They have a very good family planning association, they work in harmony in a very civilized way. Everything was very clean, the planning, the management, budgeting and accounting. Not one single spot to be critical of. They have a Coordinating Committee (CONAPO), with fully accepted power to take decisions. It was not only a formality, they were the real directors of all family planning activities in the country. The national Committee of Population had seven members, including the family planning association, the ministries of health, education and social affairs, the Catholic and Protestant churches, and
the National University, seven entities with different levels of power and prestige, working as equals, in the most interesting and impressive way.

So, our report had to be very good. We presented it in UN headquarters in New York. I was then a young man, and two of my companions were very prestigious professors. The Chairman was the director of the Margaret Sanger Research Bureau, another was the director of the Public Health School of Chile. Both gave very good reports about my performance. Due to this, I was selected for a second mission, this time alone, to design a five-year plan for a National Program of Family Planning and Sex Education. I spent more than one month doing it, and was extremely happy when both the Costar Ricans and the UN expressed their satisfaction with my work. I think that was my second best performance.

**Decline of Total Fertility Rate**
**Costa Rica compared with Thailand**

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**Sharpless**

Anything else about the consultancies that you did during that time?
Jaramillo

Yes. I went to El Salvador, the UN asked me to design a five-year plan like that of Costa Rica. When I arrived I met the minister of health and he said, “No, what I want is a plan for a maternal and child health care program, with a component of family planning, and I want this project with a budget of at least seven million dollars per year.” My answer was, “I don’t know how to do this kind of plans, I was appointed by the UN to do this and this, not what you are demanding, so let us talk with them.” I met the UN representatives in San Salvador and decided that I will try to do my best and not to create a problem between the UN and the government of El Salvador.

What I did was to design two programs instead of one, an MCH program and a family planning program, independent one from the other. When I showed the two plans to the UN mission, they qualified them as “wonderful, the minister will be happy.” But the budget was not seven million, only forty percent of that figure. Then I went to the workshop where the documents of the MOH were assembled, and I worked a full night with one employee assembling thirty copies of the document, a 150 pages book. But that person took one copy and went to the house of the minister and gave it to him. He immediately gave the order to the people who had worked with me in the plan not to speak with me anymore. He didn’t accept my report.
Even though it had pleased the United Nations.

The UN was in very good terms with me. The minister complained that I had done two plans instead of an integrated one and with a budget that was only forty percent of what he had demanded. When I went that morning to talk about the report with my Salvadorian counterpart they were in a meeting and no one spoke to me, after all that work. In spite of that, the plans were funded and implemented because the minister was changed. Now El Salvador has one of the best family planning programs in the continent.

So, you were right. They took your report and implemented it after the minister change.
Jaramillo  Yes.

Sharpless  You have done most of your work in Latin America.

Jaramillo  No, it was in the seventies, but after that I also worked in Asia and Africa.

Sharpless  Thinking about, my be this is a question to ask later, it sounds that a lot of the work that you did in Latin America was particularly sensitive, to the very changeable politics in Latin America. How did you negotiate in that constantly shifting terrain?

Jaramillo  I believe that there is no way to negotiate everything. You can negotiate a part, but you cannot negotiate everything. Sometimes it just succeeds, sometimes you have to give up. In Latin America we have a great difficulty because the alliance of the Church, PAHO and communism is still a fact. In Africa the problem is even worse, there the problem is corruption. So, in Africa there is no hope at all. In Asia most possibilities of success depend on the moment and place. There are places where everything is going wonderful and then suddenly
collapse, like Iran when the Shah was deposed. In another moment you find that family planning becomes a priority of the Islamic government of Iran, and in only fourteen years goes from record low levels to almost European levels of contraceptive use and fertility decline. The world record in speed for these changes is Iran.

**Sharpless** Change in policy.

**Jaramillo** Vietnam was similar, now is one of the best. In Asia we have much better opportunities and better environment for demographic change than in Latin America or Africa.

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**Decline of Total Fertility Rate**

**VIETNAM compared with Thailand**

But in spite of that, demographic changes do not depend completely on government policies, not even in family planning programs, the people are the key. The key is not advisors, the key is not money, the people are the key.
The most beautiful and wonderful example of this is Brazil. In Brazil the government never ever has accepted the idea of family planning, the private association is virtual, it really does not exist. It receives money from international donors but it goes to the pockets of its administrators and nothing is done, they steal everything. In spite if that, Brazil has one of the highest levels of contraceptive prevalence and the best method mix, with fifty percent of sterilization. But it is because the people are happy and independent from the Church.
They are almost one hundred percent Catholic, but do not care about what the pope or the priests say about sex and contraception, they have nothing to do with the sexual life of the people. And medical doctors are the same, they may be Catholic but they sterilize women in one out of two caesarean sections. Brazil has the second highest percentage of users of sterilization and the first place in caesarean sections. As a result, Brazil is approaching to the level of fertility of Europe, without a family planning program.

**Sharpless**  Okay. So, you went to Costa Rica and El Salvador.

**Jaramillo**  I went to Brazil and Venezuela for other purposes, to Nutrition congresses.

**Sharpless**  Okay, well, why don’t we stop for today and we will pick it up in the morning?

**Jaramillo**  Okay

*end Interview 2*
Interview 3

Sharpless

Today is July 23, 2004. My name is Rebecca Sharpless and this is the third oral history interview with Dr. Mario Jaramillo. The interview is taking place at his home in Tampa, Florida. It is part of the Population Pioneers Project sponsored by the Hewlett Foundation, Baylor University, and Smith College. Good morning to you, Sir.

Jaramillo

Good morning

Sharpless

We had a very pleasant outing, I thought, yesterday followed by a delicious Colombian lunch, and I appreciate your hospitality so much. Yesterday, when we stopped, we were talking about a period in the late 1970s and early 1980s in which you were doing work in Costa Rica and El Salvador. As you traveled doing those consultancies, how much was abortion discussed in Latin America?

Jaramillo

In general, abortion has been discussed very intensely. In Chile by the pioneers of family planning programs since the 1950s, and later, in the UN Demographic Center in Santiago several studies of abortion’s epidemiology were conducted there and in other countries. We made three or four surveys in Colombia, but the subject at that time was taboo. The public health establishment preferred to ignore the problem and the Church was very discrete also.

The demand for abortion was relatively low in Colombia. For instance, in the maternity hospital where I made my residency in 1961-1964, we had only eighteen percent abortions among total hospitalizations; this means that no more than five percent were induced. Twenty three years later I returned to the
same hospital in order to renew my training, because I had spent so many years
without practicing Obstetrics, I went into the hospital again and was curious
because I was seeing too many abortions. The percentage had grown from 18
to 32 percent of all obstetric cases, almost double. If we subtract the normal
proportion of spontaneous abortions, 19 percent of all hospitalizations were
due to induced abortion, instead of 5 percent in the 1960s. Some audacious
doctors opened abortion clinics in Colombia, in Peru and El Salvador,
probably in many other countries. One of my students in Chicago opened a
clinic in San Salvador that performed ten thousand abortions in four years.

Sharpless
That’s a lot.

Jaramillo
A lot, and I think it is still working.

Sharpless
And he’s been allowed to keep his business.

Jaramillo
Dr. Villarreal opened an abortion clinic in Bogotá that made around twenty
thousand abortions per year.

Sharpless
That’s a huge number.

Jaramillo
And against the opposition of the Church and risking to go to jail because
abortion is illegal, hundred percent, with no exception at all. Not even by rape
or incest.

Sharpless
Or the life of the mother?

Jaramillo
Nothing, it is completely forbidden. The penalty is two years in prison for the
woman and the performer, and four years if it is a doctor or a nurse. But
abortion has been penetrating little by little. A great impulse was when the
curettage syringe was invented at the end of the seventies. It is a small vacuum
extractor, very practical. It is used to perform abortions of no more than ten weeks.

**Sharpless**
Yes, very early stage.

**Jaramillo**
The abortionists invented for that a euphemism, “Menstrual Regulation.”
But it is an abortion. I know that Pathfinder International distributed many thousands of syringes around the world. There is also an organization specialized in providing not only the syringes and canulae but also aspirators. They invented one that does not need electricity.

**Sharpless**
Yes.

**Jaramillo**
Big hospitals in Catholic countries have been reluctant to introduce vacuum curettage, they still use dilation and curettage with metallic curettes, which are a more traumatic and dangerous operation and requires at least one day of hospitalization. When I was at the Medellín General Hospital the second time, in the late seventies, I found a beautiful electric aspirator that was a gift to the hospital. It had been in a basement, still unpacked for three years, because the chief of the obstetrical service forbade using it. The first time that an obstetrician uses it is a great surprise, to see how easy, clean and fast the operation becomes, just with local anesthesia and without hospitalization, just a couple of hours of recuperation.

I asked permission from the director of the hospital to put that aspirator in use and he authorized me to use it and to teach the procedures to other doctors. I also made a little study on cost-benefit and the result was that the hospital could save twelve percent of its budget just by replacing the old technique with vacuum curettage. When this was discussed in the Board of directors they
reversed the permission and the aspirator returned to the basement of
discarded instruments.

**Sharpless**  
There is a sense in which that makes it almost too easy.

**Jaramillo**  
Too easy, the students were amazed. This also makes feasible to perform safe
abortions in doctors offices, not in hospitals where there are so many
witnesses. So, abortion is growing in many countries, and also many have
changed the laws in favor.

**Sharpless**  
Is there anything else about the consultancies that you did in the seventies?

**Jaramillo**  
No, we can switch to another point.

**Sharpless**  
Okay, you decided to go into private practice

**Jaramillo**  
When I renounced to Columbia University and returned to Colombia, the new
president forgot completely his promise of reorganizing a National Family
Planning Program, he was unable to challenge the power of the Church, and he
did nothing, absolutely nothing in population policy. So, I had to look for
another job. My professor of public health was appointed as director of the
Social Security Institute in Antioquia. He still was the professor of public
health in the medical school and his new job was a full time employment. He
came to my home and asked me if I was interested in replacing him as
professor in the medical school. I didn’t accept, the medical school was too
conflicтиве and my tradition in that school was very short. So, I proposed him
rather to create a family planning program within the institute, an institute that
could produce enormous quantities of new acceptors of contraception. He
said; “Let me think about.”
He was a socialist and in some aspects he was a communist, and he believed that social and economic development solves every problem automatically, including high fertility and irresponsible parenthood. Months later he offered me the direction of the main hospital of the Institute, a one thousand beds hospital. I accepted, and when I took charge, I spoke with the chief of Obstetrics and Gynecology Service, and without permission of my boss I assigned two professional nurses to provide information and prescriptions of contraceptives to every woman hospitalized. Then I made a contract with the family planning association through which we began sending all women willing to be sterilized to the clinic I had founded eighteen years before. Six months later we were operating two hundred every month, plus five hundred more every month using other methods. My boss didn’t dare to ask me for explanations because he knew that I had enough reasons to justify that.

I spent three years as director of that hospital and I made a series of reforms, the productivity raised from 35,000 hospitalizations per year to 48,000, we reduced mortality in surgery and improved the evaluation of every service. In 1977 we had a general strike of all medical services in the country. It began in the Social Security Institute but it extended to the whole health system. All large hospitals of the country were closed, the exception was my hospital. This was the only major hospital of the country that was still working. I had 600 doctors and I kept the hospital open with only 120.

Sharpless

How did you do that?

Jaramillo

Leadership. I had five service directors, for Surgery, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Emergencies of top quality, persons
that were not scared in front of situations like this. And with their help I maintained at least 120 physicians working. Ninety percent of the nurses were gone; I replaced them with auxiliary nurses. In spite of these limitations, we had very very low mortality in those days, and we were able to attend all women who demanded obstetric services. But many crimes were committed by doctors and nurses against patients in those sixty days of strike. I took note of all of them and at the end of the strike I had sixty something cases of the most horrible stories, all of them documented with names, dates, circumstances, everything. When the strike finished I sent this information to the president and the ministry of labor Se was a prestigious lady. They ordered an investigation.

But one condition to put an end to the strike was the removal of that lady from the ministry of labor, and the president appointed a conservative minister for that position. This new minister fired all liberal persons in high positions in the Social Security Institute, including me. A week later, by order of the president himself, I was appointed as director of the Research Department of the Institute. But I resigned six months later and open my Family Planning Center of Medellín.

**Sharpless**

Okay

**Jaramillo**

At that time I was also working and studying in the Maternity Service of the Medellín General Hospital. I spent two years there before I opened the center, and in this one I began to make a lot of money. Initially I was the only person, then I recruited a couple of nurses and auxiliary personnel, then two more nurses, and another doctor when I moved my family to the United States in
May of 1980. The center became very prestigious and the archbishop very angry.

Two years before, during a strike in the medical school, a taxi was burned and a paraplegic noon died in the car. The cardinal promised revenge to medical students and professors, he made them responsible for the killing of the noon. In three years thirteen students and professors of the medical school were assassinated. And no one of these killings was clarified and nobody was found responsible. In 1982 and the first months of 1983 my center was visited four times by police without uniform.

**Sharpless** Plainclothes police.

**Jaramillo** Yes. I also had parades of protesters and people making noise. The clinic of PROFAMILIA was assaulted by a mob willing to kill it’s director and one of his employees was killed, his wife was kidnapped and his children threatened in their schools, his car destroyed by them.

**Sharpless** When you say “them”, who were they?

**Jaramillo** The people of the cardinal. He had a little private army that he used to discipline his priests. He was a very violent person; he used violence even with nuns, priests and, of course, with physicians and students. When my professor of public health and former boss in the Social Security Institute was assassinated I received a call, from a person who said that he was very grateful with me because I had saved the life of his daughter and grandchild. He didn’t give me his name but told me that I was on the list of the cardinal, that I was going to be killed as those other doctors. I immediately contacted twenty of the most distinguished doctors of Medellín and informed them about this. “If I am
killed, you know that it was the cardinal.” On March 23rd, 1983, my clinic was attacked by a group of eight people without uniform. I had a gun—

**Sharpless**  When you say attacked, tell me what happened.

**Jaramillo**  My clinic was in a tenth floor and they came to the waiting room ….

**Sharpless**  Were there patients in the waiting room?

**Jaramillo**  Yes, there were at least fifteen persons. The men with weapons told them, “Do not move”, and tried to push the door. They didn’t identify themselves, so I took my gun. I had installed a window with protective glass, with vision in one direction but not in the other one.

**Sharpless**  Right, one-way glass.

**Jaramillo**  I saw them, I closed all the doors and called the police. When in a moment all of them retreated I thought that the police was coming. Then I asked one of the nurses to open the main door. As soon as she opened the door four men came into my office with guns and their leader ordered me, “Doctor, give me that gun or I kill you.” I was so angry that I didn’t obey, and he made me one shot. I didn’t feel anything in that moment, but my chauffer intervened, took the pistol from my hand and gave it to them while saying, “Doctor, they are going to kill you.”

**Sharpless**  I am sorry, I am sorry……. The tape!

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

**Jaramillo**  Then they took me and kept me in my office for four hours, while they look around the clinic looking for papers and instruments, everything they thought that was “evidence.” They were the secret police. I am convinced that they
didn’t go just to put me in jail, they went to kill me, because otherwise, if the
had told the secretary that they were the police; I would have open the door.

**Sharpless**  But as it was, they were just an armed gang

**Jaramillo**  That was what I believed

**Sharpless**  Unidentified

**Jaramillo**  So, that night……

**Sharpless**  They kept you in your office and then left?

**Jaramillo**  They left my office but not the clinic. This happened in the morning. By the
afternoon they had collected several boxes with different things and then took
me, one of my nurses and my chauffeur and brought us to a small jail where we
spent the night. The next day she was sent to a special jail for women, to me to
the main jail of the city and my chauffeur was liberated.

I was accused of doing mass sterilizations. That is not a crime in Colombia.
And of using the Hartman syringe for menstrual regulation. That is abortion
but I used it from time to time, not as a regular service. The prosecutor was the
president of the Christian Family Movement. That was my prosecutor! A
fanatic pro-life person, the leader of the pro-lives. This person was so obsessed
against family planning that in the interrogatory he didn’t try to prove any
crime, he tried only to do me confess that I was a promoter of family planning,
something that everybody knew. So, he deviated himself from the real purpose
of my detention.

The purpose of a prosecutor is to find that the suspect is guilty of the crime,
not that he is guilty of something that is not a crime. But his man was so
obsessed that he thought that to be in favor of family planning was the real
crime. He verified that in the interrogatory and sent me to jail anyway. But fifty
days after my going into jail, I had a heart attack and was sent to the hospital,
with two policemen twenty-four hours of every day inside the room.

**Sharpless**

In constant guard.

**Jaramillo**

Yes. Ten days later I was permitted to go home, and one month later my
attorney told to me, “Doctor, you are going back too jail, it has been
impossible to get parole, so, you are going back to jail and very probably you
will not leave jail alive, so I advise you to leave the country.” Next day I went
to Bogotá and took a plane to Miami. One year later I was declared not guilty.
But I lost my clinic, my source of income, and worst of all, that year, 1983, the
value of the Peso went from 40 pesos per dollar to 200 pesos per dollar. I had
invested in real estate, I had nine different properties, not all of them paid. So,
I had to sell and pay, ad nothing was left for me. I was jobless here for almost
one year; in 1984 I received a call from Cairo, from John Paul James, one of
my students of Chicago. He was the population officer there and he asked me
to go to Egypt and provide assistance to the government for the formulation
of a new Population Policy.

**Sharpless**

Okay. Let me ask you some more things about this time in Colombia. You
moved your family to Tampa in 1980, right?

**Jaramillo**

Yes, in 1980.

**Sharpless**

Why did you decide to do that?

**Jaramillo**

My oldest son had came to the United States when he was twelve, five years
before, in 1975. My second son was willing to come here as well to study here.

Then my two girls said, “we want also to study in the US.” Besides that
Colombia had become one of the most violent countries in the world because of the drug problem.

**Sharpless** And Medellín was the center.

**Jaramillo** Medellín was the center of the drug industry, and Pablo Escobar, who was the boss of the drug dealers, declared war to the government. For your information, Japan has one homicide per one hundred thousand inhabitants per year; the United States has ten; Colombia at that time had eighty, and Medellín one hundred and seventy five killings…….

**Sharpless** Per hundred thousand. Wow, that’s extremely violent.

**Jaramillo** Terrible, terrible.

**Sharpless** So, you wanted to get your family out of there.

**Jaramillo** Yes, out of that. These were the two main reasons for that. My children wanted to study here and I wanted to save them from that environment.

**Sharpless** How did you choose Tampa?

**Jaramillo** Because I still was working in my clinic of Medellín, I worked there for three more years, from 1980 to 1983, and I needed a city close to Miami, but not Miami, with a good university, and we selected Tampa.

**Sharpless** So, when you were going through this violent period in the clinic, was your wife with you?

**Jaramillo** My wife was in Medellín until 1980, since them, here.

**Sharpless** So, you were down there by yourself.

**Jaramillo** Yes.

**Sharpless** That must have been very difficult
Jaramillo  I made it less difficult by working in Medellín two weeks and then going to Tampa for another two weeks to stay with my family. During those 34 months I made 36 trips Tampa-Medellín-Tampa. But it was very painful anyway when I returned to Medellín because they were concerned that I was in very serious danger.

Sharpless  As you were. You mentioned that you have the shirt that has the bullet hole in it?

Jaramillo  Let me show you it

Sharpless  That was before your chauffer took your gun away from you?

Jaramillo  Yes

Sharpless  Why do you suppose he missed?

Jaramillo  It is unbelievable because he was three meters from me. I was in this position…….

Sharpless  Yes, with your gun out, yes

Jaramillo  And the bullet…….

Sharpless  It grazed the left side of your chest.

Jaramillo  Yes. And as you can see, this is the hole of entrance and this is where it came out. The lead is still visible.

Sharpless  You are holding a yellow shirt

Jaramillo  It was white twenty-one years ago (laughs)

Sharpless  And it has a hole in the left chest where the bullet went in and the bullet went out. You were a lucky fellow. What is it like when you receive notice that someone says that they’re going to kill you?
Jaramillo: It is really scary. It is very scary but I always make an analysis of the pros and cons, and I had decided I would work at least a couple of more years, to make a target amount of money, and then never return to Colombia. And since that time I have gone only once.

Sharpless: And now, what about the thirteen professors and students who were killed? Was there a pattern to who they were and their position in the university, or did it seem more random?

Jaramillo: The pattern was professors of communist and socialist ideology.

Sharpless: So, it was their politics.

Jaramillo: Yes, politics. But even conservatives that supported them, for instance, the dean. The dean of the medical school was a very conservative person, but was hundred percent loyal to these professors, and he defended his students. So he was also in the list, and he had to leave Colombia by the night and go to Chile, then to Washington, where he lived exiled for six years, in spite of being conservative and Catholic. I was neither communist nor conservative, but I was put in the list because of family planning.

Sharpless: You mentioned that this was the archbishop's list.

Jaramillo: Yes, it was.

Sharpless: Why did the archbishop care if someone was communist or socialist?

Jaramillo: Because at that time we had a phenomenon in Latin America, named Liberation Theology. The archbishop had been the president of CELAM, Latin America Conference of Bishops. So, he had been the head of Latin American Bishops, and he had to oppose this movement of leftist priest and
theologians who were fighting for the liberation of the people from the tyranny of the Church.

**Sharpless**
Okay, so, he had a lot to fear from the liberation theology. I know that you have written about that. Let’s call it corruption in religion. How well known was it that this official of the Church was causing crimes to be committed?

**Jaramillo**
Because he had committed all kinds of crimes. Are you speaking of the cardinal?

**Sharpless**
Uh, huh

**Jaramillo**
He committed every kind of crimes, not only killings. For instance, he was a homosexual and he abused systematically from the seminarians. It was perfectly known everywhere in Colombia. He also stole the money of the Church. He sold a magnificent building, the senior seminary, and put the money in his pocket. He sold the palace of the curia, the offices of the archbishopric, a very nice old building in a beautiful neighborhood; he sold it for a mall. He demanded that all priests that had very valuable jewels in their churches, like chalices and icons, should send them to him because he was going to open a museum of religious art. So he collected a lot of valuable objects, but he didn’t open the museum, he sold all of that.

**Sharpless**
How was such corruption allowed to continue?

**Jaramillo**
That was not allowed to continue. The society of Medellín, the press, the priest themselves began pushing the president to do something and began to elude the cardinal, they were not willing to contact the archbishop anymore, they didn’t invite him to anything, there were people in the streets parading against him.
Yes, demonstrating

Demonstrating, and finally the president asked the Pope to remove him, and he was removed, he was sent to Rome and there he received a third quality office, a job of minor importance, he is the head of the Office of Family, and he has been in that position for twenty years.

Wow!

He was my age, so, he was a young cardinal, probably the youngest cardinal at that time. By coincidence, from that time we began having assaults to family planning clinics all around the Christian world. I remember of attacks in Guatemala, Colombia, Ecuador, Mexico, Haiti and Central America. I have somewhere his “Plan of Action”, and it includes violence.

Let’s go back to your office. So, you and your nurse and chauffer were arrested. Where did they take you?

They took me to a provisional jail for the first night and put me in a box, like a gorilla, like a monkey…….

Just a little cage

A cage, exactly. The following day I was sent to the main jail and put me in the worst place of the jail.

In the United States, when someone is arrested, he or she is supposed to come before a judge fairly quickly to be told what they are being accused of. Did that happen in Colombia?

No. It is very common that persons spend years in jail without being formally judged.

They are just there.
Jaramillo: Yeah, even people who are innocent.

Sharpless: Okay, when did your wife receive word that you had been arrested?

Jaramillo: That same evening. And she had left Medellín two or three days before.

Sharpless: So, she came back.

Jaramillo: Yes.

Sharpless: So, you had an advocate, someone on the outside.

Jaramillo: Yes. I had a lot of help from my family, but I had no help at all from the society of Medellín. I had worked with feminist women movements. I worked in my clinic at one third of the regular cost, I charged only one third for all my services. I had a system of tariffs for very poor people.

Sharpless: That’s what we call sliding scale in the US.

Jaramillo: Yes, even one tenth. And I was the founder of the family planning clinic of Medellín. But everybody forgot all of that, and nobody moved a finger in my favor.

Sharpless: So, you were in jail but you weren’t accused of a crime because what you were doing was not illegal.

Jaramillo: No. The official accusation was abortion, but as I told you, the prosecutor didn’t investigate this, but if I was or was not promoter of family planning.

Sharpless: And what did you do in those fifty days in jail?

Jaramillo: It was a very interesting experience. Very interesting because the first weekend I was invited to a meeting of the leaders of the eight patios, eight sections of the jail, just as an observer. In that meeting the situation of the jail, its problems and needed for improvements were discussed.

Sharpless: And you still were in the worst patio of the jail?
No. I stayed there only one day. Because the next day the director of the jail came into our patio, and I was there with three other professionals, and this was the patio for young killers, young delinquents. And we were mature people. As soon as I saw the director coming, I went to him and asked, “Why I am here and also these other gentlemen? This is not the place for us, this is a very dangerous place.” His answer was, “Go to hell.” I said, “Go to hell? No. If I am killed here you will be responsible.” “And what do you want me to do?” “Send us to patio number two, that is the place for us.” “No, I will send you to patio number five”—patio number five was for the most prestigious criminals, like kidnappers, serial killers, drug dealers—

Oh, great!

So, he sent us there, and we were very well received, very well treated by the leaders of the patio.

Okay, let me change the tape.

Tape 1 end; tape 2, side 1 begins.

This is the second tape with Dr. Mario Jaramillo on the morning of July 23. All right, so, you got put in patio number five and you were well treated.

In the first week I was appointed representative of the patio in the Committee of Improvements. And two weeks later I was the president of the Committee (laughs). I had opened a workshop for thirty inmates, and for every day they worked they received another day of pardon. Many were looking for a job but the jail didn’t provide enough works, so, when I opened the workshop this increased my acceptance.

How often was you able to see your wife?
Jaramillo: Se went three times only because the jail was horrible. It smells to shit. The sanitary services were a disaster. Then I took the leadership of the Committee, we collected money and installed new toilets, because they were only one hole, no toilets, it was the first priority and the filthy smell disappeared.

Sharpless: It's a surprise they didn't have cholera.

Jaramillo: Yes, but the incidence of diarrhea was very high.

Sharpless: So, after you have been there fifty days you were going to the shop and you had a heart attack?

Jaramillo: When I was lifting a heavy piece of wood, I felt the pain. I was taken to my bed but the director of the jail said, “That is not true, He’s…….

Sharpless: He is faking.

Jaramillo: Yes, he is faking. But again I told him, you are responsible if something happens to me. And there were twenty persons around me who were witnesses. Call my cardiologist, I demanded, and the cardiologist came in just minutes.

Sharpless: Did you already had a heart condition?

Jaramillo: Yes, Coronary Insufficiency, angina. The cardiologist made me an electrocardiogram, but the director didn't accept to send me to the hospital. So, the cardiologist gave him half the tape of the electrocardiogram and said, “This is the proof, take this for you. If this doctor dies, I will accuse you as the killer.”

Sharpless: Okay. So your cardiologist stuck up for you.

Jaramillo: Yes, he was a cousin of my wife. And the guy finally said, “Okay, okay, and called a chauffer and sent me to the hospital in a jeep with two policemen.
And what happened with the nurse and the chauffer?

The nurse spent five months in jail, the chauffer was released after the night in the cage.

The accusation was that she was helping with abortions?

That she was cooperating with a criminal.

So, they took you to the hospital. Then, what happened?

I stayed in the hospital ten days, then I went to my house, and when my lawyer told me that the prosecutor was going to send me back to jail, I took a plane to Bogotá and then to Miami.

How did you arrange a flight out?

My brother in law, my wife’s brother, was the director of the Colombian Tourist Office, a government office, so he had a lot of influence in the airport, he fixed customs and immigration so that I didn’t go through those offices, I went directly to the plane.

Was it a commercial flight or a private flight?

A commercial flight

What happened when you landed in Miami. Where there any questions about that?

No.

How did you feel leaving Colombia and heading to the US under those circumstances?

Well, this was very tragic because I was saying farewell to my country of origin, and especially because nobody was supporting me in the most critical moment.

I was very concerned about my financial situation, but I was optimistic because
all the solidarity of my children. I knew perfectly well that even if I didn’t get one penny, they would be able to sustain the family, and this was what happened. Because I became very depressed, I was unable of looking for a job for almost one year.

**Sharpless** And you had had your heart trouble.

**Jaramillo** Yes. By mid 1984 the government of Egypt asked USAID for an advisor to design a new population policy. Since the idea was President Mubarak’s, it was a very high level mission. And I went to Egypt.

**Sharpless** You were in Egypt for a year?

**Jaramillo** No, just fifty days. Egypt was one of the pioneer countries in family planning, since the early sixties, a very promising country. But in 1970 or 71 it’s program was infiltrated, at top level. A person was appointed as Chairman of the Board of directors, he was a Muslim but he had been educated by the Jesuits in Paris. He was a member of a very prestigious family, very powerful people. His mission was to stop the program. He had worked in UNFPA and got the advice and support of the fund. His main advisor was Nafis Sadik, who was Sub-director of UNFPA. The name of that person was Dr. Azis Bindary. He converted the family planning program in to a “Population and Development Program”, PDP, in which he included everything, all problems of Egypt related with social and economic development. As always, family planning went to the bottom of his priorities. So, there were fourteen years of sabotage.

**Sharpless** Uh-huh.

**Jaramillo** Besides that, USAID had been always supporting Egypt with huge amounts of money for many purposes, including Family Planning. Egypt received greater
amounts of funds than any other country, through what they called “cooperating agencies”, private enterprises that get contracts with USAID.

Egypt was the paradise of cooperating agencies.

**Sharpless** Why do you say that?

**Jaramillo** Because they received the most juicy contracts with no supervision at all. They promised to do this and that and they did nothing. I knew evaluations, done with USAID’s money, which said that everything was perfect. And the truth was that they were doing nothing.

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![Contraceptive Prevalence Growth Graph](chart.png)

**Sharpless** This is a graph comparing Thailand and Egypt.

**Jaramillo** This was the beginning, the prevalence of contraceptive use was going up, from ten percent to almost thirty in five years. Then Dr. Azis Bindary was appointed here, in 1974, and then came this plateau.

**Sharpless** Okay, so, very little going on.

**Jaramillo** Here we eliminated Bindari, and then came ten years of progress.
Sharpless: So, Bindari as executive director really scuttled the program there in Egypt.

Jaramillo: Yes, and then, here, the family planning program was no longer an independent ministry, it was put under the ministry of health, and another…….

Sharpless: Another plateau. So the lesson here is that with a decent minister or a good executive director and not being under the ministry of health, progress can be made much quicker.

Jaramillo: Yes, much faster. So, I went in 1984 and spent almost two months there, working with the population officer and with the candidate to become Bindary’s successor. He was the chief professor of obstetrics and gynecology at the Al-Azahr University. We designed the bill for a new law of Population Policy. The president approved it at the end of the year, and in 1985 I was invited again to design the family planning program, a five-year plan. This time I didn’t go alone, I went with a sociologist of the highest qualifications, Dr. Paul Richardson. When I arrived Bindary was already out and replaced with Dr. Maher Mahran. We worked very hard for one hundred days.

In the middle of this period, a mission from UNFPA arrived and in just three days they brainwashed Dr. Mahran and he transferred the task of preparing the plan to that mission. Immediately the American embassy informed President Mubarak about this. He supported us rather than to the UNFPA mission and gave Mahran the order to dismiss that mission. And we prepared the best document that I have ever made, in part because I had worked with a professional of Richardson’s quality. And this is, without any doubt, the best paper I have ever seen in USAID.
**Sharpless**

What makes it the best?

**Jaramillo**

Because it is hundred percent objective, scientific, no passion, no emotion, no fear, just facts. What is going on, what is needed and how to do that. And besides that, it is thick (Shows it, laughs).

**Sharpless**

Inch and a half or so. There it is, a very thick one, those two volumes, okay.

**Jaramillo**

Produced in only one hundred days. Finally, Dr. Mahran resulted to be a very weak person, very diplomatic. Apparently he was very strong, but in reality he was not. Under pressures of the president and the American embassy he had to produce, and a good program was established in Egypt.

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**Decline of Total Fertility Rate**

**Egypt compared with Thailand**

![Graph showing the decline of total fertility rate](image)

**Sharpless**

This is the fertility rate of Egypt compared with Thailand, it is coming sown quickly.

**Jaramillo**

This is the average number of children by woman. It declined from seven in 1962 to three in the year 2000, less than half.

**Sharpless**

This is a huge decline.
Jaramillo: The reduction of the birth rate is not so impressive because of the growing amounts of young women arriving to reproductive age, but it is clear that the birth rate has descended from almost fifty to twenty eight births per thousand population per year.

Sharpless: So, after Egypt you were very pleased with the work there.

Jaramillo: Very pleased. The idea was that I would return next year as a resident advisor for Egypt, but Dr. Mahran was not very enthusiastic that I would become his main advisor, we had a very sharp contrast of personalities. And he refused to call me as such.

Sharpless: Then, what did you do?

Jaramillo: I had a serious problem because I was very sick of my coronary insufficiency and I had not insurance and no money to pay for medical services. So, one year later, in June 1986 I decided to leave the family, I hated to be a burden for them. I took my second car, a station wagon, I put some things inside and when my wife went to visit one of her sisters, I left the house. I went to California, looking for any kind of work. In a town named Needless someone offered me the job of manager of a motel. I accepted but asked for a week to go to Oregon.

When I was in Oregon I called home to ask for my people, and my wife told me, “John Paul James is looking for you in Washington, he is organizing a new program in the Office of Population of USAID, the Family Planning Logistics Management Program, and he wants you to be in that project.” I communicated with him as soon as possible, and he said to me, “You have a job here.”
Sharpless: So, you felt better immediately?

Jaramillo: I returned to Tampa and then went to Washington, I met the team that was in charge of the program. We worked in the plan for the first five years and I was appointed as employee of the International Science and Technology Institute in the position of Logistics Advisor for Latin America, with a good salary, and insurance!

Sharpless: How was your health at that point?

Jaramillo: Very bad, but it improved a lot when we organized the family in Washington.

Sharpless: What was the International Science and Technology Institute?

Jaramillo: The institute is a private organization that provides technical assistance in different fields to the developing world through contracts with the UN, USAID and other agencies and countries.

Sharpless: Okay.

Jaramillo: I started working in Washington and traveling to Latin America. One of the most important tasks was to organize a Regional office, I was in charge of selecting the country. My criterion was the best family planning program. Obviously, it was Colombia. Colombia has the best program in this continent.

Sharpless: So, all the disruption in Colombia had not disrupted the family planning program?

Jaramillo: Not at all. The government was completely out. It left the responsibility of providing contraceptive services to the private sector, and PROFAMILIA has been quite able to do that. At the end of this presentation I will show you how Colombia is a clear example of private program.
So, Colombia would be a good place to set up the regional office headquarters then?

Yes, I organized it in PROFAMILIA, with the personnel of the main clinic cooperating with the two assistant logistics advisors. We divided the countries of Latin America and the Caribbean among the three of us, so I multiplied my capacity by three. This was the first task, and after that, with the help of my two assistants, I had time to go to other countries in Asia and Africa.

Okay. I noticed from your notes that you had “Forty five temporary appointments in six years.”

We will see that in detail a little later. Another important task was to reorganize the family planning logistics office at the USAID’s Office of Population in Washington. The mission of this office was to distribute from fifty to sixty million dollars in contraceptives to forty-five poor countries.

And that’s every year? Sixty million dollars would provide a lot of couple-years of protection.

Yes. Apparently this is not a lot of money, but the price that the pharmaceutical industry gave to AID was extremely low, for instance, the retail cost of a cycle of pills in those days was fifteen dollars, the price for AID was one dollar.

Wow!

The price in the market for an IUS was twenty-five dollars, for AID one dollar and five cents.
You bought a lot of protection for that.

Yes, the amount of contraceptives was quite large. One condom was around one dollar, and the price for AID was four cents and a half. So, with this little amount of money it was possible to purchase a lot of contraceptives. But we had a tremendous problem in Washington, because all those contraceptives have an expiration date. If they are not sent rapidly to the recipient countries they can be lost. And the warehouse belonged to a community of Catholic priests, the Maronites Fathers.

(Laughs) Where was the warehouse?

In New Windsor, Maryland, because the Office of Population is located in Washington. The contraceptives were produced in Alabama, New York and other sites, but instead of sending them to the countries, were sent to the warehouse of these priests in Maryland and remained stored for many months, even for years. And the holy fathers received a payment three times higher than the ordinary cost of storage.

What we would call the going rate.

Yes, three times. The person in the Office of Population responsible for the distribution system of contraceptives was a high rank professional, an Italian American, Catholic, who had organized a system of sabotage with the fathers owners of the warehouse. Contraceptives for Mexico were sent to Bangladesh, contraceptives to Pakistan were sent to Chile. And they tried to maintain the warehouse as full as possible and not to move the merchandize, to make more profit. So, the probability of expiration was pretty high. John Paul James asked for my advice, he was the second in command, subordinate to the Italian
American. My advice was to destroy the Italian, to make him disappear, and maybe you will be promoted to his position. The way for this is to conduct an evaluation study and to show what is going on to Dr. Gillespie, and if he doesn’t take action, we will bypass him and send the report to the director of USAID. So, we prepared the report and Gillespie fired the Italian.

**Sharpless**  
So, he took action.

**Jaramillo**  
Yes, he took action, but appointed as his replacement a Jesuit priest.

**Sharpless**  
Uh, huh, huh. (Laughs)

**Jaramillo**  
Father Karl Hemmer. He was no longer in the practicing priesthood. He let John Paul and me to implement our plan, but he was very slow in taking decisions, but at least he let us work. A computerized information system was established, distribution became faster, efficient, cheaper, and precise, and the commodities were sent mostly from the factories to the countries directly, so the commodities were fresh.

**Sharpless**  
So, you were adding many months of life onto the commodities by shipping them straight from the factory.

**Jaramillo**  
Father Hemmer took charge of the Washington logistics office and instead of promoting John, expatriated him to the Ivory Coast one year later, and all my countries, except Peru were given to my assistants and I became almost blocked. I was the most senior of all advisors, but they used young people without knowledge or experience rather than using me.

**Sharpless**  
But you keep going to Peru. You told me yesterday that you went to Peru eighteen times in six years.
Jaramillo: Yes, The Peruvians really loved me, and I love Peru. They didn’t accept any other member of the team. But in spite of this, I had the chance to go to twelve countries in those six years, from 1986 to 1992.

Sharpless: In Latin America?

Jaramillo: No, in Latin America, Asia and Africa. I want to show you some details of my work in those countries.

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**Contraceptive Prevalence Growth**

**Honduras compared with Thailand**

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Sharpless: Okay. Honduras.

Jaramillo: The first country I visited as Logistics Advisor was Honduras. It is a very poor country, has a mediocre family planning organization, both in the government sector and in the private one. But the people are so desperate that they are demanding contraception and accepting the offer, so, they have progressed.

Sharpless: Yes, they have made substantial progress.

Jaramillo: Not so much as Thailand, which has probably the best program in the world, but they have made some progress. When I went to Tegucigalpa I was received
by the population officer, a lady, and she commanded me, she gave me the
order, to produce a report very negative against the family planning
association. My answer was, “How can I produce a very critical report if I just
arrived and don’t know anything?” “I need a very critical report for the
association, it is an order.”

**Sharpless**
And she was a government employee.

**Jaramillo**
Yes, she was a member of USAID mission. I made a very careful evaluation of
the ministry of health and the family planning association, and I found that
they were working very well with their limited resources, and this is what I
wrote in my report. But I discovered that this woman was a Catholic fanatic,
she was using her position to sabotage the family planning program. I
performed this mission with an expert from CDC who was a close friend of
her. He didn’t agree with my report and we had to produce two separate
reports, he produced one as requested, and I wrote one recognizing the effort,
the quality of the workers, their productivity and the trends of progress in
family planning use and in fertility decline.
Sharpless

The decline of fertility looks good

Jaramillo

Then I was sent to Brazil. I had been a good friend of the director of the family planning association, BENFAM. He was a gynecologist. I went to study their needs for contraceptives. When I arrived to the main office in Rio de Janeiro I found that it was too small for an institution with a budget as large as theirs. Then I requested to see the main clinic, but they were very reluctant to let me go there. So, I didn’t insist, but I investigated where the clinic was located and the next day I went there with my two assistants. I found that it was a very small house with only two rooms, the size of this one. There were piles of papers covered with dust. The only person there was a young girl, she identified herself as an auxiliary nurse, and no customers at all. And we went at eleven in the morning. There were no signs of work of any kind, and it was the main clinic. The main clinic of PROFAMILIA in Bogotá receives no less than one thousand customers per day and has a building of five floors.
Sharpless: Goodness!

Jaramillo: The person in charge of the Evaluation Unit in BENFAM had been my second in Bogotá when I was director of the Colombian Evaluation Unit, a sociologist graduated in Chicago. He discovered that BENFAM really does not exist, it is nominal, exist only in papers and budget. He had to leave Brazil because he was going to be killed, he knew too much. At that time BENFAM was receiving seven million dollars every year, mostly from the IPPF. It is unbelievable that IPPF London and IPP New York tolerated this situation for decades. My friend the director and a small group of core staff received these donations and paid to a few accomplices for preparing reports about courses, seminars, workshops, with receipts from hotels, transportation, professors, lecturers, but nothing of that had happened, all was invented, pure fraud. While Colombia institutions inserted around seven hundred thousand IUDs per year, BENFAM reported six thousand that very probably were also imagination. In spite of all this misery, Brazil has been a miracle in birth control, because this people is very happy and like to enjoy life and do not pay attention to religion as a guidance. They are religious as a tradition, but not in conviction, so, as you see, Brazil is comparable to Thailand, without a program.
Sharpless  The contraceptive prevalence growth has been enormous in the last thirty years.

Jaramillo  The decline of fertility is also almost equal to that of Thailand

Sharpless  Anything else about Brazil?

Jaramillo  Yes. I went to the warehouse and I found around three hundred thousand IUDs, all of them expired. Three hundred thousand is equivalent to fifty years of stock for BENFAM, and an IUD has only five years of useful life, before expiration.

Sharpless  Enough IUDs for fifty years and they were already expired?

Jaramillo  Yeah. The CDC advisors in contraceptive logistics had been visiting Brazil for around twenty years, this was one of their favorite countries, and they had seen nothing. When I went for the first time I discovered all of this. So, I made my report to USAID-Washington. They didn’t let me go to Brazil anymore. And this pattern was repeated in one country after another. Countries of which the
CDC people have said that everything was perfect, I visited them and it was a disaster. I can show you many more examples.

Sharpless  
Okay, let me stop, change out the tape and take a break.

End Interview 3
Interview 4

This is the fourth interview with Dr. Mario Jaramillo. It’s July 23. My name is Rebecca Sharpless and we are in Dr. Jaramillo’s home in Tampa, Florida. This is a part of the Population’s Pioneers project, sponsored by the Hewlett Foundation, Baylor University Institute for Oral History and Smith College.

Okay, Dr. Jaramillo, you were telling me about going to Brazil and finding warehouses full of unused contraceptive commodities, and that CDC (Centers for Disease Control) had been sending people down there for years and hadn’t done anything. Why do you think that CDC had not done anything?

I arrived to one conclusion: these persons do not represent the level of professional quality of CDC. CDC is an excellent organization and has great professionals, but this group devoted to advising USAID and recipient countries in family planning logistics was not very competent. They had two persons in the top positions that were very qualified, one a Demographer, the other a doctor in public health. Judged by their knowledge and experience the two of them were excellent, but they were not good managers of personnel, they were very tolerant. Besides that, the whole group of eight enjoyed very much going to nice places, like the Caribbean, Brazil and Chile; in general they were negligent and irresponsible. I do not mean that all of them were equal, no, there were great differences among them. So, as members of CDC they were much below the standard level, they were more bureaucrats than persons identified with the mission of improving logistics systems and much less improving the welfare of the people in developing countries.
A good professional needs not only training, knowledge and experience, he or she needs also motivation, identification with the mission of the organization, the program or the profession, and these had not much of that. When we started working in parallel with them, in 1986, because they had a group of eight and we had twelve, they were a little uncomfortable, but little by little accommodated to a more demanding way of working. There were frictions, but in general we worked more or less harmoniously.

**Sharpless**

So, you submitted your report on Brazil. Did you write a formal report?

**Jaramillo**

Yes, I made a full report, and again nothing happened. No one was made accountable for the wastages, nothing happened. Let’s see another country. Peru.

**Sharpless**

Peru, okay

**Jaramillo**

Peru was also infiltrated by family planning enemies, especially a very important one, the director of USAID mission in Lima, and Italian American, fanatic Catholic. His purpose was to make the greatest possible damage to the family planning program of Peru. According to the agreements signed between the governments of the US and Peru, his role was to help, but what he actually was doing was sabotage. The family planning association of Peru was a mediocre organization, but its director was ambitious, he wanted to reinforce and make it as powerful as the one of Colombia. The director of USAID-Lima was “looking for diversity, for competition, not hypertrophy” and decided to create many little things. When he arrived the first time there were eight independent family planning organizations, completely unmanageable. There was no way to coordinate activities, a lot of Executive directors with high
salaries. So, the disease of the Peruvian program was fragmentation, division.

In spite of that they were making progress.

**Contraceptive Prevalence Growth**

**Peru compared with Thailand**

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**Sharpless**  Yes, they made good progress on their contraceptive prevalence.

**Jaramillo**  Because the people strongly demanded contraceptive services. And also the government of President Fujimori was enthusiastic, he was able to challenge the Church. The church was very active against the program but Fujimori rejected Church’s interventions publicly and with strong words, and during his government the program grew.

**Sharpless**  Yes, it’s been a steady upward climb.
And fertility is going down, from seven children to two and a half

That is amazing

That is a lot of progress

It is a lot of progress in thirty years.

No, in forty years.
Okay, Morocco.

I was sent to Morocco to look at a problem of the Morroccan program. They use almost only Pills, almost nothing of other contraceptives. And besides that, marketing studies showed that they were receiving more contraceptives than they were consuming, in several consecutive years. And the people of CDC had not produced any explanation for that phenomenon. The Jesuit priest sent me to Morocco to look at that.

He sent you and said, “Mario, go and figure it out.”

I arrived to Rabat, studied documents, shipments, consumption data, and asked permission to go to Casablanca and see the warehouse. The population officer at the embassy said, “No, it is not a good idea to go to Casablanca.” But he had no explanation for that, just that he was very busy. I responded, “I can go alone, it is not necessary to go with you, I can go by myself.” “No, it is not well seen here.” I thought that something very strange was going on. Someone
in the ministry of health invited me and asked me to bring some liquor,
because Muslims cannot purchase alcoholic beverages, for them to drink is a sin.

So we had a session of drinking, and he told me that the warehouse in Casablanca was a tent in a field of sand, not a floor, and that millions of cycles of pills were there for years. I filled again his glass (laughter) and he gave me complete information about that. Next day I went to the director of the USAID mission in Rabat, not to the population officer but to his boss, and asked him permission to go to Casablanca in order to verify that issue. He said, “I will let you go tomorrow.” The following day I went again to his office and he was not there, he had left a message for me saying that I should discuss that with the population officer, not with him.

He, again, didn’t let me go. I wrote all of that in my report, but I am completely sure that it was true because the man of the drinks made a very detailed description of the tent, the amount of boxes saturated of water, the size of the holes in the tent, and the amount of cycles, five million.

**Sharpless** Uh-huh! It’s five million dollars worth of stuff, and many couple-years of protection. So, what happened?

**Jaramillo** I wrote my report, and nothing happened. I didn’t go anymore to Morocco. The next year a statistician without any experience in family planning, just a French-speaking statistician, was sent to calculate the amount for the provision of contraceptives for the following five years.
Despite that, they have had fairly growth in their contraceptive prevalence and the fertility rate is coming down.

Yes, they have had a good progress. Now let’s see Senegal.

Very, very low prevalence rate
This country is a disaster. Senegal has a government completely dominated by the Catholic Church and a Catholic prime minister. The family planning association is totally blocked and limited. Its director is a doctor educated in Paris and his philosophy is that the objective is to produce top quality services, no matter if it is in very tiny quantities, quantity is not important. In spite of that the average number of children has declined a little.

![Graph showing the decline of total fertility rate in Senegal compared to Thailand](image)

That is progress.

That is, but at the same time mortality has came down much more, so the population is growing faster and faster, in spite of that fertility decrease.

Now, what did you do in Senegal?

I went with John Paul James, the population officer of Cote d'Ivoire and we produced a beautiful report, this one.

That is another one inch and a half report……..

We went to study the family planning program in general and especially the provision of contraceptive materials to the population and the needs for the next five years. Senegal was receiving a lot of money from USAIS and was
about to receive seventeen million from UNFPA. We found that family planning services were almost non-existent, that instead of going up the amount of services provided by the government, they were going down, from very low level to almost nothing. At the same time they were receiving growing amounts of money every year.

So, we wrote this document and we presented it, as it is the rule, to the director of the USAID mission, in Dakar. The day before leaving the country, the day we held a meeting to discuss the report, the director demanded to see the report in advance. We sent him a copy and he became terribly angry, ferocious. He was so angry that one of his subordinates called us apart and said, “We are going to have a very stormy meeting, because Mr. (I don’t remember his name) will destroy you. He is decided to crush especially Dr. Jaramillo.”

So, we went to the meeting, John Paul made a short introduction and then I presented the results of our study, and when I said that “Senegal was five years ago in this point of contraceptive prevalence, now it is in a lower point. The production of contraceptive services is going down; in only twenty years with these trends the prevalence will be zero and the production of contraceptive services will be below zero. I said this precisely because I knew that he was very angry.” (laughs) I wanted him to explode as soon as possible, and he exploded.

He said that I am not a scientist because science does not let us to make predictions, science is based on facts only, not in assumptions. Obviously, this is not true, science is precisely the tool for predicting facts based on what has happened, and I presented a lot of examples. His reaction was trying not to let me
to speak, to interrupt. But all the people who were in the room, especially his own staff, were on my side. He was not even the director, he was the Assistant-director, in charge of the directorship. Anyway, with this huge report, we stopped this enormous investment of money in Senegal, and the United Nations didn’t give the promised grant.

Sharpless

So, people actually took this one to heart.

Jaramillo

Yes. This is the population growth of Senegal compared with the Netherlands.

Sharpless

It is growing tenfold in one century.

Jaramillo

Yes. Do you imagine, the Netherlands, such a powerful country will be half the population of Senegal in the middle of the twentieth-first century.

Sharpless

With Western Europe actually declining fertility, and Africa……

Jaramillo

Going up.

Sharpless

Going up enormously, yes. Cote d'Ivoire.
Jaramillo

This is another tragedy. As I said before, John Paul James was expatriated to Cote d’Ivoire. It is a horrible place to live. Abidjan, the capital, is a nice city in the downtown, the suburbia are miserable, are hell. There is no other place comparable to these neighborhoods full of poor people in the most miserable houses, almost naked, with thousands and thousands of naked children in the filthy streets, with nothing to eat. Besides that the nation is divided in two regions, one Catholic in the south and another Muslim in the north. Their relationships are very hostile, they are in almost a civil war. In spite of this terrible situation, John was able to motivate the private family planning organization and the government and he organized a very well conceived program, with my help. I went three times, the first one to make an evaluation of the whole situation, the second to design the program, and the third to design a system of specialized family planning clinics for the main cities. When this plan was being implemented the United Nations Fund for Population Activities, UNFPA, came and offered millions of dollars if the program was converted into a Maternal and Child Program. The government didn't resist the temptation, the accepted the UN money, cancelled the program we had
prepared, asked the embassy to remove John and never invited Mario again.

Now they are enjoying a lot of money and the family planning program disappeared.

**Sharpless**

The use of contraceptives is almost nil.

**Jaramillo**

To reach an acceptable level of contraceptive use they will need one full century.

**Sharpless**

So, what is happening to the population of Cote d'Ivoire?

**Jaramillo**

It is growing at three percent per year that means that will multiply by two in twenty three years and by sixteen in one century. Probably that will not happen because mortality will go up. It is going up already.

**Sharpless**

Okay, let me turn the tape.

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

Nigeria and Pakistan are in the worst two places in demographic terms. Nigeria has received hundreds of millions from donors, and as you can see, the progress is nothing.

Sharpless

Yes, it is almost nil.

Jaramillo

I went to Nigeria in 1992. In the last eight years they had received 120 million dollars from USAID alone. Remember that the budget of the Office of Population in Washington was at that moment 450 million, so, 120 million is a lot.

In Nigeria I found seventeen “Cooperating Agencies” with contracts of technical assistance. Providing technical assistance to a program that does not exist. I interviewed the ministers of health of nine of the twenty states in which the country is divided. I was received in all of them in rooms where clearly someone had removed the dust from chairs and tables, but the cleaners didn’t do their work properly and the accumulation of dust was still visible. This would not be very serious problem if it had happen in one place, but that happened in ALL minister’s offices, including the Central ministry of health. That means that no one was working in those offices, for months, perhaps years.

I saw many other signs of lack of government. In downtown Lagos is a great parking lot full with hundreds of vehicles of the army, all of them without tires. When we went to see the warehouse for contraceptives, I found forty-eight new Toyota SUVs without tires and completely invaded by weeds, and the canvas tops destroyed by fungi. These vehicles were there for two years. In
such a poor country they let forty-eight new Toyotas to be destroyed and vandalized.

**Sharpless**

Just by neglect. With the US and other nations pouring money into Nigeria, why has nothing happened?

**Jaramillo**

Because all these advisors from all those agencies that are receiving at least half that money, report that everything is okay and advise the decision makers to keep going. If they advise the opposite, they lose their contracts.

**Sharpless**

All has to do with money and lack of accountability

**Jaramillo**

Nigeria is the most corrupt country in the world, and USAID was contributing to the corruption, through these seventeen cooperating agencies, all of them based in the United States. They had twenty-seven permanent advisors. An advisor usually is an expensive employee. CDC was trying to establish a management information system for the family planning program, during twenty years! All their reports say that the information system is working very well. When I went there I asked the advisors of CDC and Pathfinder Fund for the information system for six or seven items, how many family planning clinics reported new acceptors of contraceptives, how many acceptors, what kind of contraceptives and the consumption of condoms, pills and IUDs. I gave them one week, and they were unable of giving me that so basic information.

**Sharpless**

If someone were to give you all the power of the world (laughter) and say, “Fix Nigeria”, what would you do?

**Jaramillo**

What I did and what I got without all the power of the world. (Laughter) Because I was very lucky finding someone like the director of USAID in
Nigeria. When I gave him personally my report he was so surprised, he felt that he had been deceived.

**Sharpless**
And he had been deceived.

**Jaramillo**
Yes, of course. My meeting with him was half an hour before a great meeting with all of those permanent advisors plus the staff of his office, plus around thirty other advisors who were not permanent. So, it was a great meeting, gathered to receive my report and to hear a proposition of the central government for the creation of 15,750 family planning and MCH service delivery points. Representatives of other donor countries and international agencies were present in the room as well.

**Sharpless**
That is a huge number of outlets.

**Jaramillo**
In one month that I spent in Nigeria I visited nine out of twenty states, and I found that not only the offices of the ministers were theoretical, virtual, also hospitals and health centers were just in paper, many had no personnel at all. Many received their salaries but never go to work. Some time in a large hospital I asked to an auxiliary nurse how much did she receive as salary. The poor girl looked at the two chief nurses and didn’t answer. I repeated the question and she again looked at the two chief nurses. Then I asked to one of them why that girl was unable of answering. Her response was, “Let’s go.” She didn't answer to me either. When I investigated this I found that every government employee has to pay a part of his or her salary to his/her immediate superior. And it is through the whole scale, since the bottom to the top, all have to pay. These two nurses didn’t answer me because the true answer was, “They do not know how much their salary is because they never receive their salary complete.
Jaramillo

That’s the situation in Nigeria and in most of Africa.

Sharpless

So, what happened to the plan of spending one hundred more million dollars?

Jaramillo

Let me tell you my key comment in this huge meeting. It was that the average productivity of every service delivery point in Nigeria, according with government plan, was equivalent to inserting an IUD every forty days, and the productivity of the less productive half was equivalent to inserting an IUD every six months. And I added, “What is being recommended is similar as if McDonald’s had a plan to open 15,750 restaurants in Nigeria to sell a hamburger every forty days and in half of them a Pepsi every six months.”

Sharpless

That is an excellent analogy. Makes it very concrete.

Jaramillo

So, the director of USAID-Lagos congratulated me for the report and stopped all of this. The main receiver of money in Nigeria was the International Science and Technology Institute, to which I belonged, it was the main profiteer from this situation, so, when the contract was cancelled they took position against me. If I were an ordinary employee I would note jeopardize the interests of my company, even if they were stealing the public treasure. But this is the kind of thing that I am not able to do.
Sharpless  It is coming down but not much.

Jaramillo  Even in the worst places it is coming down.

Sharpless  Down from seven to five.

Jaramillo  Because the high and partially the middle class are using contraception.

Sharpless  This one shows the growth of population in Nigeria, It is very, very fast.

Jaramillo  From thirty million in 1950 to almost three hundred million in 2050

Sharpless  It will have almost as many people as the United States does now.

Jaramillo  In just one century.
Pakistan is another disaster. It has one of the oldest family planning programs, and initially it was very promising. I had six Pakistanis in my course in Chicago, very good students, they were very motivated. Pakistan in the sixties had a Ministry of family Planning that was a great advantage. But in 1975 the United Nations Fund for Population Activities advised the Pakistani government to abolish the Family Planning Ministry and to put the program under the ministry of health. After the International Conference of Population of Bucharest, in 1974 they invented the” Population and Development Program”, PDP, that gives, theoretically, the responsibility of promoting social and economic development to population programs. So, the growth of contraceptive prevalence is almost nothing in spite of millions and millions of dollars received in donations, almost nothing. And what is more tragic, all of this has been monitored and sponsored by the subdirector an then director of UNFPA, Dr. Nafis Sadik, a Pakistani, and she always said that this is the best approach.
The development model, instead of……

When I went to Nigeria she had been there one month before, and had advised the Nigerian government to study very carefully the program of Pakistan, the model of Pakistan. Can you imagine Nigeria following the example of Pakistan? (Laughter).

So, what were you doing in Pakistan?

I went with a very strong group of four to make a history of the Pakistani population and family planning situation for USAID-Washington, because Pakistan had been a great frustration for half a century.

They have put lots of money into it and not much has happened.

Yes, and USAID was willing to help Pakistan. So, we produced another big report. They abolished the Ministry of family Planning but later, as there was no progress under the ministry of health, they moved the program out of it and put it under the Ministry of Planning, in a relatively autonomous agency of very high rank, The National Commission of Population and Family Planning. I went when this was the situation. Even if the program is autonomous, the health system still has an important role in the provision of contraceptive services, but there were a tremendous rivalry between the MOH and the National Commission.
Sharpless: But the fertility is dropping, down to four.

Jaramillo: As I said before, almost everywhere it is going down

Sharpless: But the population is growing

Jaramillo: Compare the population of Pakistan with the population of the United States. We have social problems, poverty and hunger, then imagine what can happen in Pakistan.
Sharpless: You have made a number of comments about the Christian church, particularly the Roman Catholic Church in family planning. What has been the role of the Islamic establishment in family planning?

Jaramillo: The Islamic establishment has changed in several places and has been constant in other places, so, in time and geography are differences. In most poor Islamic countries just nothing happens, no one takes the initiative of establishing birth control programs in Yemen or Afghanistan. But in other countries, that are rich, even with no program, contraceptives are penetrating, like in Kuwait and Arab Emirates.

Sharpless: Is it fair to say that elites have contraception in any country in the world?

Jaramillo: Yes, definitely

Sharpless: So, what we are really talking about is services to the poor?

Jaramillo: In countries, like Egypt, Pakistan, Bangladesh, the history of family planning services is completely different. Bangladesh has been more stable and efficient than Egypt or Pakistan; Egypt has been fluctuating, sometimes it goes well, sometimes it’s a disaster, and Pakistan is a permanent disaster. I will read this, a tragic-comic dialogue with the minister of health of Pakistan in a meeting of our mission of four persons with him and his staff.

I said, “Mr. Minister, what is your ministry doing in order to reduce the number of undesired pregnancies in Pakistan?”

“Nothing. We are doing nothing because for that purpose the National Population Commission was created.”

“Don’t you believe that the fertility of Pakistani women is excessive and undesired by them?”
“That is not our problem. If it is a problem, it is the problem of those women.”

“Then, you believe that excessive and undesired fertility is not a health problem?”

“No, I don’t believe that it is a health problem”

“So, the death of 26,000 Pakistani women every year due to pregnancy, delivery, puerperium and abortion is not a problem for you?”

“My dear Doctor, Death is a fact of life, as normal as to be born.”

Sharpless  (Sighs) Goodness!

Jaramillo  We have seen through vital statistics that most mortality rates are going down; health is improving almost everywhere, with one exception, Maternal Mortality. It seems that the life of everybody is important, except the health of pregnant women. Pregnant women die of pregnancy and it doesn’t matter. There are differences of level in all types of rates around the world, but the greatest differences, as you see, are in Maternal Mortality. Birth Rate has a minimum of 9 and a maximum of 50. Total Fertility in Hong Kong is 0.8, in Gaza Strip is 7; Maternal Mortality in Greece is 2, in Rwanda 2,300.

Sharpless  Wow! That’s a lot. Let me change the tape.  

_Tape 1 ends, tape 2, side 1 begins._

Sharpless  All right, this is the second tape of the fourth interview with Dr. Mario Jaramillo on July 23. Okay, go ahead, we are looking at maternal mortality statistics for the world.
Jaramillo: I never forget that I am an Obstetrician and that the poor women of Medellín were who gave me the first lessons of family planning, and women in general have been my permanent concern.

Sharpless: And all the worst figures are in Africa.

Jaramillo: Yes, the worst situation is in Africa because the highest fertility is there, more births per woman than in any other region. So, even if Africa has only one eighth of the world population, they have half of all maternal deaths, Asia has almost the other half, the Western hemisphere only 4.5 percent....

Sharpless: And Oceania and Europe almost nothing.

Jaramillo: Less than half percent in Europe, and one tenth of one percent in Oceania. But the explanation of this misery, of this lack of interest for saving the life of women is clear. This kind of things does not happen because this is the will of God, that happens because there is a reason below that. And I believe that the reason is that the medical profession refuses to recognize that pregnancy is not a physiologic situation, but a disease. Very probably I am the only physician that says such a blasphemy. I said this in Senegal and the chief of the Health Office in the USAID mission became angry with me and actually sustained that to say that was a blasphemy.

Pregnancy is the worst of all sexually transmitted diseases, more lethal than AIDS. Three million people die from AIDS every year. But every year 600,000 women die of pregnancy, several millions become sick due to pregnancy, three million babies die before, during and immediately after delivery and ten million fetuses die every year. Another important point is that AIDS has been killing people for twenty five years, pregnancy has been killing women and children
for two million years, and even so, the medical profession still does not understand, is not even aware of that.

Every minute 11 persons are infected with AIDS; every minute 380 women become infected with pregnancy, every minute 110 women suffer a pregnancy related complication. Every minute one hundred women have an abortion, half of them in unsafe circumstances. Most men in all cultures see pregnancy as a sublime function, and doctors refuse to call pregnancy a disease. If you look at the natural history of any disease, you can apply every item to pregnancy.

**Sharpless**  
Everything related to a disease, uh huh.

**Jaramillo**  
One of the largest chapters in the book of International Classification of Diseases is that of obstetrical diseases. And medicine had to invent a specialty, Obstetrics. If pregnancy is not a disease, why a specialty in pregnancy?

Okay, Bangladesh. When I speak of this country I cannot avoid emotion, I am no longer a pure scientist. (Laughter) Bangladesh is one of the poorest countries of the world, it is so miserable that it makes you cry. And they are such a good people, the poor people are good, the middle class are good, the professionals are excellent, the workers are hard workers, people of many, many qualities. And they have established a relatively good program of family planning.
Sharpless: Their contraceptive prevalence rate is coming up significantly. Okay, what did you do in Bangladesh?

Jaramillo: I went because all donors of contraceptives had notified Bangladesh that they were not going to give them more contraceptives five years from that one. It was 1991. I went with my son to prepare a plan, based in the expected market of contraceptives, the deficit created by the retreat of every donor, and the improvements of the method mix in order to reduce the need of contraceptives as much as possible and at the same time increasing the number of users, which can be obtained with more sterilization and less reversible contraception.
So, we had to study the performance of the ministry of health and the diverse private organizations and their needs. We produced a report with recommendations on what could they do to guarantee that their population will be not deprived of contraceptives, and for the donors not to remove the help before they were ready. This was one year before my retirement, I don’t know exactly what happened after that, but looking at the statistical figures, it seems that the progress continues and had not a crisis with the retirement of donors.

Sharpless  
Okay, Mexico.

Jaramillo  
Mexico was the country that received the greatest amount of contraceptives from the United States in the 80s and 90s. So, Mexico was the most important country for our project.
And contraceptive prevalence is growing substantially.

Yes, but Mexico lost ten years in hesitations and discussions. The people of Mexico were against birth control until the seventies, when we had already organized family planning programs at national scale in most countries of Latin America. They started late but they took the problem seriously.

The Social Security Institute covers more or less half the population of Mexico and it is a powerful institution. The Institute had a chief of Maternal
Health, a very prestigious gynecologist, he became the director of the National Family Planning Program, and he did a great job.

**Sharpless**  
Um-hm. And the fertility rate is coming down, to almost two children per woman.

**Jaramillo**  
Yes, but their mortality is also very low, and because of that they keep growing and exporting their demographic excedents to the US.

**Sharpless**  
So, they have done some things right. What did you do in Mexico?

**Jaramillo**  
I went also to make a five-year plan for contraceptive supplies by USAID. We had information that they were demanding enormous amounts of contraceptives for the next year, much more than needed, according to our previous deliveries. They had also reported that they had almost no contraceptives in stock, and that didn’t coincide with our data. I went to Mexico and discovered that their central warehouse was almost empty, but I also discovered that one-week before my arrival they had removed almost all they had at central level to the middle level.

They had removed millions of condoms, hundreds of thousands of IUDs and several millions of cycles of pills. I looked at the distribution information. The only thing they had in that enormous warehouse, in a discrete place, were 6,300,000 cycles of oral pills, all of them expired! Six million three hundred thousand cycles, all of them expired!

**Sharpless**  
That is very disappointing.

**Jaramillo**  
And when I saw that I went to the population officer of the American embassy, and when I told him this, he became very angry, but not with the Mexicans, but with me. These employees believe that they are very powerful
and they can scare whoever was going to speak with them, so the only way to stop him from saying stupid things was for me to say, “You are responsible for this because one of your functions is to be aware of how our money is used. These six million cycles are worth seven million dollars of the American treasury, and at the price in the U.S. it is close to one hundred million. Someone has to be responsible for this disaster, not me.”

So, I produced a report and the recipient, the director of the Office of Population in Washington also became very angry with me, and immediately dispatched one of his assistants to Mexico to check if I was saying lies. One week later we had a meeting to listen his report. He said that he had found only 3.3 million expired cycles in the warehouse, not 6.3.

**Sharpless**

Only 3.3? A difference of three million!

**Jaramillo**

So, I asked him what happened with the other three million? His answer was, “They already burned them.” The authorities of Mexico City had forbidden burning six million at the same time due to possible damages to the environment. As I expected, the Office of Population didn’t let me go to Mexico again.
Okay, Bolivia is the poorest country of South America, right?

Yes. I went to Bolivia to estimate the needs for contraceptives for the next five years, and I found that they practically had no program of family planning.

They were receiving millions of dollars from USAID but they used this money, theoretically, to improve maternal and child care services, not for family planning. In family planning terms, the Bolivian Reproductive health Service is not worth 50,000 dollars, but it had received 9.5 million dollars in five years, five million in 1991 only.

I have with me the most shameless report I have seen in my life, about Bolivia, where all the disasters of Bolivia are described as success. For instance, instead of creating contraceptive services, they were in a plan of “Institution Building.”

One, two, three, four, five, six, seven different institutions, among them four different NGOs.
Jaramillo

Some of these health NGOs supplied a few hundred condoms per year. Can you believe that distributing a few hundred condoms justify receiving half a million dollars? Examples: The ministry of health distributed 197 cycles of pills and two thousand condoms in three months, in the whole country. San Gabriel Foundation distributed 66 cycles of pills and 342 condoms during three months. At the end of two years the Social Marketing Program of Contraceptives had sold thirty two thousand dollars of contraceptive materials, at a cost of 1.4 million dollars. The evaluation report recommends that the previous offer of USAID, of 5.5 million dollars to the private sector, should be increased to 10.4 million, and finally, the “evaluators” recommend that, taking into account the success of the Reproductive Health Project, it should be extended for two more years and increase it’s budget from 7.2 to 16.6 million.

Sharpless

That’s the recommendation of USAID?

Jaramillo

No. That is the recommendation from the evaluators for USAID. And the USAID-La Paz representative was happy. When I discovered his happiness I made a tremendous scandal. So, this was my last trip to Bolivia.
Fertility is going down to four per woman by now.

Yes, they have reduced two and a half children per woman. Private doctors and the commercial system of contraceptives, the pharmacies have obtained that decrease.

Fifty four percent from private doctors.

More than half. By the ministry of health twenty-nine. Instead of congratulating me for denouncing this, the Office of Population in Washington became furious with me and I couldn’t go back to Bolivia any more, especially because I made a presentation to all the leaders of those organizations in which I said that they had not a family planning program at all.
This is one example of recent success, Vietnam began organizing its program after the war, in the 70s, and look where they are now.

Just over two per woman

Close to Thailand.

Look at Iran. They began in the 60s but the program was abolished when the Shah was ousted, but the Islamic government in 1980 decided to reorganize the program, and now Iran is also very close to Thailand.
Sharpless: Very late but very good. Okay, these are all the places where you went?

Jaramillo: Just since 1986 to 1993. There are others.

Sharpless: I think we’ve talked about most of those, that’s good. Now, you mentioned that, out of tape, that you had two heart attacks that last year.

Jaramillo: No, I had one in 1992. Also one before and another after that one.

Sharpless: Where were you when you had your heart attacks, because it sounds that you were traveling a lot.

Jaramillo: I had the first one in 1983 when I was in jail. The second in 1992, in the winter, I was looking for my car in the parking lot of the subway station in Gaithersburg, Maryland, north of Washington DC, in the middle of a snow storm. I was getting cold, tired and scared because I couldn't find my car and the station has no place to get refuge. I was feeling more and more pain; finally, when I found the car I went inside, closed the door but I was unable to drive. I had to drive for twenty minutes to get back home. I was there for half an hour and finally I drove home. When I arrived I called a colleague of mine, he advised me to go to the hospital and I went.

Sharpless: And then, the third one?

Jaramillo: It was here in Tampa. It was in the night, I was in complete rest when I felt the pain, and I made the diagnosis again because the pulse and the blood pressure were going down. I called an ambulance and my cardiologist performed an angioplasty, cleaning the obstructed artery, and this time there was no damage because the blockade was timely removed.

Sharpless: Okay, let me remove the tape.

_Tape 2, side 1 ends; side 2 begins._
But he told you had to quit, right?

Yes, my doctor in Washington practically gave me the order to quit, but I was willing to fight my last battle. I had accumulated a lot of very strong reports and had the hope that President Clinton, who had been in power only a few months would do something to change the situation, all this horror that I have been describing. I decided to spend until the last penny and, since I had no work to do, no trips and nobody demanded me to do anything, began writing papers and when my situation with my bosses became more difficult, I saw that I had to resign in a few months. I was willing to use these months and my last reserves of money to inform the government about all the mistakes and negligence of USAID's Office of Population, both in Washington and in all countries I had visited, advising the director of AID, the inspector general, the president and the vice-president that the only solution was to change all the staff in the Office of Population at central level.

When you report you are looking at your statistics, lots of waste of contraceptives, lots of waste of money.

Yes. For instance, the market of condoms in Bangladesh is in red colors, the donations of USAID in green. And they were not the only providers.
In Egypt even worse

In Haiti even worse than in Egypt.

The same in Tanzania

In Kenya,
In Zimbabwe

Sharpless
A great disparity, for a country that consumes three million condoms over one hundred million were shipped. Perhaps trying to stop AIDS.

Jaramillo
Yes, but condoms themselves do not stop AIDS, they have to be used, and to promote the use of condoms is tremendously difficult. The consumption of one hundred million condoms in Zimbabwe means that half the population is using condoms. And no one has been able to increase the use of condoms more than one percent per year in a developing country. So, to reach this level they need fifty years.
Jaramillo

Look how different is it for a country with a good family planning program, like Colombia, they do not ask for such amounts and does not receive as many.

Sharpless

They don’t send as many as could be used.

Jaramillo

Yes, only the amount that is needed, because there are other providers in the commercial sector, all condoms have not to be donated.

Sharpless

That’s right.

Jaramillo

In Mexico, more or less the same.
And Thailand, another good program, look at this.

They are not shipping condoms to Thailand. Yeah.

These examples of USAID, UNFPA, World Health Organization, CDC and other groups incompetence in contraceptive logistics management were reported by me and included in a document entitled How to Prevent Massive Destruction of Contraceptive Commodities, and I sent it to 150 members of the Congress, to the high staff of USAID, to the president and vice-president. My boss forbade me to send letters and these papers again to these authorities, and when I disobeyed I was suspended from my job for a couple of months. At that time I was extremely sick of my coronary insufficiency and following the advise of my doctors, I resigned and retired.

So, you sent lots of letters, and at that time you needed to scale back and let them happen?

No, just the opposite. I contracted a lawyer because I was sure that I was entitled to sue USAID and ISTI because I was very well of my heart when these problems became critical. I had been operated twice with excellent results, but due to all this stress I had to be operated for a third time, so I had very good arguments. But my cardiologist told me, “If you sue you will
certainly die, you will not resist the stress.” So, I just resigned, sent another wave of letters and reports, and came to Tampa.

**Sharpless**

You know, now there are laws to cover what are called whistle blowers, but I don’t think those existed in those days.

**Jaramillo**

They existed. That was the term my bosses began using with me, and it gave me a lot of power.

**Sharpless**

But the laws were not in existence. We have a little more time, would you like to talk about your conclusions that you have written? I have a copy of them. It’s a lengthy document, so we can’t read it all, but if you can just hit the high points, it’d be great.

**Jaramillo**

The conclusions are divided in the following topics: My Mission in Life, The Demographic Explosion, Overpopulation, Birth Control, Pregnancy is an Illness, Opposition to Birth Control, Programs of family Planning, and The Future. [pages 34–43 of original draft, interview 4, have been deleted; see file—ed.]

**Sharpless**

Perhaps as a way of conclusion, you could explain me why did you call your memoirs that you wrote *Memoirs of a Don Quixote*. You have a beautiful Don Quixote stained glass in your library, and a statue of Don Quixote and Sancho Panza over there.

**Jaramillo**

These are my memoirs.

**Sharpless**

Why, how do you compare yourself to Don Quixote?

**Jaramillo**

Don Quixote was a scholar, he studied so much about knights, the poor people, people who suffer, that he decided to abandon the tranquility of his home and to go to fight for poor women, poor children, poor people. He was a little crazy because he belonged to a class family so he had many chances to
realize himself, but he preferred to spend the rest of his life looking out for the good of other people. I am honored of being compared and comparing myself with Don Quixote, because at the end he returned to his home very poor, very castigated, but with good memoirs, very good memoirs. So, this is why.

**Sharpless**

Well, you’ve been very generous with your time, and we really appreciate it, Dr. Jaramillo. And we look forward to finish up the transcripts with you. So thank you, sir.

*end Interview 4*