Population and Reproductive Health
Oral History Project

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Daniel E. Pellegrom

Interviewed by
Rebecca Sharpless

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Watertown, Massachusetts; Waco, Texas

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Narrator

Daniel E. Pellegrom, M.Div. (b. 1944) has been president of Pathfinder International since 1985. Founded by Clarence Gamble, Pathfinder provides reproductive health services in nineteen countries in Africa, Asia, and Latin America and receives funds from and receives funds from the U.S., Swedish, and Dutch Governments, as well as from other donors. Pellegrom also directed Planned Parenthood affiliates in Maryland and Tennessee.

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

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Bibliography and Footnote Citation Forms

Audio Recording


Transcript

Today is October 28, 2004, and it’s a great day in Boston following the Red Sox World Series victory last night—

Bravo!

(laughs) My name is Rebecca Sharpless, and this is the first oral history interview with Mr. Daniel Pellegrom. The interview is taking place in the conference room at Pathfinder International in Watertown, Massachusetts, and it is a part of the Population Pioneers interviews. We’ll be talking about Mr. Pellegrom’s distinguished career as a population pioneer. So thank you, sir, for being with me on this important afternoon.

Thank you very much for the conversation. I look forward to it.

Well, just to get started today, tell me a little bit about where you grew up and where you came from.

I grew up in a little town in Michigan, called Three Rivers, where I spent most of my childhood. And it’s just a small southwestern Michigan community of about eight thousand people, directly south, about twenty-five miles, of the university town, Kalamazoo, Michigan.

I think the first conversation I ever remember about the issue of population
growth was an uncle, who remained interested always in the subject and does to this day, and my father, sitting and having a conversation. These—these two men always enjoyed each other’s company, and they were talking about—I don’t know if I was ten years old yet, but they were having a conversation about population growth, and I have some vague recollection of that conversation as the first conscious moment of the subject, although I don’t think I spent more than a few seconds thinking about it for another ten or fifteen years.

Sharpless And so you went to school at Western Michigan?

Pellegrrom Yes, I went to college in Michigan. Right after college, I went to graduate school at Union Theological Seminary in New York City.

Sharpless Now how did you decide to make the leap from Michigan to Union?

Pellegrrom Well, there was a combination of things that sort of led to that.

Sharpless What was your denominational background growing up?

Pellegrrom My religious affiliation was Presbyterian, and I was somewhat active always in my church community growing up. My parents were regular attenders and we were as children, my brother and I. I didn’t do youth fellowship on Sunday evenings and stuff, but I went with my family to church on Sunday morning, and I usually went to Sunday school and that kind of thing.

I went to college, though, not at all sure what I wanted to do, but there was always an inclination, I guess, of wanting to do something that was human service or social change or somehow the intersection of those in some way.

I was very interested—went through a brief period in which I thought I was going to do something about reforming prisons, as a teenager. And
went to visit—my father was a public school teacher for the early part of his life and then switched in his forties to business. But he had an old student who had become, I guess, the assistant warden at Jackson State Prison, a large prison in Michigan. And I was very curious—spent a day with him, for instance, as a sixteen or seventeen year old, wanting to kind of get a feel for what that was. I was intrigued by that kind of thing.

Went to college—unimaginatively, to the nearest state university. Times were different. I don’t know that I looked at many other schools. But while I was there, I was much influenced by a man named Minorou Mochizuki, who now lives in Denver, Colorado, and was, when I first met him, a campus chaplain at the university who later became a professor and spent most of the rest of his career teaching at the university. He had been in one of the camps during World War II as a Japanese American, in fact the one that detained people the longest.

And I became intrigued by this man, because he had a visceral sense of social justice. I would say that I had an interest up to that point, in an apolitical way, in human services, and I think what he did was to mobilize a political understanding and create a context for me of that.

He took a group of us to Chicago—I think when I was a sophomore in college, between semesters—, to stay in a settlement house. We worked, did some painting and that kind of work, for a few hours every day. And then we also listened to lectures of people from the city planning commission and people who worked in the sort of street academy kind of thing in the city. At that time I really had started to think I wanted to do some kind of
an urban—understand that this was during the time that the civil rights movement was going on in the South—very interested in all of that and the mix of all of that.

**Sharpless** How affected were you, for example, by the riots in Detroit?

**Pellegrom** The riots in Detroit were actually after I moved to New York, just after. Very serious. But yeah, right, that was just about then. In 1966, I graduated from college and by then knew that I wanted to go to divinity school—understanding again that in those days I associated, at least, the religious community very much with social change. I associated it with the civil rights movement. I had become interested in the anti–Vietnam War movement by now, and when I went to New York I initially thought I would go to—I was also interested in urban stuff, so it was a combination of—it was also a way to get the city. I thought about Chicago, but when I got admitted to Union, I decided, Why not New York?

I sometimes jokingly say I moved from a town of eight thousand people in the Midwest to Manhattan, to 122nd Street and Broadway. College was in between, and so I guess it’s not exactly the same as having come right from that town, but I did.

At Union Theological Seminary—influenced again by Min Mochizuki to some extent, to take at least a look at divinity school—I became very interested in the urban issues, quickly very involved in the anti–Vietnam War stuff.

Union was a place of fervent social change and had been for a long time. And I selected it in part because [it was] known to be a liberal
Protestant seminary, interdenominational. Its , and its history goes back to—[it] was a Presbyterian school in the 1800s when one of its faculty had challenged some notion of life after death or something that was offensive to the Presbyterian church, and the Presbyterian Church in America called for his being disciplined. And the seminary’s position was, We stand with our professor on the grounds of free speech and free thought and disassociate ourselves from the denomination. So it’s always had that sort of spirit, and it was an amazing place to have gone to school for three years.

And lots happened in that time. I was Union’s delegate to the student council at Columbia University in 1968, and then that led to my being elected as president of the student council at Columbia in 1968, and (laughs) of course that was the year that the students took over the buildings. I was beaten up by the police, placed under arrest in fact, but they never arrested us. I mean, they moved us—first day, the students were not inside the building, but along with a lot of the faculty members we sort of linked arms outside of Low Library on Columbia’s campus and the police pushed us down beyond the paddy wagons and sort of into New York City to get rid of the first one—they wanted the people inside the buildings inside the paddy wagons, I suppose. But I will never forget the night.

That particular night and the events around it were a very influencing moment, because it was the recognition of deciding to place one’s locked arms between the police and protesters, which was in itself a declaration of something that was important. Nick Van Hoffman from the Washington Post called a story in that night. He was being chased by police when I and some
others waved him into our building. We recognized him because he’d done
other stories on the subject in the several days leading up to the police bust
on the campus. Anyway, we invited Nick into the building, and he called—
in those days—I guess one would e-mail it now, or a cell phone, but he
called a story into somebody at the Post who was presumably writing it
down for him, and he talked about the Detroit riots from the Student
Council office. He said, “I covered that”—in that conversation he said he
covered the Detroit riots and the Newark riots, and he’d never seen as
much police brutality, and he used the words: The police have riots on the
campus of Columbia University tonight.

It was a fascinating time. And the anger, the police attitude—I wrote an
article at the time for Social Action Magazine, a funny little journal, and. And I
think I made the statement in that article that the police saw the students at
Columbia University as privileged and spoiled students that they were going
to teach a lesson to that night. And it was all about the war in Vietnam.
From the police perspective, they and their sons, or they and their nephews,
had been exposed to being drafted, and the kids at Columbia had the
dererments, and there was an injustice in that, from their perspective. There
was an abuse that was going on in the culture that they were for one at least
brief night going to be able to correct. It was an outrageous moment.

Of course, before that was over Archibald Cox was named the—they
had the fact-finding commission at Columbia. And I testified for two days
when the Cox Commission began its testimony. For the first two days, I
and several other former student council presidents and two or three editors
of the *Columbia Spectator*, the student newspaper, testified for two days to the Cox Commission.

And years later I saw Archibald Cox on an airplane, and I looked at him a second time in a way that he didn’t recognize me, but I did him, and he got up from his seat on the plane. It was most unusual, because normally I don’t remember ever seeing somebody get up from his seat on an airplane, and [he] extended his hand and said, “Have we met?” And I told him that not only had we met, but that I had testified at these hearings. And I said, “I was, frankly, quite intimidated,” and he chuckled and said, “I cannot imagine that I could intimidate a soul!” (laughter)

Well, anyway, it was quite charming. In any case, it all seems a long time ago, but was very important in kind of forming my thinking about what social change was about and what its obligations were. Sometimes I think that what I learned at Union Theological Seminary I might have learned doing graduate studies in other places, but did learn at Union Theological Seminary, is that social change is not something you do for a few years and then go on with your life. It becomes your life work if you’re serious about it. And I think that lesson was learned at Union in a very real and important way. And I translate it to the movement where I spent most of my adult life now, and think about the progress that we’ve made but how frail in some respects that progress is, and how it must be constantly defended, and how much time is consumed holding ground already won, and how complicated it is to gain new ground, and how slow that really is. It is sometimes highly frustrating, but real, and probably the way social progress is always won.
Let me ask you a couple of other questions about Union. Now this had a notable faculty over the years. What professors influenced you the most?

Well, there were several, I think, that were influential. Roger Shinn in Christian ethics, social policy was a significant influence. He was very much the product of Reinhold Niebuhr, and I had the privilege of hearing Niebuhr speak as a guest lecturer on a number of occasions and meeting him. He was not well by the time I was there but was still very much a presence. C. Eric Lincoln was also quite influential. Some of his work on the black church, the black experience in America, the importance of the black church in the civil rights movement—some of that was very interesting to me. I actually met Dr. [Martin Luther] King when I was at Union, had the privilege of meeting him the night that he gave—later on in that evening he gave the speech at Riverside Church in which he expressed his opposition to the war in Vietnam.

It seems odd now, but at the time he was widely criticized—the African Americans criticized him because they thought that just about the time he’d come to really have influence with political figures like [Hubert] Humphrey and [Lyndon] Johnson and so forth, he put it all at risk over the war in Vietnam. And so he was criticized by them: Why has he done this? Why has he moved to an international issue that’s only going to provoke controversy and more opposition? The domestic—I think it had something to do probably with his ultimately winning the Nobel Peace Prize. But nonetheless, it was a very kind of important evening.

Also that evening, I sometimes say that the second best speech I ever
heard was given that evening after Dr. King’s speech. Henry Steele Commager, the historian from Amherst College, spoke, and he simply got up to the podium and said something like, “Ladies and gentlemen, I hope you have enjoyed witnessing a moment of history,” and sat down. I mean, it was just kind of a marvelous ego eject statement. It was a very special evening.

When I began at Union, I thought that maybe what I wanted to do was do urban—I thought maybe I’d go right to law school and do something in urban—in my mind, I needed to work for the private sector. Again, outside of the public sector, but trying to influence it.

And pastoral ministry was not an option?

Was an option, but it probably wasn’t where I was headed. I had actually thought about it, but probably wasn’t where I was headed. And so I began, but I quickly learned that I didn’t want to go to law school. By the time I left Union, as I approached the end of Union, it was uncertain what I wanted to do.

Paul Todd had been a congressman in Michigan in the mid-1960s, and I worked in his political campaign in a very minor way as a college student while I was living in Kalamazoo and studying there. I introduced him, in fact, at Western Michigan University at some sort of a function at the student center when he came as our congressmen. I actually introduced him, but I don’t even think he remembers that. I knew him slightly and liked him, and I meanwhile had gone to New York and he had meanwhile been defeated in Congress and had come to head national Planned
Parenthood with Alan Guttmacher. Alan was sort of the ambassador-at-large and president, and Paul the chief executive officer.

And an old friend, in fact a Presbyterian clergyman, David Ramage, who took an interest in me back in Michigan, called Paul up and let him know that I was in New York and studying. And Paul called me up and this was while the Columbia stuff was going on. He called me up when we had maybe met three times. The third time, I think, that I met with Paul he introduced me to Alan Guttmacher, and he asked me if I would consider coming to work at Planned Parenthood. I was interested, but I remember saying to him, “But I don’t know anything about family planning.” And I remember him saying, “You’ll learn.”

I was interested in the population issue in the kind of broader sense. This was also at the time people were talking about population growth as a significant, worrisome issue. It was during this time that—and part of the student ferment that Earth Day was first—sort of just before that, was leading up to that. Anyway, the Planned Parenthood Federation of America was looking at how its affiliates, which had traditionally served lower-income patients and welfare recipient patients typically, but were increasingly facing the pressures in some instances of serving a young population. I remember particularly—it seems like ancient history, of course, but I remember Berkeley, the MacArthur Boulevard Planned Parenthood clinic in San Francisco, and complaining about—suddenly, not because they weren’t welcome, but what do you do with all these college students that are now coming in for services and in effect displacing welfare...
and lower-income people who don’t feel at ease with all these young college students?

Well, those kinds of issues were emerging in Planned Parenthood, and so they employed me to ask me to come to work. Actually, the day that they actually pinned down what the job would be and what I would do, I had an interview—to go back to your question about parish ministry—I later that day got on an airplane and flew to Cincinnati, Ohio, and by the end of that evening was invited to be the third person on the staff of a very interesting church in Indian Hill, in suburban Cincinnati, working with a man named Luther Tucker and a man named Paul Long. Luther Tucker was a board member at Union Theological Seminary and knew of me. Anyway, after a few days of considering, I decided that I wanted to do the Planned Parenthood work, and I never left it.

A charming little story. I later got to know Alan Guttmacher quite well and spent a lot of time with him. I always have to be careful the way I tell the story, too, because you could offend some people, but it tells you something about Alan, and I always found it a charming tale. He had introduced me not dozens of times, but maybe ten or a dozen to people by saying something like the following: Dan here went to divinity school and studied for the ministry, but he decided to help people rather than pray for them, so he went into family planning. (laughter)

Alan was actually the son of a rabbi and had an identical twin named Manfred, and he and his twin brother were raised in Baltimore. His twin brother Manfred was a psychiatrist by training and an old drinking buddy of
H. L. Mencken in Baltimore, and some of the stories of those times are really quite rich. I had the privilege of traveling with Alan and spending a fair amount of time with Alan for a couple of years. And he was a remarkable character in this field, kind of viewed in a kind of mythic way in a place like Baltimore. But he left Baltimore to go to head the OB-GYN department at Sinai [Mt. Sinai Hospital] in New York City and then came from there to Planned Parenthood, and I think extended to Planned Parenthood the credibility of his prestige as an academic physician and as a well-regarded and respected clinician but also as an author and lecturer. And so in that period of time, into the sixties and into the seventies, I think Planned Parenthood extended its visibility and its credibility because of Alan’s presence.

**Sharpless**

Describe him for me.

**Pellegrom**

Describe Alan? Well, the most memorable thing about Alan—maybe not the most important—is that he had an amazing ability to be very personal with his audience. So that when you would meet people who, as you talked to them you discovered that they barely knew Alan at all—they’d heard him give a lecture once, or, you know, they didn’t know Alan well—but. But they didn’t say, “I heard Alan Guttmacher give a speech,” they would typically say, “I knew Alan Guttmacher.” And it’s because they did. It’s because in some way he was able to let you feel like you knew him.

To an audience of two hundred or an audience of two, he would reveal things about himself that were charming. Little vignettes, whether it was just—delightful memory of his—the awkwardness of his father, the rabbi,
taking him on a walk in the Baltimore neighborhood in which he grew up to discuss with him, when he was reaching puberty, to discuss with him sex. And his discussing his father’s awkwardness was just charming. He had an ability to communicate that was quite special.

I also admired the fact that he was very direct about his views on things, a very progressive man and open man, open to criticism, open to suggestion and yet a man of his time as well. You know, Jeannie Rosoff told a story about Alan taking her to dinner at one point when she was running the Washington office of Planned Parenthood. She assumed that since no performance review had been formally done on her, that the purpose of this dinner was to discuss her performance. And I don’t remember exactly how the story goes, but she said something like, I suppose you want to talk to me to criticize or critique my performance. And he said something like, Oh no, my dear, I wouldn’t think of it (laughter), or) Or something. It’s just this sort of different times—interesting.

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

Okay, so why do you think you took the job at Planned Parenthood instead of going into the ministry?

Oh, I suppose it was because I was fascinated by the idea of working with both Paul Todd and Alan Guttmacher. It also had to do with the fact that I was fascinated by New York City, and while I’d just spent three years there as a student, I wanted to experience it as a real adult. It was as simple as that, to some extent. But it also had to do with a sense that when I was in college,
I came to the conclusion—I started to say this earlier and I sort of stopped myself, but late in college I decided, I'm going to get myself a divinity school education and then a law degree, and I'll get the National Council of Christians and Jews and the National Council of Churches or something like that to help me set up a law practice, which you'll say resembles Legal Aid or something. But this was before I knew anything about Legal Aid, and maybe before it existed. I decided that that would allow me to raise money, and I would attract young, idealistic lawyers to give two or three years of their life before they went out and started to work for serious money to help do things like represent people in urban neighborhoods against landlords and stuff of that sort.

Well, as I look back on it, I wrote the job description, I just didn’t have the issue right. Most of my life I have been running an organization where I had to find the money and the resources and put together the people that made that happen to allow the organization to deliver services to people. And the services were not legal services, the services were family planning. But I sometimes think it’s sort of odd to think that as a junior or so in college, I kind of knew what it was that I wanted to do. I didn’t know what the issue was yet, but I sort of knew what I wanted to do. And I also always believed that the thing about family planning that kept me here—the thing that attracted me to family planning—maybe is the grand issue of population in some way, as I said. I quickly, after I got there, discovered that the people I liked the most and that I trusted the most and admired the most were the people that were very much interested in less the abstraction
of population growth and more the particular of caring for people and
empowering women, and the social change side, really, of the equation.

Sharpless  

So not demographics.

Pellegrom  

No, I wasn’t, finally. I mean, I may have been at the beginning. But it wasn’t
what held me. I think what held me was the degree to which family planning
is the ability to allow people to take control of their lives in a different
kind—but it’s important to say it’s not just the service delivery. It’s that
aspect of social change, or changing the equation of enabling people to take
a measure of control of their lives that they didn’t previously have. I think
what held me—not maybe what attracted me, but what held me—to family
planning was that while at some level it still satisfied a side in me that sees
the issue as global, in the particular it transformed people’s lives. How much
more concrete, how much more specific—in fact, how much more intimate
can virtually any service be than helping people address their reproductive
lives, and to gain a measure of control over that? And it was that that’s really
been always gripping to me.

Sharpless  

Um-hm. Okay, so the position you were hired for was director of college
programs?

Pellegrom  

Yeah, for two years that’s what I did, and I worked with a variety of Planned
Parenthood affiliates for short periods of time—almost as a consultant in
helping Planned Parenthood affiliates work with colleges and college
students.

Sharpless  

Okay. Did that program exist before you started?

Pellegrom  

No.
Okay.

No, I still was—

But you created it.

I created it.

Okay. So tell me what you did.

Well, I did a lot. I'll give you maybe two or three illustrations. There was an extraordinary woman, Maggie Bridwell, at the University of Maryland, College Park—a physician, one of seven, as I recall, in the infirmary staff. And Maggie called me one day—in fact, as I recall, it was on the twenty-third of December in whatever year it was, and I went to see her the next day. Christmas Eve. I was, in fact, with family on Christmas break, but I went to see her on the day before. She gave up time on Christmas Eve to see me and we talked about what her problem was, and her problem was that she was trying to serve patients at the University of Maryland, College Park, who needed family planning care. Only woman on the staff. All the other physicians—most of them retired military, all but one retired military—would refuse people any family planning care, and refuse them on the basis that they were judging their being sexually active. And in addition, her assessment was that they were angry as well that the students were so uniformly opposed to the war, and they'd come out of the military. And she was wonderful.

And what she was trying to figure out—I mean, several physicians in her own practice on campus wouldn't speak to her, except as they had to, because of her willingness to provide to these kids. Her reaction was, if you,
on an American university campus, if you’re interested in providing health care, the two most frequent things you’d be addressing—and this was the late 1960s—the two most frequent things you’ll be addressing, she said, are the common cold and people’s birth control needs. And if you’re not going to care for those two issues, why would you be a physician on a college campus anywhere in the United States? Anyway, what we did there was to talk about getting the—to expose all this in the school newspapers and to create a ferment on the campus that would compel the student health service to respond to student needs.

We did something somewhat similar in the case of—the Planned Parenthood affiliate in Iowa had me—that was one of the first places I also visited, and they were working through some of the same issues, and also in San Francisco. This sort of then took off and a number of Planned Parenthood affiliates as we began to work with several—a number of them began to either try to figure out how to put a mobile unit, that is to say, sending in on colleges that refused to see students to put in a team of people who would see them, that maybe Planned Parenthood provided and kind of subcontracting—thought of as a mobile college clinic, kind of thing. So with some Planned Parenthood affiliates we worked to do that. My goal was always to try to get the Planned Parenthood affiliate either from the beginning or at least to build towards getting the university to take responsibility for its students and its own health services. I always felt like that was the ultimate goal, was to get the college health services to address the issues. What happened to me in the process is that I visited affiliates,
and I became persuaded that I really would like to go run one of those affiliates. So, within two years I was off to Memphis.

**Sharpless**

Well, before we do that, let me ask you a couple more things about the college program. Were they mainly delivering oral contraceptives at that point?

**Pellegron**

Yes. The oral contraceptives were very commonly—actually college students were requesting, and that was a frequent, primary request of students, and common at that point. It was only for a very short period of time, but it was becoming common. Much more controversial then, and maybe still is—I don’t think it still is, but it may be—that much more controversial occasional request for IUDs [intra-uterine device]—especially among women who had never been pregnant—was much more controversial.

Now, to go back to where we were, we’re also talking about 1969, ’70s, up to that period. It’s about the time that the laws changed in New York State and in several other states, prior to *Roe v. Wade*. *Roe v. Wade* didn’t happen until January 22, ’73. But *Roe v. Wade*, of course, didn’t happen in a vacuum. There were about fourteen states that had changed their abortion laws to be more progressive: New York State and Washington, D.C. and maybe a couple of other places, Hawaii, it seems to me, had been the most kind of progressive. But Oregon and Colorado and Maryland and a variety of other places had rolled back previous statutes with respect to abortion during this time. Some of the states had residence requirements, and some didn’t. Increasingly what was happening in the United States during that period was that both Planned Parenthood affiliates and to some extent
college health services, faced with doing pregnancy tests, confirming pregnancy in the instances where the tests were positive—were now faced with a decision about, Do we refer patients for procedures out of state? Sometimes these were kids that hadn’t traveled extensively, or maybe college students, but they’re probably going to college at their nearby university, and the idea of boarding an airplane or something for a medical procedure was a pretty scary thought.

And so there was a growing amount of problem pregnancy testing in counseling centers, attached very often to the Planned Parenthood affiliates, but sometimes to universities that were growing up and around the country and referring patients, so that was also going on. This was also about the time that the first family planning legislation was being introduced, Title X, I think it was Senate Bill 2801, and the Tydings Bill—but interestingly enough, as you probably know, the Tydings-Bush Bill. The House co-sponsor was the first President Bush—the Tydings-Bush Bill moved through the Congress [and] I think became law in 1970, or maybe at the end of ’69. The first funding was in ’70. But it was the first categorical funding for family planning. There had been a little bit of funding in the old War on Poverty stuff back in the earlier sixties, mid-sixties, mid- to late-sixties, that had begun funding family planning in limited ways. All politics being local, we are sitting in Tip O’Neill’s old congressional district, and he was famous for that phrase. It was also the time when funds for family planning on the international side were first being appropriated in the Congress at about the same time.
Sharpless  For USAID [United States Agency for International Development]? 

Pellegrrom  (both talking) Yes, it was kind of—the track was very much connected. 

Sharpless  Um-hm. Now, one more question about the college programs. I realize it probably varied quite a bit, but how would the affiliates and the college clinics interact? 

Pellegrrom  Well, differently in different places. In some instances, the Planned Parenthood affiliates had themselves being swamped with college student patients, and so they would come back to the college and say, you know, We're seeing 40 percent of our patient volume is from your campus. What can we do about it? And the campus health people might have said, Well, we'll let you provide a family planning clinic every Tuesday night and Saturday morning at our campus health center, but we don't want to do it. Some other instances, the college health service might be persuaded to in fact provide the services themselves. 

In some instances, the university would be in a classic state of denial: It can't possibly be; our students wouldn't do that; there can't be that many of them coming to you; that's not possible. And in that case the Planned Parenthood affiliates did in some instances find themselves facing an ongoing and substantial demand from college students and communities, with a concern that it deflected energy from other patient catchment areas, the communities they wanted to serve. At each affiliate, to some extent it depended upon the part of the country, the degree to which it was more conservative universities and more conservative parts of the country were more apt to—the periods of denial were extended for longer—took longer
for them to address the needs. The Planned Parenthood affiliate provided that void for a longer period of time in those instances than in others. Very often, even the universities that would provide the family planning care and services would not provide any abortion referral and counseling. So very often the Planned Parenthood affiliate would still be very involved in that side of the work. Interestingly enough, a number of Planned Parenthood affiliates who provided that work were not among the Planned Parenthood affiliates that were quick to provide abortion services once the *Roe v. Wade* decision happened. It was a funny line between counseling somebody and providing services. People made a funny distinction there within Planned Parenthood sometimes.

One other observation that occurs to me from that period which is a piece of history that is important, and it’s ignored, I think, by most of us now, is the network of—before the *Roe v. Wade* decision and before some of the state laws became more progressive, the network of clergy had something called the—I think that they called it the Clergy Consultation Service for Problem Pregnancy [Clergy Consultation Service on Abortion]. Anyway, a network of clergy around the country that received training and that provided very effective abortion counseling, sometimes referring to people who were legal, outside the country, providers in England or like that. And sometimes the referrals would be to providers who were providing it outside of the law in the country, depending upon—and clergy taking the risk of doing this, protecting patients with the confidentiality of being clergy, and there’s this whole network around the country of clergy
Howard Moody was among the leaders of this group. Howard is now quite an old man but lives in New York City. His church was the Judson Memorial Church in Greenwich Village, and he was one of the leading figures in this. And my memory is that Stewart Mott was one of the early philanthropists who funded this effort, but there were a great many clergy who took this on.

**Sharpless**

Interesting. Anything else about your work with the college programs before we move on?

**Pellegrom**

Can’t think of anything.

**Sharpless**

Okay. So you were out in the affiliates, and you decided you wanted to do that.

**Pellegrom**

Yeah, I did indeed. Actually, I was being driven from—I had been in Memphis, Tennessee, for a couple of days, working with what is now the University of Memphis—I think it was Memphis State University at the time, and also there was a very fine liberal arts college there, which is now called Rhodes College, but was then called Southwestern at Memphis. And they had a joint kind of program and panel and stuff on some of these issues at the two colleges. And I was an invited guest, and the Planned Parenthood affiliate was gracious, and Judy Scharff, a woman who had been key to the organizing of the Planned Parenthood affiliate in that community, drove me to the airport in Memphis. And as she drove me to the airport in Memphis, she said something like, Would you consider coming to Memphis to run this Planned Parenthood affiliate? My reaction was not very gracious at the time.
I recall saying something like, You must be kidding! Thinking, Why would I want to move to Memphis? But within a few days—I was by now married—I said to my wife, “You know, this could really be interesting.” And she indicated she would find it acceptable to live in Memphis for a while, and thought we both lived in New York City, we decided to move to Memphis. This was three years after the King assassination.

That was three years after Dr. King was assassinated in Memphis. Nineteen seventy-one to 1975 I lived in Memphis, and it was a wonderful experience as a Yankee who had never lived in the South. I learned lots during those four years, lots about the South, lots about me and my biases as a northerner living in the South, which have been important to examine. And a lot about myself as a manager. I got a chance to run a program. I was the youngest Planned Parenthood affiliate executive director in the U.S. and pretty full of myself.

Interesting side note. I mentioned Alan Guttmacher earlier: soon after I was there, we had a symposium in Memphis and invited the medical community, and Alan stayed with my wife and me in our little apartment. And at the time I was a young man and didn’t catch on, but I came to realize years later that what Alan was doing was communicating to the board of directors of the Planned Parenthood affiliate, and to the broader community of stakeholders in the Planned Parenthood affiliate in Memphis, he was communicating to them that I was somebody who he was looking out for, that by staying in my home for two nights while he was there he was communicating loudest. Had a big party one evening, invited a lot of
people who wanted to meet Alan Guttmacher from the medical/academic community in Memphis into our home. And it was one of those things where years later it occurred to me, it was so obvious that what he was doing was extending to me his personal credibility. I was twenty-five years old and he was saying to the community that supported Planned Parenthood there that he had an investment in my career. And I didn’t understand that until he was dead, I don’t think. (laughs)

Sharpless
Let me turn the tape.

Tape 1 ends; tape 2 begins.

Sharpless
Okay, this is the second tape of the first interview with Daniel Pellegrom on October 28. Okay, when you moved to Memphis, what did you find in the affiliate?

Pellegrom
It was a small educational affiliate that provided no medical services, and what I found is that it did an astonishing amount of abortion referral, up to three hundred young women, mostly young women, every month being referred from that Planned Parenthood affiliate to New York and Washington, D.C.

Sharpless
(both talking) They had to go that far for a legal abortion?

Pellegrom
(both talking) Yeah, they had to go that far to obtain legal abortions. One of the things that has been lost in our collective memory is the degree to which this issue varied from state to state. In effect, the quality of medical care was vitally different from one state to the next—especially for the poor.

Sharpless
So if you were poor—

Pellegrom
If you were poor, you were in real trouble—
Because you had to pay your own transportation—

Right, you had to pay your own transportation. We negotiated agreements with those providers of abortion services in those cities where we were dealing with poor patients, that if they did not have enough money to pay for the procedure, only enough money for the transportation there, that they would do a certain percentage for discount or for free—all that stuff. These were kids that had never even been on a bus before, let alone on an airplane, from Arkansas, and Mississippi, and Memphis, and surrounding areas.

And were they mostly kids?

Mostly young people, yeah. Mostly with parents at their sides, but where money was often so scarce that the parent couldn’t accompany the child to go get the procedure. Overwhelmingly the parents were with the kids when they came for counseling. It was very rare that the parent was not involved.

What was the racial composition of the clients?

I wish I could remember exactly. We, of course, kept those kinds of numbers. I don’t remember, except there it was probably pretty much divided equally between black and white. It was a very high percentage of people who were at the economic margins of the community. And that—in Memphis in those days and probably still—means that a great many of them were, in fact, from the black community. But not an overwhelming share. It was very split. I can tell you that it affected me very much to—I still have a friend or two from those days—occasionally we will remember a particular patient.

I have a vivid recollection of a father from Arkansas bringing his
daughter, who was sixteen or so years old, and he was heartbroken. He was absolutely beside himself. And as the story unfolded, he had been, as a young man, married as an eighteen or nineteen year old to a previous wife, and they had had one child. And the marriage had ended in divorce, and years of no contact with the child. And that boy from the first marriage found his father when he became a seventeen or eighteen year old—he came looking for his father and found him. The migration had been from Chicago to Arkansas for the father, and the boy found his father in Arkansas, remarried now and with a second family. And you’ve already figured out what happened. This boy who he was trying to help, who he felt guilty for having effectively abandoned, impregnated his daughter from the second marriage.

**Sharpless**

His half-sister.

**Pellegron**

His half-sister. And this man wept and it was the most—I get goose bumps talking about it, because this kid was terrified, and this man was just heartbroken. And it was one of only many stories like that that—(both talking)

**Sharpless**

What was the end of that story?

**Pellegron**

She went for an abortion—I don’t remember whether to New York or Washington. The problem with abortion counseling in those days, and I suppose still, is that you often don’t really know the end of the story. You have a short-term relationship counseling kind of situation, not long-term, and you provide an intervention that addresses a specific problem, oftentimes very helpfully we think, usually or almost always very helpfully.
But how it plays out later on in their lives and whether the—or how that father dealt with that son and how he—I don’t know. You don’t know.

Sharpless
So, you said it was a nonmedical clinic.

Pellegron
Yeah. We did not provide any family planning services when I first went there. So the people would get their pregnancy testing at the public health clinic or the private physician and they would be referred to us, knowing that we would do the rest of the counseling work. Well, it became apparent to me very quickly that we should be providing family planning care, and so we first added contraceptive clinics, clinic. Clinic services. Moved into a space to do that, raised money—

Sharpless
Okay—where would you get your money, say, for your commodities?

Pellegron
Well, I had an interesting board of directors made up of people—interesting shift in times in some respects, because the board was very much made up of people who I know in some instances from both political parties. Abortion in those days and family planning in those days did not develop the kind of political cleavage, that is to say, alignment on partisan grounds that it seems to have in more recent times. And so I got some help from some businessmen in town raising money, a particular businessman in town who had been very helpful, and a couple of physicians who had been very helpful in raising funds. We mounted a fundraising drive and renovated a clinic and a lot of volunteer stuff. A guy named Pounders was the architect that voluntereed his time, that kind of stuff. We put in the clinic. We added contraceptive care. We soon after that added vasectomy services, because in Memphis in those days it was very hard to get a vasectomy unless you were
married and over thirty and already had four children. There was kind of a formula that existed; you had to meet the formula to get a vasectomy. A person—

**Sharpless**

You mean a urologist would say, “No, I’m not going to do one”?

**Pellegrom**

Right, right. Not unless you’re over thirty or have four children, sometimes spousal consent. It was a very different time. And so we started providing vasectomy services, and then the *Roe v. Wade* decision happened. And I have this recollection—the board arrived. It was the first board meeting after the *Roe v. Wade* decision. We sat at the table as we usually did, and the discussion moved, of course, rather quickly to the recent Supreme Court decision. And I think we very matter-of-factly concluded that, Well, now abortion is legal. It is no longer necessary to send frightened kids from the Mid-South to the East Coast for an abortion. When the service is legal, it should be also available. We should begin providing abortion services. It was sort of matter-of-fact.

We didn’t anticipate that that would be especially controversial. It was as though we thought the controversy had been settled. The Court had acted. And so we proceeded to do the obvious, which was to provide care that was now the law of the land. And I remember calling Frankie Stein, Francine Stein in New York, who had been on the national staff at the same time I was—a remarkable woman—and she and I left the Planned Parenthood national office at about the same time. We were the first two people that anybody at least knew of then who had left the national office to go to the affiliate. She went to help Al Moran at Planned Parenthood in
New York City start his abortion service and I went to Memphis. In the meantime, she had acquired experience because up in New York the law had changed before *Roe v. Wade*. So she was the first person I called to say, “Well, I need help. I don’t know what to do. My board just said, ‘Let’s offer abortion services.’ And now what do I do?” So she came to Memphis to help me think about what was, you know—from vacuum aspirators to expanded waiting rooms and recovery rooms to how we do this. And taught me everything that I was going to learn, I guess, about how to set up a clinic. And she was a great help.

**Sharpless:** Who were going to be the medical providers?

**Pellegrom:** We rotated physicians. We had a number of physicians who were willing to provide abortion services, who rotated through.

**Sharpless:** Local Memphis doctors?

**Pellegrom:** Local Memphis physicians. Again, I don’t know what that’s like now, I don’t know if that’s much more difficult or not in Memphis, but in those days it was difficult in the usual kinds of ways. Doctors are busy and they’re hard to get to do it, but there were two or three OB-GYN’s in town who had been supportive of Planned Parenthood—who had served on the board, on the medical advisory committee, that kind of thing—who when I would for one reason or another run into a spot where the physician we contracted with couldn’t make it, or resigned, and I needed to get somebody, they would come in and do a two-hour clinic for me as volunteers. Two or three of the most prestigious OB-GYN’s in Memphis, Tennessee, and I don’t suppose either of them would care if I used their names. Dr. Sam Patterson and Dr.
Walter Ruch were the two who were the most willing to do it, and there were not two more established practices of obstetrics and gynecology in the city of Memphis than theirs. They were both first rate, and they both believed deeply that access to quality services didn’t belong to only people who were wealthy enough to pay for it. And they probably didn’t do as much as I would want them to do in their own practices about that, but they were willing to give free time to Planned Parenthood to come help us see patients.

And so we made it work. We delivered services. We were the first Planned Parenthood affiliate in the seven contiguous southern states in the United States to add abortion services. And when I left Memphis in 1975 to go to Baltimore, a young man on my staff—I say young man, he was slightly older than me, about a year or less older than me, I think—that was on my staff in Memphis, Stirling Scruggs, who I had hired while I was in Memphis, he was in graduate school in Memphis, and I hired him and he came to work for me and then he succeeded me—the board hired him to replace me. And Stirling served in that capacity for five years and has gone on to an illustrious career in international family planning. From there he was in the Philippines as the head of the UN family planning program in the Philippines and subsequently the head of the UN family planning program in China and was the person who really put on the mechanics of the Cairo conference in 1994 in Cairo, Egypt—just retired within the last several months from the UN. So, interestingly enough, that Planned Parenthood affiliate had not only an impact on Memphis but trained two
guys who spent the rest of their careers, really, in this field.

**Sharpless**

Once you started—okay, a couple of logistical questions. So you got the waiting room expanded, got everything lined up—how did you let people know that you had abortion services?

**Pellegrom**

Well, a good question. Word of mouth, of course, is always the biggest recruiter of patient services any place, I suppose. Word just simply got out and traveled. A great many people in Memphis at that time, including the physicians that I mentioned and many others, were glad to refer patients to us rather than do it themselves in their own practices, so there was a great deal of that kind of referral. But my memory is that we were quite open about it and maybe took out ads in newspapers. I don’t remember that part. I think we did. I think we let it be known that we were there, that our services included abortion services. There were some interesting struggles during that time, fascinating struggles during that time that did surface. I don’t want to make it sound like there were none.

An example—and it’s a fascinating story to me still—an attorney named Ed Kaplan became board chair of the Planned Parenthood affiliate about the time that we were adding abortion services. Ed practiced and still does, I think, practice in a firm that the banner name is Armstrong on the masthead of the firm. The Planned Parenthood affiliate had applied for funds for Title X to help us expand our services to contraceptive care. We made that decision and that application for funding some months, maybe a year, before the *Roe v. Wade* decision happened and before we started adding abortion services. Our application had not been received favorably by HEW
[Department of Health, Education, and Welfare] then at the regional office in Atlanta. We intervened politically and got Howard Baker, who was an important senator from Tennessee at the time, to inquire with HEW why our application had been refused, and one other person did also—inquired—creating enough political pressure that HEW sent in their regional guy, Don something. But he came in from Atlanta. And the senior health department officials—we met at the health department offices in Memphis—Shelby County Health Department. Dr. [George] Lovejoy was the head of the health department and a man named Dr. Eugene Barnett(??) was the head of family planning services, and Eddie and I and the feds and these two guys met.

It was a great moment for me, because it’s always a wonderful, sort of an exciting moment when you run a voluntary organization and the volunteers not only get it, but embrace it, embody it. And Ed sat at the table next to me, on my left, and we were told by the health department officials why they objected to our giving Title X funds. It had to do with public/private jealousy. They thought public money should only go to public institutions. And we worked through that, sort of. Not to their satisfaction, but the federal guy kind of intervened at some point and he said that he was basically prepared to overrule the objections of the health department officials to our getting Title X money. However, he said, “It has come to my attention that you are preparing, as we speak, to offer abortion services. I am prepared to make the Title X award of public money to help you do contraceptive care if you cease and desist with respect to abortion.”
Sharpless: This was an HEW person?

Pellegrin: Um-hm. I don't know what I would have said, I honestly don't, but Ed sat next to me and he leaned forward across the table and he said, “Let me see if I have this right. A federal employee of the United States government has just informed us that we can’t provide services that the Supreme Court of the United States says are legal. We are an independent organization, a 501(c)3 tax-exempt organization operating legally in the state of Tennessee, and we are being told that we can’t provide a service that the Supreme Court has said is legal and still receive public funding for services that we are otherwise perfectly eligible for.”

Long pause—and then he said, “Dan, you and I have just been offered a bribe by a federal official of the United States government. I think we should hold a press conference about five o’clock this afternoon.” (laughter) And we got up and walked out, and my phone was ringing by the time I got back to the office with the guy saying, “The money’s on its way. (laughter) You tell all the press conference.” Thirty years later variations of that very issue are playing out all the time. The attempt to intimidate—the attempt to use, to coerce, with public money to get people to be silent with their private money is exactly where the Mexico City policy derives its origin. It’s exactly what the gag rule is all about, it’s exactly what we’re still battling, thirty years later, that comes right from there.

Sharpless: He was acting on his own recognizance?

Pellegrin: (both talking) Well, presumably. (laughs) It was an amazing moment. And when we walked out of the room, I said, “Eddie, you were fabulous.” And
he immediately said something to me like, That’s all bluff. We need that money! And I said, “I don’t care if it’s bluff or not, it. It was terrific!”

**Sharpless** What about on the local level? How much pressure was there against the clinic?

**Pellegrom** You know, there was some. It wasn’t that there was none, but it was very little.

**Sharpless** And it came mainly from?

**Pellegrom** Well, it came mainly from the Catholic Church, I think, in Memphis. And it’s interesting that when I say that—I mean, not the Catholic Church formally, necessarily, but from that constituency in one way or another. But it’s interesting, I’ve sometimes said to people that I think this happened in America generally, not just in Memphis. In those days in Memphis, Tennessee, a conservative—what we might call the religious right today; I don’t think we used that phrase then—a Protestant religious conservative in Memphis, Tennessee, who might be opposed to abortion, would have found it even more troubling to be associated with a Catholic. (laughs) And I know that’s silly, but in some respects true.

**Sharpless** Yeah, evangelical Christianity.

**Pellegrom** Yeah. And so the strange bedfellows had not become bedfellows yet. (laughs) I think that they became bedfellows subsequently, but they were not then bedfellows. And as a consequence, you were aware that some people were opposed, but it wasn’t organized in any way. Actually, in those early days I read pretty regularly right-to-life literature as the right-to-life movement began to identify itself as a national movement. And they would
use phrases about January 22, 1973, being the day that the Supreme Court nationalized their movement, the implication being that opposition was out there, but it was fragmented and in no way stitched together, and that the Supreme Court had provided them sort of a rallying cry, a maypole to rally around, a flag to gather the troops around, kind of thing. And I suppose that’s an accurate description from the right-to-life material from those days, because there probably were as many people, or something close to as many people, who were opposed fundamentally to abortion on grounds that were what they would identify usually as religious or maybe moral, or both. There probably were as many people, that is to say, as high a percentage of the population as there is now, it’s. It’s just that they weren’t organized in any way. They suddenly saw the Supreme Court as having awakened them from some kind of slumber or something. And I guess there’s some literature on this, that people have indicated that maybe that the January 22, 1973 decision, to some extent, has been partly responsible for—I suppose along the lines of the unintended consequences of something—has given rise to a social movement, not just attached to that issue, but to a broad set of issues that have been reactionary, I suppose I’d say.

**Sharpless** Um-hm. To what extent did you all have to make decisions of what kinds of abortion services—in other words, did you just have to limit it to first trimester?

**Pellegrom** Yeah.

**Sharpless** Did you have anybody asking for second trimester?

**Pellegrom** No, I don’t think we even thought—I know in those early days I think the
first trimester is what we thought about. I don’t think we considered what
might be thought about later on as expanding from there.

Sharpless
So it was pretty straightforward.

Pellegrom
It was pretty straightforward. It was first trimester. I don’t remember that we
even talked about what to do beyond that. Maybe we did and I can’t
remember. By the time I got to Baltimore between 1975 and 1985, those
kinds of conversations certainly occurred. But I don’t think in those first
couple of years.

Sharpless
Okay. What else about your experience in Memphis?

Pellegrom
Well, I don’t know that there’s a lot more to tell you about Memphis. From a
management perspective it was profoundly important. I mean, I learned
everything I know about fundraising, I learned everything I know about, in
some respects, about politics. I didn’t learn everything I know, obviously.
I’ve learned a lot since. But I learned—sort of thrown into the middle of it,
or having thrown myself into the middle of it, I learned more about family
planning in those four years than I ever could have. It was wonderful. And I
learned about organization—how to build a board, how to raise money, how
to seek counsel when you’re stuck, all of that stuff that I suppose you could
learn in other ways but probably can’t learn any better than by personal
experience.

I do sometimes think that—I even thought it then funny—I remember
that when I left Memphis to go to Baltimore, I remember thinking two
thoughts that were sort of counter to my going to Baltimore. One was that I
remember thinking, This means that I’ll never have a mentor—meaning in
the sense of, if you’re the CEO of something when you’re twenty-five years old and your next job is to be the CEO of something else, you’re probably never going to become the deputy of somebody who you really admire, so you’re never going to learn from that place. And I’ve been a CEO of an organization for thirty-five years as a result. It’s sort of amazing to me. (laughs) That sort of seems awfully pretentious, but it’s been true because I did it at such a young age and then I stayed at it. And so inside I wondered if I would later in life regret the fact that I had never gone to become Lee Minto’s deputy in Seattle or Al Moran’s deputy in New York City or something where I would have that kind of an experience.

The other thing that I remember thinking about—and I think about this still—by the time I was that age, it had occurred to me that the best people that I’d ever met, whether in family planning or in other social change or human service stuff that I’d encountered—the best people I’d ever met at the local level, who spend their careers at the local level, start to get confined to the circumstances and conditions that they’d find on the ground in that community. Meaning, this is such a Catholic town that I can’t do this or that. Or, this town doesn’t have corporate headquarters in it, so it’s impossible to raise money here. Or whatever it is that’s peculiar to that town, you don’t see the world through a bigger lens. The prohibitions become the prohibitions that you have experienced in that community. On the other side of that, the people who are the best people that I ever met working at the headquarters level, at the national level, the National Council of Churches or the national Planned Parenthood or the Center for
Community Change in Washington, D.C., whatever it was—the best people at the national level that I ever encountered were people who, after a time, lost reality. They no longer—the reality test of seeing patients, serving the public, had left them. And I concluded that if the best people that I knew on both sides of that fell into that trap, I would too. Therefore the right way to spend your career was to work at the national level, then go to the affiliate level, then back to national—to go back and forth.

**Sharpless**

To go back and forth. Let me turn the tape.

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

**Sharpless**

Okay, so you were eager not to lose touch with the people on the ground, as it were.

**Pellegrom**

Too often at the headquarters of anything people lost the perspective of a reality check. Right. I hadn’t really done that myself, but I remember thinking that maybe when I left Memphis, maybe now is the time I should go back to the global. Well, I didn’t, instead I did one more ten-year experience at the local level in Maryland. But then at age forty I came back to—not just the national level, but I guess you could say the global level, by coming to Pathfinder. But I do now say to myself from time to time, after twenty years, Maybe it’s about time you probably—if anyone’s lost touch maybe it’s you. Maybe you need to do that. Maybe there are those realities that you only experience when you throw yourself into it.

So anyway, I don’t like to think about it, but I sometimes think maybe you lose touch with the local level. Certainly when you do this job, when you do what I now do, you love to get out into the field. I look forward to
being in Ghana and Nigeria early next month because I get to feel a lot closer to the impact of service delivery.

Sharpless

Um-hm. Instead of—yeah, sometimes you spend the time enabling the people who do the service delivery.

Pellegrom

Right.

Sharpless

Right. So how did you make the decision to move from Memphis to Baltimore?

Pellegrom

I suppose I knew that Memphis isn’t where I’d always stay. Mainly two or three things contributed to it. I knew I wouldn’t stay in Memphis forever. I think that’s true. Because of the work that I’d done there, there were a couple of affiliates that had let me know that they were interested in talking to me. Baltimore had been this great old Planned Parenthood affiliate. Joe Tydings, who introduced Title X, had been on the board. Alan Guttmacher had come from there. The first two deputy assistant secretaries of Population Affairs, Irv [Irvin] Cushner and before him Lou Hellman, both came from that affiliate. It was a great old affiliate. And I knew that, and it had been much admired by people. And it had kind of fallen on hard times. It had been led by a woman named Ann Huppman who had been a wonderful CEO in that period when Planned Parenthood affiliates were run on thin budgets by marvelous women who probably shouldn’t have done it, who probably should have refused to work at the salaries they worked for, but nonetheless had done great, important community service. She’d done wonderful work, and then there were two people that had succeeded her and in rapid succession had failed. And the affiliate had had some serious
financial problems, and they were looking for a CEO, and they contacted me.

And my first reaction was, I couldn’t move until the summer, because it was—this was in the fall of the previous year—nine months. I couldn’t move until the summer. I didn’t explain why. There were personal reasons why. My wife and I were expecting our first child and she was working on a Ph.D. and finishing her residency, so she couldn’t move until she’d completed that. It was just at a time I realized when it wasn’t possible, so I said, “As much as I would love to talk to you about it, I can’t.” And about four months later, in February, a Sunday afternoon in February, Laurie Zabin, herself a great character in the reproductive health arena, called me up. She was on the board of affiliates. She knew me and she called me up, and she said, “I’m told that you told our search committee a few months ago that you were not interested in coming to Baltimore, but you told them the reasons were because of timing. If the reasons are because of timing, then I’d like you to explain yourself to me” (laughter)—which is the way she put it—“or if the reason’s because you really don’t want to come here, then just say so and I won’t waste either of our time.” And I said, “No, no, it was entirely because of timing. I said then, and as I’m telling you now, I can’t move until the middle or end of the summer.” And she said, “Well, that in November seemed too long for us to wait, but it’s now almost March, and we’re not going to get anybody here before June at the earliest now anyway, so I don’t know what difference it would make if we waited until July or August. So if you’re willing to talk to us, I know the search
committee would like to talk to you.” And I said, “Well, you tell the search committee, then, to call me.”

So they did, and I quickly decided that it would be nice to be on the East Coast again, that Baltimore would be an interesting city to live in, and that that affiliate was a great one, and I’d like to see if I could help it come back to where it had been as an affiliate. And so I quickly agreed, and by the middle of the summer I was in Baltimore. It was a great place, and a great ten years.

I just suddenly caught myself, because there’s one story from Memphis that you might find interesting, if I could just drop it back in—

**Sharpless**

Sure.

**Pellegrom**

It isn’t directly to do with Planned Parenthood and family planning. More directly it has to do with the times and race as an issue in the South and that city, at least, in the South. I came to know of an amazing woman, and this is how I came to know her in Memphis—while I was in Memphis, I was there for just a few weeks—hot, hot summer weather. And I was told that there was a woman on my board whose name was Frances Hooks, who I don’t believe I’d ever met. I don’t think I’d ever met her at that point, but I knew who she was. And her husband was a well-known judge in town and pastor of a church in town, and they had spent a substantial part of the summer traveling in Africa. They were coming back to the church to do their slide show and talk about Africa. Well, I thought it would be the right thing to do, to go, but never having it occur to me that I would be the only white person in attendance. It just didn’t cross my mind to think about it. I showed up,
fortunately dressed appropriately in a suit and tie, though not aware that there would be an evening worship time before all this happened. So, in this scorching hot church, dressed in a suit and tie, wondering if I'd made the right decision, Ben Hooks, who later became the national head of NAACP, stood in the pulpit of the church and began preaching. And didn’t know I was coming, but at some point, sitting about middle of the sanctuary, Ben Hooks, in his preacher role, was saying to the congregation that the night was a special night for all kinds of reasons, “but I even think there's an additional reason that tonight’s special,” or something like that. He said, “I do believe that we are an integrated congregation tonight.” Well, my eyes were like this—because I was hoping there was at least somebody else other than me who was going to—you know, all eyes turned and he asked me to please stand, and I did, feeling quite embarrassed. And he asked me from the pulpit as I reluctantly stood—he could tell I was reluctant. And he said, “You are white, aren’t you?” And I blurted out from where I was sitting, “Yes, but I'm working on it.” (laughter)

And it was this great chuckle that occurred, and afterwards I met Frances and Ben. And Frances, because of that, got very interested and very helpful to me in the community from that point on. She remains—she and Ben are friends: I had dinner with them in Memphis within the last six or seven months; I got a message from her last week. A lifelong friendship was what occurred out of that moment. But it was an indication of community in some way. Frances’s involvement as a board member—husband, pastor of a doubtless conservative congregation in some respects, well, progressive
in others—but. But I remember Frances coming into my office one day in Memphis. She was a guidance counselor by training, and she worked with African-American kids to get them special accelerated summer programs, some in Memphis and some by sending them to eastern private schools and stuff for special accelerated programs to help them get into good colleges. Frances came into my office one day and one of the kids that she had tried to help, from a poor black family in town, had run away from home because she was pregnant, and she was frightened, and she disappeared for a day or so into the streets. And Frances was all night long hunting for her, and she came into my office and she said, “You know, I’ve been on your board and I helped, but now I really get it and now understand. We can’t let kids lose their lives because they’re frightened and pregnant. We have to help them.” And, you know, just a vignette from that, just a different time.

Anyway—back to Baltimore.

**Sharpless**

Yes, back to Baltimore. So when you got there you found sort of a down-at-its-heels organization.

**Pellegrom**

Yeah. Actually, a very—well, I’ll tell you what I found. I found a Planned Parenthood affiliate that had the courage to add abortion services, so its values were admirable, its courage considerable. But I also found the Planned Parenthood affiliate was deeply in debt, owed the national office a lot of money, owed a board member a lot of money who’d loaned money, and owed a number of board members—a. A number of board members had taken out, in effect, a guaranteed part of the cost of moving in a new space and stuff to add abortion services—an. An affiliate that had a lot of
governance issues that needed to be worked out, fired two CEOs in a row, and so on.

From a management perspective, what I also discovered was that—we turned the finances around rather quickly, more quickly than we maybe deserved. And maybe it was just a lot of luck. It probably was. We turned the finances around fairly quickly, but the board, the same board that had been pretty gutsy, became quite conservative at that point. It was like, We never want to be in that position again so let’s stock some away. And my attitude, being thirty and impatient, and knowing that they claimed to be a statewide affiliate but its only clinic was in the Baltimore city limits, was that this didn’t make sense, that I didn’t come here to help them stock money away.

So I sat down with a small group of staff and we decided that we ought to put in a comprehensive clinic including abortion services in Annapolis, which is the state capitol. But I’d do it for several reasons, and I’d do it because of the visibility of being in the state capitol, and I’d do it because its location was right to serve a whole area of the state that was much harder to serve from Baltimore, including the eastern shore and across the Bay Bridge. We ought to put a clinic in Annapolis. And we raised about two thirds of the money.

I did something that I’ve never done before, and I’ve never done since. I did it, I think, for the right reasons, but it was risky. I did all that without ever telling the board I was doing it, because I knew they wouldn’t—their attitude was to pull it in for a couple of years. And I had a hunch that that’s
not who they really were, but it’s how they were behaving. So I decided that
the way to come to them was after I’d raised half the money, they would
then realize that this must be a good idea or that many people wouldn’t
have put up funding. So, with half or more of the money raised, I came in
to the board and told them that I’d raised this money to open a new clinic
in Annapolis. And, in fact, there was no objection. The minutes would
show that they never voted to open this clinic, but there was no objection.
We got a challenge grant from the Public Welfare Foundation to raise
twenty thousand dollars in Annapolis. To get their money we had to raise—
I think it was twenty or twenty-five thousand dollars in Annapolis itself.
And so that was more money than it sounds like by today’s economy, and I
needed to raise it.

There’s a great fundraising story here that I love to tell, so I’ll share it
with you, because it’s also a lot about gender. I put together a group of
people in the home of an attorney in Annapolis—Cally [Caroline] Cochran
and her husband Alex had been contributors to Planned Parenthood, and
Cally had been chair of the board as a volunteer of the Population
Reference Bureau, and her husband was a really quite renowned architect,
and their son is whose home was in Annapolis. I got their son to host a
meeting. And I invited several people who I knew slightly, or knew
somebody who knew them, to get together. All of them men except for one
woman. Her name was Esther Carpenter; I don’t remember anybody else’s
name. Esther was the retired executive director of the—I guess that was her
title, maybe commissioner of the welfare department for Anne Arundel
County, in which Annapolis is a city. And the rest of the guys had been—had, you know, the chair of the United Way campaign and the chair of the board of the United Way—had all raised money in town, and I thought I could get them to help me. And a couple had agreed, at least in principle, to do so. And they came and we met, five or six or seven of us.

And as we talked about this they began to tell stories about how much money they had raised, and then the next guy would tell them how much money he had raised, and it quickly became apparent that what was going on here was, “mine’s bigger than yours” as they went around the room. And Esther, listening to this, sat with her purse next to her. At some point in the conversation after they’d all told their war stories and success stories, she reached into her purse and pulled out an envelope this thick with checks in it.

And she said, “Dan, I must have misunderstood the purpose of this meeting. I thought we were here to raise money for this new clinic, and I’m not like the gentlemen in the room who know people with a lot of money and can raise a lot of money. I can’t do that. On the other hand, I don’t know anybody who wouldn’t give me a hundred-dollar check for something that was important.” And then (laughs) she handed me this bundle of checks that amounted to several thousand dollars, and the race was on. These guys were (claps hands once) kind of like, Uh-oh, our hand has been called! (laughs)

So the money came in quickly, and we got the Public Welfare money, and we were ready to open. The day that the carpet was delivered to open
the clinic—an important story, because the carpet was delivered and for the first time ever in the history of the city of Annapolis, up to then—well, in other words, the clinic was about to open, the exam rooms were done, everything was done except the carpet laid. But the occupancy permit was rental space. We were renting the space, long-term lease. The occupancy permit was denied us. First time ever, an occupancy permit was denied by the Annapolis government, when the building permit had been granted and the external walls hadn’t been moved. Now, what I mean is, there had been a couple of instances where building permits were granted and people hadn’t adhered to the specifications, and the external walls were not where they were supposed to be and an occupancy permit was denied. But never in a rented space where you stayed within the confined space had that ever happened.

I gathered—the attorney, counsel, a couple of people, probably, of the senior people on the board, I don’t remember—but very quickly, the. The counsel’s advice was to sue the city of Annapolis on constitutional grounds that the issue at stake is abortion, not zoning. And I don’t remember the details of our claim, but that’s how it was presented. If you go into zoning, it would take years, and you don’t want to go there. Headlines in the Annapolis newspaper: “Planned Parenthood Sues City of Annapolis.” My board of directors met, and I remember thinking, Okay, wise guy, this is where you get it. Somebody’s going to say, We never agreed to do this. This is your baby.

**Sharpless**  
This was your board back in Baltimore?
Yeah.

Yeah, okay.

This is what I thought. So I said to counsel, “I may be in a lot of trouble before this one’s over, but come on, let’s”—we met with the board, and the single board member who I thought was going to do that to me was the board member who began to listen to the elaborate, complicated legal case that was presented. And he leaned back, and he said, “Hold it.” I thought, Here it comes. (laughs) He said, “Hold it. Before we go any further, I’d like to make a motion that we sue the City of Annapolis on constitutional grounds.” It was like, Let’s go! And I thought, Whew, (laughter) I dodged that bullet. And the board just rose up and said, You’re damn right we’re going to court. It was wonderful. It was just this kind of—Yes! They completely got it. And no technicalities here. They locked arms and we went for it.

The judge hearing the case said—if you went back to the court case, you’d find that it was never really resolved, that is to say, the constitutional question was never answered. At the end of several hours of hearings, the judge said to the City of Annapolis, “You’ve got to prove to me that this is a zoning issue, and do that fast, or we’re going into full-scale hearing on the constitutional question.” And Annapolis went through the zoning issue, and we opened the clinic. But that’s the clinic that in 1984 then was bombed.

Yeah. Right.

And so around it the controversy had developed. More than the one in Baltimore, more than the one in Memphis, the one in Annapolis sort of had
become a trigger from the beginning. It became somehow symbolic to right-to-lifers and stuff. They went—it was a bomb, it did go off, and the two guys that were caught, finally—there were two guys prosecuted and went to jail for that bombing. But that case, that particular one, I don’t know where it fell within the sequence of bombings in the United States around abortion clinics. It was by no means the first, as you know. I don’t know if it was the eleventh or tenth or ninth or seventh or fifth, or, you know, twenty-first, I really don’t. But a bomb had gone off in another one that was near the nation’s capital, or in the nation’s capital, and I don’t remember any details about that, but a relatively short time before that, so everybody’s kind of on high alert. When this one went, because it was so proximate to Washington, D.C., and everything, it became really—we got a lot of press coverage. It was in the news for days.

And we were all so smart. We had done a variety of things. We had prepared for it. We sensed it, I guess. I don’t know that we really did, but we kind of—just as a scrimmage, we prepared for it. So that the day that the bomb went off—in the middle of the night I got a phone call. My wife grabbed the phone. She handed it to me. And the woman, our nurse, called me to tell me—when I answered the phone, I said, “How bad is it?” I mean, I knew what it was. I got up and shaved, because I figured there would be press, and put on a shirt and tie or whatever, and drove to Annapolis in the middle of the night—two o’clock in the morning or whatever it was. We started making phone calls and set up a system where, at the barricades—[the bomb] had blown out windows in houses a mile or
two away, so the police put up barricades and with the clinic here, maybe three or four or five blocks out, put up barricades—we. We put counselors at the barricades, because there were patients coming. It was a Friday night and patients were coming in on Saturday morning. We put counselors at the barricades with directions that had been printed up tentatively to go to the Baltimore clinic, sent the doctor who was supposed to work in Annapolis to the Baltimore clinic, so we doubled up in the Baltimore clinic on patients. And every patient that was supposed to be seen in Annapolis that day went to Baltimore.

We decided we would set up the press conference so that I would stand with the blown-out side of the building over my shoulder so that it would be shown in the thing. We thought about all of this. Other people on my staff would—and the statement that we used to the press, we put together the phrase “right-to-life terrorists,” and.” And it was the first time that that had been used together. This was now, you know, front-page Washington Post kind of story. The FBI director came out with a statement that this was not terrorism, and—

Sharpless  It would have been Reagan one.

Pellegrom  That’s about right. Nineteen eighty-four, yeah.

Sharpless  Yeah, the end of Reagan one.

Pellegrom  And he came out with a statement that it was not terrorism, at which point there were editorials and op-eds and people saying, Well, if the FBI director doesn’t think blowing up buildings is terrorism, what exactly (laughter) does the FBI director call terrorism? Which was great. I mean, it kept it out there.
Just what we wanted. And then he came out with another statement, which was perfect, he came out with another statement saying, “Let me clarify the statement that I said before. It may be an act of terror, but in our definition at the bureau of terrorism, a terrorist is somebody who has to be proven to have crossed state lines to commit an act of criminal”— (laughter) You know, it was this convoluted—they just kept it in the press. He played right into our hands, in effect, from a public affairs and public policy standpoint.

Anyway, it was a pretty exciting time. I lived for a few months with constant police protection. The Bureau of Alcohol, Firearms, and Tobacco had an old, beat-up parked car across from the office that they stayed in all day while I was at work and watched my house as well—got death threats at home as well as at work. It was a pretty intense time.

**Sharpless**

Let me change the tape.

_Tape 2 ends; tape 3, side 1, begins._

**Sharpless**

What’s it like to have death threats?

**Pellegrom**

Well, it’s funny. I mean, it’s not funny, it’s not fun at all, it’s not funny at all. It is, however—it does weird things to you. I have to say, I didn’t reveal this at the time, because you don’t want to become paranoid and, you know, that old thing about just because you’re paranoid doesn’t mean they’re not really after you. But there were a couple of times when I would do things like cross the street and see headlights from a block away and think, Oh, damn—you.

You know, irrationally. Maybe it’s having seen one too many movies. But there was that—you do that a couple of times. The funniest one, however—and that’s why I started by saying it’s funny, because I did do one funny
thing; in the midst of this, there were a couple of funny things that happened.

In the midst of it, one night—we lived in an urban neighborhood, I walked to work, it was a great old neighborhood called Bolton Hill. But there was a certain amount of crime—just routine, I mean, just urban crime in the neighborhood. And one night, my car was broken into. Our cars were on a parking lot, not a garage or an individual parking space. And somebody was breaking into the car who had nothing to do with any of this. Somebody was just trying to steal a car. But the car was broken into.

I was in bed asleep, and the front doorbell was ringing and somebody knocking on the door both, and I grabbed a robe or whatever and dashed down the stairs to the front door. I got to the door, I looked through the peephole—I mean, I might not have looked through the peephole under normal circumstances. They were saying, “Police officer,” at the other side of the door. But I suddenly stopped and decided I’d better find out. That was a moment of being aware that the death threat thing had gotten to—I wasn’t going to fall for that. So I looked in the peephole—it certainly appeared to be a police officer—and opened the door and these two police officers described how my car had just been broken into, that they had come just a nick too late. The guy had gotten away. The rod that he had put into the keyhole thing to extract the—well, whatever they do to get in—that he had had to leave his equipment, in other words, and sped out of there because they happened on him when he was in the act of doing this. They were very pleased with themselves that they had prevented my car from
being stolen. (laughs).

Somewhere in here, I said—and then apologized for saying it—but I said to them, “You woke me up because there was somebody who was stealing my car?” (laughter) Now, that’s a perfectly absurd reaction, of course. But what it suggested is, I had come to the spot where, if they just want my car, let them have it! (laughs) Obviously it had gotten to me a bit—even though I was not willing to admit that, of course, to anybody.

**Sharpless**

(both talking) What about fears for your family?

**Pellegrom**

No threats to the family. My wife was some concern. She’s pretty tough and she’s the kind of person who would dig in before she would give up to somebody making a threat like that. With small children you do worry, and we were worried. And some of our neighbors got together, and (laughs) just for the hell of it, just because they knew that we were putting up with—there were a few of the neighbors who got together and came over one night and said, We’ve decided to have a going away party for you. I said, “What do you mean?” (laughs) They said, Well, we’re sort of figuring that the longer you stay here, the more your property value’s going to go down, so we figured if we had a going away party (laughter) you might move and we could get rid of these police officers that keep hovering around here.

So anyway, there were things like that that you get some comic relief from. But indeed, for several months, it was very tense, and nothing like what some people have had to put up with, as we all know. I mean, some people have lost spouses or their own life. I don’t know whether this is still going on, but there have been instances where people’s children received
threatening things and stuff. You do really wonder how people can claim to be (laughs) right-to-lifers and behave this way.

**Sharpless**

Well, I’m going to circle back to something that you mentioned earlier. You said that you all weren’t surprised when this happened. What was the atmosphere like in the days leading up to the bombing when, following with other clinics and thinking, We might be next—what. What was it like?

**Pellegron**

Well, the days—

**Sharpless**

(both talking) I’m sorry. Had you received threats before the bomb went off?

**Pellegron**

Yeah, you get ugly mail and threats and stuff before, but not a telephone on which there was somebody on the other end of phone saying, “Well, I’m going to kill you.”

**Sharpless**

Well, were you getting ugly threats and mail in Baltimore, too?

**Pellegron**

In Baltimore?

**Sharpless**

Um-hm.

**Pellegron**

Yeah. Yeah (both talking)

**Sharpless**

I mean, it’s kind of business as usual. (laughs)

**Pellegron**

Yeah, yeah, yeah, but it was somebody who was on our mailing list, inadvertently got one of our fundraising letters or something and wrote back and said, “Not only am I not going to give you a check, I’d like to kill you,” or that kind of thing. Not something where somebody looked up your telephone number in the phone book and therefore might also know your address and called you at eleven o’clock at night and said, “You can consider yourself to be a dead person.” That kind of thing. That’s spookier. I guess—
Sharpless: You did or did not have that before the bombing?

Pellegron: (both talking) before the bombing nobody picking up the phone and calling me at home. That was only afterwards. It does give you some clue that, at a personal level, that an incident like that brings out other people who are not quite together. (laughs) You hear that it has the effect of bringing—somebody else bubbles up who—you know, you have that sense that you are exposed. Maybe not any more vitriolic was the sentiment towards you from the hard-core group who opposed you, but. But that now suddenly comes—you’d risen to the surface of a few people who aren’t very stable. I think that’s what you’re conscious of.

Sharpless: And that’s really scary.

Pellegron: Yeah.

Sharpless: How’d the police catch the bombers?

Pellegron: They did. After I came to Massachusetts, in fact, they did catch them. It was an amazing thing to watch. That night I arrived very soon after that bomb hit the building, but already the ATF were already out with big spotlights, big searchlight things like this on the parking lot, with big sheets laid over the parking lot, and they were combing for evidence. And I think what led them—I think my memory’s right on this, that what led them was a piece of human hair that they traced to somebody, and it turned out to be an evangelical, not-trained clergy type in a small, rural Maryland church and a parishioner, two of them, and they got them.

Sharpless: Were they acting on their own, or were they part of an orchestration?

Pellegron: I think they were acting on their own. I think they were associated with
right-to-life people, but to my knowledge there was never any evidence that suggested that a group of people plotted it and they executed it—rather, that they went off and did this, I guess.

**Sharpless**

Now, how long—okay, so you got all the clients routed off to Baltimore. How long did it take to get the clinic back up and running?

**Pellegron**

I think that we were back probably—two or three weeks’ time. That’s about right. It took that long to do some of the physical repairs and have inspectors say that the building was safe and all that stuff, but—

**Sharpless**

And what were you saying to the staff during this time?

**Pellegron**

Well, that’s a good question. We certainly talked a lot with the staff during this time. I don’t remember the words that I used. We talked a lot about the fact that we were going to do everything possible to assure their safety, and so on, but that we also had an obligation to patients. We were going to try not to let this curtail our patient services. I recall our telling them that we were going to keep them fully apprised of the investigation as it proceeded, that we—

Oh, we did arrange for—I requested that the Alcohol, Firearms, and Tobacco people actually meet with them and talk about the stuff, that kind of thing. Interesting—I remember we had kept over time—picketers out in front of the building and stuff—we had periodically, not routinely, but periodically, had somebody, a volunteer with a camera, take pictures so that we had acquired an extensive—I mean, we kept every piece of mail that ever came in that had any hate stuff in it or handwriting sample kind of stuff. We just kept all that stuff. So when they came to us and started the
investigation, and we presented these folders of material to them—it was interesting, because—I’ll tell you my mixed mind on it—we showed them all this stuff and they said, This is great You did this? It’s great, because it enables us to now go see people who have been publicly willing to publicly identify themselves by marching out in front of the clinic. Most of these people will not want—it’ll scare them, in fact, to know that they are now associated with somebody who threw a bomb. But nonetheless, it’ll put a chill in them that is in everybody’s best interest.

And I remember thinking to myself, Yes, that’s good, I’m glad we did that and I’m glad that’s going to happen. And then I remember thinking to myself, But, you know, that’s the same kind of stuff that law enforcement officers used against civil rights activists, too, probably, in a way that I would have resisted. And so I found myself being very conflicted about all that, and I still am. I think it’s important to kind of recognize that cuts both ways.

**Sharpless**
Now those two bombers happened to be evangelicals. What about the Roman Catholic nature of Baltimore? (both talking)

**Pellegrom**
Well, Baltimore’s a Catholic city. Interesting that you ask that, because no question that it was—I mean, the state of Maryland was founded on the principle of religious freedom for Roman Catholics. The state was founded on that premise at its settling. So it’s got that in its history, but it’s a fascinating place, a very tolerant place in large measure. The state of Maryland, the city of Baltimore in particular, is very ethnically diverse. It’s a city that—it’s been described to me, at least—it’s a city in which the
Catholicism went back enough generations that almost everybody has children who are married into families that aren’t Catholic. And so over time it’s not lessened its religious devotion, perhaps, but increased its religious tolerance, nonetheless. (siren sounding) And that seems to be true in a way.

A story that I love to tell and haven’t thought about in a long time: a man named Curran, Joe Curran, was lieutenant governor when I left Maryland. He subsequently became the attorney general in the state of Maryland and was very much involved in some of the anti-tobacco stuff in Maryland in that capacity. But anyway, Joe Curran was lieutenant governor, and when there was a little farewell thing for me that my board did when I left Baltimore, the lieutenant governor, Roman Catholic lieutenant governor, drove to Baltimore from Annapolis—at least he said he did—and came to this thing. Went through the reception line, shook my hand and it seems to me maybe gave me a certificate or something I may have somewhere. I don’t remember that part. But what he said to me was that he just wanted to personally thank me for having come to this state and having handled an important issue delicately, or words to that effect.

And I remember thinking it was a remarkable moment. I mean, who would have expected the lieutenant governor under any circumstance—and this was a lieutenant governor that had once, before he became lieutenant governor, when he was still in the general assembly, had been viciously assaulted by his priest from the pulpit over this issue. So it was very interesting that he went to this. I don’t suppose I ever fully let him know how much I appreciated that, because it was an unusual thing to have done.
But it suggests something about Baltimore and about Maryland.

I must say living in Boston and coming to Boston after the intensity of all that bussing stuff that happened in Boston and stuff—I have to tell you that I don’t think that would happen in Boston. I don’t know quite why, but it’s a different—I don’t suppose Massachusetts and I don’t suppose Boston is as Catholic as Maryland, although maybe it’s close. (laughs) Maybe all the Catholics in Massachusetts are from Ireland and that explains it, or something, I don’t know. But religious tolerance is really very clearly on display in Maryland, I think.

**Sharpless**  
So the Catholic church was not a big burr under your saddle when you were in Maryland?

**Pellegrom**  
No, it wasn’t. I told you the story about the—

**Sharpless**  
But you didn’t tell me on tape.

**Pellegrom**  
I didn’t tell you on tape. (laughter) Well, I can tell you on tape, I think. I might not have told you on tape a few years ago, because I’m not sure that—anyway, I feel comfortable doing it now. There was a man in Baltimore who was a businessman and a wonderful man—I mean, a truly fine citizen.

**Sharpless**  
A mensch.

**Pellegrom**  
Yeah, he was. During the civil rights stuff and the burning that occurred in the slums of many urban neighborhoods right after Martin Luther King’s death and the rest—Frank Gunther is his name. And Frank was willing to go into church basements of the black churches in town and meet with the black pastors about how to bring peace to Baltimore. And he had been head of Catholic Charities as the volunteer board chair for a number of years, I
think as many as fifteen, and head of the United Way’s campaign there. Well, I was in Baltimore as executive director of Planned Parenthood on a few occasions, four or five, probably not as many as six. Frank would call me up. I compress this into one conversation as opposed to trying to remember six of them or five of them, but Frank would call me up and he would invite me to come to meet with him, and then he would tell me that Archbishop Borders was about to make a statement to the press on abortion. And it would usually coincide with something going on in the general assembly, Medicaid funding for abortion or something. And that the archbishop was going to make a public statement, but he would then proceed to say, “Archbishop Borders is not interested in accelerating this issue or elevating this issue. He does not plan to do anything to make this more intense. He has a constituency and he needs to speak now and then on this issue, and I recognize that you will be asked by the press to make some statement in response to the archbishop’s statement. And it’s not my business to tell you what to say. I only want you to know the context here is not—this is not about to accelerate. The Catholic Church is not about to advance this issue.” And then he would finish by saying something like, It’s a shame that I can’t have you and Archbishop Borders to dinner some night at my home, because you’d like each other—that kind of thing. No, the tone of it was different than it probably has become. Maybe that’s not possible in Baltimore anymore either.

(both talking) That was twenty years ago, yeah.

That was twenty years ago. No question but that certain divisions and
certainly on this issue the divisions have not softened any in the twenty years since.

**Sharpless**

Well, it’s getting late, but if you don’t mind, can I ask you one more question about the time in Baltimore? And that is, you expanded the clinic to Annapolis. Did you offer services in other places in Maryland as well?

**Pellegrrom**

Yes. As I said, the first place we did this was Annapolis. But there were about four or five other clinic sites, two in Baltimore County—Painter’s Mill and something else, I can’t remember. And Frederick, Maryland, and then there was another one in Salisbury, Maryland. All told, there were about six or seven clinic sites in Maryland when I left, that the Planned Parenthood in Maryland ran. And I think today it’s the same. I think it’s the exact same—maybe not the exact same facilities, but most of them are the same facilities, I think. I get their annual report and I think, All these years later they’re in the same places.

**Sharpless**

Now, how is it that you were able to expand services so dramatically?

**Pellegrrom**

Well, I guess we succeeded in raising enough money to do it. We obviously had to raise money to do it, and I guess we succeeded with that. We did feel that Planned Parenthood in Maryland had—it was very visible in public affairs. We really worked intensely with—Maryland was one of the states that—I don’t know whether it still is, but after Medicaid nationally cut funding for abortion, Maryland became one of the states that continued to fund abortion services with state funds for Medicaid patients, and did that not by court imposition, but by legislative action. It was an annual intense battle in the legislature, but we won it year after year for a long time. I don’t
know where that stands now.

But we were pretty visible, and it was a pretty determined board and a pretty aggressive staff, and I guess we did it because we thought we should and we did it because we claimed to be statewide and so we needed to try to be statewide. And we did it because we thought that if we were going to have the capacity and influence of the politics at the state legislative level, we had to be seen as providing services beyond just Baltimore city.

**Sharpless**

Well, why don’t we stop for today and we can pick it up in the morning with the end of your time in Maryland and your move here to Pathfinder.

**Pellegrrom**

Good.

**Sharpless**

Thanks.

*end Interview 1*
Interview 2

Okay, today is October 29, 2004. My name is Rebecca Sharpless and this is the second oral history interview with Mr. Daniel E. Pellegrom. The interview is taking place in Mr. Pellegrom’s office of Pathfinder International in Watertown, Massachusetts, and it’s a part of the Population Pioneers project. Well, good morning. I thought we had a great time yesterday afternoon.

Good morning. I had a good time. You get people to talk about themselves, see, Rebecca, and I suppose anybody falls for that. Some of that stuff I don’t really spend a lot of time thinking about, but it’s fun to recall.

Well, that’s how I know I’m doing my job. (laughter) So when that happens—but you mentioned—and again, what happened last night is what happens to people—sometimes you get to thinking about it and you remember other things you want to talk about. So you mentioned there were a couple of stories this morning you wanted to tell.

There are two stories that occurred to me as I was reflecting on last night’s conversation that I thought would be interesting to insert. And maybe three, actually, now that I say that. See, I’ll do that all day probably.

That’s okay.

Very quickly. One of them is that there’s a woman named Margaret Valiant, and we might get her last name before this conversation ends, and we can insert it at that point. She was a young—she left the South as a young woman. I knew her in Memphis. She was living in very sparse, very spartan conditions in public housing in Memphis, Tennessee, as an elderly woman when I met her. She had left Mississippi as a young woman and gone to New York City
and made it on the Broadway stage. Met with some success and became a friend of Margaret Sanger’s and had wonderful—she contacted me when I was in Memphis because that was the Planned Parenthood executive. And she had—some of her letters are in the Margaret Sanger collection, I believe, and she’s—anyway, she was an interesting character.

And Margaret Valiant told a great story, which I believe I have confirmed with two Sanger grandchildren—two of Margaret Sanger’s grandchildren, Alex and Michael being the two grandchildren of Margaret Sanger’s that I know. And I think I’ve substantiated the story. Margaret told me that Margaret Sanger was so distressed at the thought of John Kennedy being elected president, that so much of her struggles had put her at point-counterpoint with Catholicism in one form or another—that when she was living in retirement in the desert southwest and Jack Kennedy was emerging as a presidential candidate, she was so vehemently opposed to that that she had told friends, several friends that she would finally leave the United States permanently and move to England if—or someplace else in Europe—if Jack Kennedy were elected president. Bobby Kennedy, hearing about this, had stopped off, she claimed, and from a campaign trip to California and stopped in Arizona to go and see Margaret Sanger specifically to persuade her that in fact his brother would not present a problem to the social advancements that she had led in this country, and apparently was persuasive.

And I was reluctant to tell that story for a while because while I found it a fascinating story—one of those things to, kind of like, corroborate. Well, Alex and Michael, Michael in particular, substantiated it in effect, said that it was
true. They didn’t remember whether Bobby Kennedy had made a stop particularly to see Margaret Sanger, stopped the airplane in Arizona to see her, but he had gone out of his way, at least, to see her. And so that is an interesting little sidebar to all of this.

**Sharpless** Did you know other people who’d known Margaret Sanger?

**Pellegrom** People that I knew who knew Margaret Sanger? Yeah, some. Certainly Margaret and Alan Guttmacher and a couple of other people along the way who knew Margaret Sanger. Actually one of the other stories that I thought would be interesting to share—I share it cautiously because in some respects because it's one that—the exact meaning of it could be lost or confused, I suppose, or manipulated or something.

As I told you earlier, I had the privilege of getting to know Alan Guttmacher quite well. As a matter of fact, many years after Alan’s death—he died of leukemia—many years after his death, I was in an airport—in La Guardia, actually—coming home to Boston from an Alan Guttmacher Institute board meeting. And his nephew, Alan E. Guttmacher—Alan F. Guttmacher was the Alan Guttmacher of Planned Parenthood—Alan E. Guttmacher, who was actually the son of Manfred, the twin brother, was at the time a physician living in Vermont, but he’s now, I think, living in Washington, D.C. In any case, Alan and I were snowed in. It was snowing at La Guardia, and our planes were delayed, and we found ourselves doing, I guess, what you do in such an instance, you know, making a few phone calls and then sort of resigning yourself to your plight and waiting to hear if your plane is going to go or not. And he and I had been at the same meeting, and we found ourselves
having a beer and some pretzels or something and wondering if we were going
to get home for the weekend. And in the conversation, I told him about a
conversation I’d had with his uncle in which Alan told me that—he was talking
about health and his own health and how he’d stayed fit and whatever. And a
great line from Alan is, he said, “Here’s my three pieces of advice,” to me, then
a much younger man, were: don’t smoke, get physical exercise and don’t baby
yourself. By which he elaborated and said, “By don’t baby yourself,” he said, “I
chose to be an obstetrician/gynecologist—my wife didn’t choose that
profession for me. My friends used to have dinner dates or theater dates with
their wives, and then if they’d stayed up all night delivering a baby that the next
night it was just sort of understood that the date was off.” And he said, “I
never did that. Lenore and I went to the theater the next night whether I was
up to it or not. I figured it was my choice, not hers, that I decided to do what I
did for a career.”

I liked that, and have applied it in my life, I think, with some success and
have used it. But in this—anyway, I meant to finish the story with Alan.

(people talking in background) Alan had told me in that conversation that he
knew now what he would die of. And I said, “How’s that?” And he said that
his identical twin, Manfred, had died of leukemia, and that he would too, and
he did. I was unaware until that conversation of how frequently certain diseases
track that way with twins, leukemia being one.

And I shared this with Alan E., the nephew, and he said, “You’re the first
person to ever tell me that. I always speculated that my uncle knew that there
was a good chance that he would die of leukemia because of my father’s death,
but nobody ever told me this. Nobody in the family knew this.” So that kind of—a revealing conversation with Alan. It goes to that comment that I made earlier that he had this extraordinary way of being intimate with his audience. In this case I was an audience of one, sitting on an airplane, as I recall, with him. He shared things that lots of people would perhaps be reluctant to share. And it wasn’t just with me. I wouldn’t want to present myself as the one person—I wasn’t the only confidant or something. He was—that was just Alan.

In the story that he told me about Margaret Sanger, which I’ve been reluctant to share sometimes because it can be misinterpreted, he told me in lengthy conversations—maybe a couple, maybe more—but not many. I mean, he did not know Margaret Sanger over an extension of time in years. They overlapped more or less briefly. But he did spend some—he did know her and talked about her, even as an older woman, as a fiery redhead and as attractive and a compelling figure. But he said that her comment to him was, “Don’t let Planned Parenthood get bogged down in the abortion issue.”

Now, that’s a very interesting comment to reflect on, because most of us, certainly, who approach the issue from the perspective of women’s rights, feminism—or, you know, from that side—would want to assume that Margaret Sanger would be a ferocious defender. And of course, she might have been. Many of us presume she would have been. But for whatever reason she, in having passed the baton of leadership to Alan, she conveyed this message of some reluctance to see Planned Parenthood embracing the issue of abortion.
I don’t quite know what to do with that conversation. It’s one of those conversations that you wish, of course, you could go back now to say to Alan, Interpret for me what exactly you think she meant by this. And of course, I didn’t, so all I know is what he said.

**Sharpless**
And he, of course, was unequivocally in favor of abortion.

**Pellegrom**
He was unequivocal. He was saying it to me in this conversation in a way that was an introspective moment when he was saying, you know, “I’m taking the organization to a place that Margaret Sanger might not have approved of.” It was as though he was wondering out loud. It was as though he was certain of his own views on the subject, but wondering if he was doing the right thing for the organization in some limited fashion. Ultimately, it clearly was what he thought was the right thing, because he made, I think—there was no evidence of reticence, really.

But it was an interesting conversation. It does suggest that—if nothing else, I think it suggests that even the warriors of the movement had moments, at least—and maybe it was just a passing moment for Margaret Sanger—but moments when they wonder whether their leadership is on the right course. I mean, we have a president of the United States who apparently doesn’t have those doubts, (laughs) but for most people, I suspect, there are those moments.

**Sharpless**
There were—I can’t remember who it was now. I’m sorry. One of the interviewees has talked about, you know, Roe v. Wade was just so much at one time.

**Pellegrom**
Yeah, it was.

**Sharpless**
It was a lot to take in.
Well, I think a lot—there was. Even at the time of the *Roe v. Wade* decision, there were—I don’t remember them by name, I’m not sure I could tell you who they were, but there were important, significant observers at the time who registered the view that it might, in retrospect, have been better if more states than the fourteen or so that had changed their policies to, not necessarily to a position that was as clear as the Supreme Court decision was, but nevertheless moved their laws towards a more progressive law on the subject. If another fourteen states—so that twenty-eight or thirty states had moved in this direction before the court had acted—if that wouldn’t have been beneficial in the long run, to have exhibited or demonstrated that even among pretty conservative state legislative bodies, the recognition on a state-by-state basis that it—That argument, I think, at the time was that the Supreme Court decision had to some extent exacerbated the sort of tension in this country, which may have been even greater then than now, between what belongs to states and what belongs to federal government. And that somehow or other the Supreme Court, in acting in 1973 on this, had done some galvanizing of an opposition because of that issue.

It’s interesting, though, because while you say that, I guess I always, on the other hand, always want to say to other people when they talk about the Supreme Court decision on January twenty-second, 1973, as though it was a court packed with outrageous liberals—you know, didn’t Eisenhower appoint several of them? I mean, what makes us recall that this court was filled with outrageous social liberals or something? I don’t think so. I think that’s—people sort of manufacture a notion there that wasn’t accurate, I believe.
Well, you mentioning the states brings me to a topic I wanted to pick up from yesterday, and that’s advocacy. How much advocacy did you do when you were in Tennessee working with this organization in the state—(both talking)

Quite a bit, quite a bit. Actually, we did a lot of advocacy work. There was sort of an organization that was founded, called the Tennessee Association of Planned Parenthood Affiliates. There were four Planned Parenthood affiliates in Tennessee, and we created this statewide kind of coalition of Planned Parenthood affiliates to work in the state legislature. We were battling all kinds of things in those days. I say battling; some of these things weren’t all that, in retrospect, you know, wouldn’t stand as controversial today at all. For example, the extent of the role of nurses in the delivering of a family planning service—there’s midwives and there’s practitioners—particularly in rural areas in Tennessee. And that reminds me of another story to tell you that’s, I think, interesting. Alan—well, not Alan at all. Bill Clinton appointed to be surgeon general of the United States when he was president—President Clinton appointed Hank Foster—

Who’s the chair of your board.

Well—(laughter) he’ll become chair of our board in about a week’s time—a week from today, actually. And Hank Foster was then at Meharry Medical School at Nashville, a great character, and an energetic, enthusiastic supporter of women and reproductive health and reproductive rights. Hank—but I didn’t know it—I was trying to get—

And he was in Nashville and you were in Memphis.
Pellegrom

(both talking) He was in Nashville and I was in Memphis. And the two cities are really quite far apart. I mean, in geography, three or four hours, but in other ways even more so. And I was trying to get doctors to testify, because doctors testifying to the legislative committee in support of the extended role of nurses was going to be more compelling than anything I said, or anything anybody else said. But of course doctors, one after another, were busy. I mean, they were practicing medicine, they were seeing patients, they were making money, you know. They hated to give up a day to go to Nashville and testify. A few agreed; many declined. I was exhausting (laughs) all possibilities.

Somebody told me about a Dr. Foster. I didn’t know anything about him except they told me that he was a young physician in Nashville and that he was known to be sympathetic to the issue. Why don’t I call him? So I called Hank Foster up, introduced myself, and explained to him what I needed, and he answered back, saying that there was a possibility that he had a patient that might be in labor at that point; he might not be able to get there. But if he could, he’d be there. But the way he said it led me to conclude that I’d been rejected once again.

But indeed, on the day of the testimony, a couple of days later, he entered the room as we pulled up our chairs to begin the proceedings, and somebody leaned over sitting next to me and said, “I think that’s Dr. Foster.” And his testimony was memorable. He said to this group of legislators—now remember, we’re talking about 1972 or something, in Nashville—and he said to them, you know, “It’s very important to do this. It’s very important that this happen.”
And after just a few statements of general introduction about the importance, he said, “Now, it does occur to me that you may conclude that I stand before you as a physician who’s also black, and that you would conclude from that that I’m advocating this because it would be helpful primarily to people who live in Tennessee’s urban centers, where most of the black population, especially underserved black population, resides. In fact, the patients who would be most likely to benefit”—of course, [it was an] all-white panel of legislators—“the patients who’d be most likely to benefit reside in the following counties.” And he listed four or five rural counties and said that these counties, the patients who are poor in these counties, are predominantly white. And the beneficiaries of this service are likely to be in those areas because they’re the areas that have a diminished number of physicians and a ratio of physician to patient that is on the decline. And it’s essential that we get extended roles of nurses to provide health care in these areas.

Well, he absolutely captured—I mean, it was very clear that he read them exactly right. When he started testifying, they were seeing it through the lens of race, and he turned that right around on them and had pulled them right in. It was really quite masterful. In any case, it was my first association with Hank Foster, and years later I was in Baltimore, and Hank called me from—we’d stayed in touch some during the time since—but he called me one day and he was at Hopkins [Johns Hopkins Hospital, Baltimore], and I asked him, you know, when he needed to be back at the airport. And he told me, and I said, “Well, you come here, and we’ll visit briefly and have lunch together, and I’ll run you out to the airport.”
Well, he came to my office, and he told me that—I asked him more specifically why he was in town. And it turns out that Hopkins had made him an attractive offer to him—involved international travel and a faculty appointment, including tenure and so on. And I said—the way he described it, I sort of concluded that, and I said, “And you’re not going to take it.” And he said, “That’s right.” And I said, “Why is that?” And he said, in what was a comment that I admired him for, he said, “Because I owe Meharry something. I don’t owe Johns Hopkins anything.”

And I—at that point I fell in love with Hank Foster, if I hadn’t already. He’s a wonderful guy, and is, I think—now I’ve traveled with him in Latin America and Africa and Vietnam and seen family planning done in a variety of conditions. And he’s an extraordinary man who’s, I think, made a great contribution to this field. Hank tells a story: after he was not confirmed by the Senate [to be appointed as surgeon general]—he was never, incidentally, voted down, he just was never confirmed by the Senate. And they used cloture to prevent it. I mean, the cloture vote is a two-thirds vote, I think. That’s the way they prevented him. A majority vote he had in the Senate. He could have won by majority vote, but they used the cloture technicality to use partisan politics to block his appointment. And he said that when he went around from senator to senator—accompanied by a White House staffer to make sure that nobody misquoted him afterwards—they went to Bob Dole’s office, and he said Dole was not in the least bit unfriendly, but he was also quite brief with him. And just simply said, something like, Dr. Foster, I’m sure you’re a wonderful man, a good man, and don’t take this personally. It’s not about you; it’s just politics.
And Hank said that a couple of years later, after the national presidential election, it was very hard not to pick up the phone and call Bob Dole and say, Don’t take this, (laughter) don’t take this personally or anything. I'm sure you’re a good man, it’s just about politics.

But, in any case, you know, the interesting ways that this issue has moved to even that level of prominence. I think that’s the thing. It’s sometimes surprising to us who worked in the field, and other times, you know, I find myself saying, Why should we be surprised by it? We’re talking about sex, we’re talking about religion, we’re talking about the role of women in society, we’re talking about politics. In the final analysis, any one of those four things have caused barroom brawls for centuries. All four together are bound to be controversial. I mean, you know, we shouldn’t be surprised, I suppose.

**Sharpless** Are we talking about babies at all?

**Pellegrom** About babies?

**Sharpless** Um-hm.

**Pellegrom** Well, I guess I would think we always are. I mean, I think we—certainly the conditions—I think we’re fundamentally in family planning talking about the conditions for childbearing and child rearing. And I think that some of the oft used early slogans about “each child should have the right to be born a wanted child” are still applicable phrases. I mean, I really do believe that we know internationally when we do family planning—we just simply at this point, I think, know, with an exception or two or three that we could and maybe should focus on—we know that when you offer family planning services to women around the world, notwithstanding their religious faith or the political
system in which they were reared, whether it was the former Soviet bloc
countries of Eastern Europe or Latin America or wherever it is, if you offer
contraceptive services to people in enough abundance and at a high enough
quality, people avail themselves of the services. Women would rather have two
or three or four children than they would have eight or nine children, no
matter what faith they attach themselves to or what political system they are
reared in, it seems to me. There are exceptions, of course. But by and large, we
know that people choose to have smaller families.

There are all kinds of things that play into that. I mean, for instance, in
some cultures more than others, the preponderant social pressure to have a
male child. There are certainly, in some other countries—I mean, I think of
Bangladesh when I say this, but there’d be many of the Muslim countries and,
for that matter, many other countries in Latin America and elsewhere to a
more or less degree, that where the first two children are females, or the first
three are females, the effort to still try one more time for a male child is a
pattern that you can observe. So there are complicating ingredients. But
basically if women could choose, they would choose to have two or three or
four—maybe not two, maybe not replacement, stop at two, but not much
higher than that—before, if they had their druthers, they would stop. And I
think that is because of children. I think that is because of the recognition that
women have that their capacity to care for the children they have is influenced
by the number of children they have.

And we also know statistically—and I think it’s a distortion that doesn’t
get—we don’t talk—I mean, it’s not a distortion. It’s an inequity, really,
between a wealthy society like ours and less developed countries. I don’t think most people understand that the single greatest cause of women between the ages of twenty and thirty dying is associated with their reproductive health, and that when women who are mamas die and there are already present children under the age of five, the children die. And we don’t discuss it that way. In general, the public doesn’t understand that saving these women, saving their lives, whether that means by making sure abortion is safe or by making sure that any other form of maternal health is improved, is absolutely about saving the lives of not only the women but the children.

Sharpless: The existing children?

Pellegrom: Yeah, that depends—I just don’t think we think about it that way in our society. Just as we talk about the right to choose as a—and I’m not suggesting we shouldn’t talk about it that way in our culture—the right of choice with respect to whether or not to continue a pregnancy. Well, it’s not just right to choose in developing countries. It really is about life itself. I mean, it is a life-and-death matter in countries where abortion is illegal. And women die, and they die by the thousands every year because of restrictions with respect to abortion. And some of these women have been told by doctors that if they have one more pregnancy and continue it to term, they will die, so the choice of abortion becomes a desperate choice between dying nine months later or taking a chance to—it is an awful thing, and we discuss it as though it’s some kind of an abstraction, rather than a life-and-death matter.

Sharpless: Yeah—and here in the United States, you hear people talk about abortion like it’s a rite of passage for a sorority girl.
Pellegrom  Right.

Sharpless  And just frivolous and—(both talking)

Pellegrom  Well, yeah, sometimes it gets discussed in a way that leaves you saying, Wait, wait, wait, but this this deserves a different discussion.”

Sharpless  Let me turn over the tape right quick.

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

Go ahead.

Pellegrom  Well, one other kind of funny reflection: yesterday, we mentioned—well, I guess I mentioned Irv Cushner in passing. Lew Hellman and Irv Cushner, being both the first two deputy assistant secretaries of population affairs. Irv was deputy assistant secretary of population affairs when Califano was the HEW secretary and a member of the Cabinet. And one night I was with Irv. He was a very easy-to-know kind of guy and—unpretentious, you know, obviously not without ego, but an unpretentious guy. And we had a late night conversation at some conference or meeting at which we were, and it was while he was the assistant secretary. And he told me, he said, “You know, we don’t have a secretary of HEW.” And I said, “What do you mean, we don’t have a secretary of HEW?” And he said, “Well, you know—if we had an HEW secretary, don’t you think that there would at least occasionally be a meeting that the secretary of HEW would hold and meet with all of the deputy assistant secretaries of HEW?” And I said, “You mean that doesn’t happen?” And he said, “No, we’ve never had a meeting. We never meet.”

And then he proceeded to tell me, he said, “The only time I’ve met Joe Califano is, one day,” he said, “I got a phone call in my office, and on the other
end of the line, I heard something like this—(imitates low, hoarse voice)

‘Hello, Irv, this is Joe Califano upstairs. I’ve got to give a speech tonight, and I have this voice problem.’” And he said, “I dashed up to his office and I was so excited I was going to meet with him.” He said, “Afterwards, I felt perfectly silly that I had dashed out of the office—that I was finally going to meet with him. I felt very silly that I had acted this way.”

But so he said, “I stood briefly outside his office to catch my breath so I didn’t sound breathless as I went into his office. I walked in and Califano proceeded to say, ‘Is there anything that can be done?’” He said, “I called friends at Hopkins”—where he had trained, who are ear, eye, nose, and throat guys, you know. He said, “Obviously, I told Califano, ‘This is not something I treat as an OB-GYN.’” (laughs) And he said, “We literally put him on a helicopter and flew him to Hopkins and they did whatever so that he could give the speech.” And he said the next day Califano called him and thanked him for what he’d done. He said that was it; that was his whole exchange with the (laughs) HEW secretary. So, that was his sort of insight into the way government works or doesn’t work. But in any event, a funny tale of—he had been the chair of the board of the Alan Guttmacher Institute and had to leave that to accept the appointment. And at the time when Fred Jaffe was still the president of the Alan Guttmacher Institute—Fred soon after that died abruptly. Fred was one of the great minds in this movement, and is often overlooked, I think, now by people. If you interview Jeannie Rosoff I’m sure you’ll get a sense—a complicated, brilliant man. My wife says that when I first knew Fred—I was actually asked to eulogize Fred by his family after his death,
and I would be one of the people who did—but my wife said to me one time that she never saw me change my views of somebody so dramatically from not liking him much at all to being a great admirer. And it was because his personality was not easy. He was tough and even could be an intellectual bully.

In others words, to meet Fred initially, your first conversation with Fred, you could find him to be very tough. The content of his intellect, the convictions about social justice and his deep-seated belief in wrestling with underlying and recurrent problems of poverty and social injustice—you began to see him from a totally different perspective when you got to know all that about him, began to see him as a really remarkable, kind of almost street fighter for the underprivileged and stuff. And it's from there that family planning became his thing. It was really very much an issue of social justice for him. And he applied an extraordinary mind to that.

He and Jeannie were a marvelous team. And I mean, she was much smoother and had a better appreciation for how to move the discourse from public policy. But the content—you know, he understood that his decision to create what we called then in those days the Polgar-Drefus-Varky Formula to do the demographic study that substantiated that there were, I think it was, 5.4 million women in the United States in need of subsidized family planning care at the time, that became the underpinning for the creation of Title X, of Senate Bill 2801, which became Title X.

Christopher Tietze, who was one of the great figures in this movement and who wrote extensively on abortion and other issues, eulogizing Fred Jaffe, I remember saying at a—Christopher was an old man at this point, and he said
his last conversation with Fred was, Fred had a group of people that he called on Sundays, sort of typically on Sundays. And very near the end of his life I made the list. I felt privileged to—when I started getting Sunday afternoon phone calls from this man, instead of having my day intruded upon, I felt privileged. (laughs) Chris Tietze said he got one of those Sunday afternoon phone calls from Fred, and at the end of the conversation—they dealt with whatever the issue was that they were dealing with, and then Fred said, “Chris, there’s an idea that I want to discuss when we talk next, and it’s an idea that I really want you to help me think through. Well, I’ll spare you that today, and we’ll do that”—and Chris said, “I’m now haunted, because indeed it’s an idea that might occur to a roomful of some of the leaders of this movement.” He said, “It’s a thought that indeed might occur to one of the rest of us, but it’s also possible given Fred Jaffe’s genius, that it’s a thought that will never, ever occur to any of us. And I’ll never know.”

And it was that kind of—he had a wonderful mind, and it was a privilege to have known him. He died abruptly in his office in New York City of a heart attack, and we lost a remarkable leader when he died. He had a really amazing—if you were to have known him, you would understand that he could be—he had to have a great mind, because his personality would have offended an awful lot of people. You had to overcome, a bit, his personality to really appreciate him, but he was very special.

**Sharpless** Were you ever around William Draper?

**Pellegrom** I’m sorry?

**Sharpless** Were you ever around William Draper?
Yeah, a little. I’m that old too. Two funny Draper stories that I know—one is a
great story he used to tell. I didn’t spend much time with him, but I knew him
a little. He used to tell a cute joke that I’ve used—stolen and used since with
certain audiences. I think he set it up in Cincinnati, Ohio. Probably made that
up, but this story was about the cocktail party that the mayor of the city of
Cincinnati held and invited the chairs of the boards of all the not-for-profit
organizations in town to come to the cocktail party. And the mayor kept
handing out a cocktail to each person as they entered the room, but the chair
of the board of the Planned Parenthood affiliate the mayor kept bypassing and
seemed to be making a point of not offering her a drink. And finally she asked
him, “Why, Mr. Mayor, is it, that you don’t offer me a cocktail?” And he said,
“Oh, I thought you were the head of the temperance union.” And she said,
“No, I’m the head of Planned Parenthood.” And he said, “Oh, well, I knew
you didn’t do something.” (laughter)

He was a gifted fundraiser, had great connections, especially with the
Republicans—a great friend of Eisenhower’s. He had a lot to do with changing
Eisenhower’s mind on the subject of family planning, reproductive health, and
the government’s role in it. And he did so in that report that was on hunger.
Eisenhower had appointed him to head a task force on hunger, and he didn’t
mention anything about family planning or population, as I recall at least, until
sort of the last page. It was almost a postscript in the report. It basically said
something along the lines of, if the United States is to, in its foreign assistance,
to have any significant impact on the issue of hunger globally, it must also
address the issue of population growth, or it will never be able to catch up to
the issue of hunger. It just put those two issues side by side in a very brief kind of way.

But it did cause, I think, people—partly because of his credibility, his personal credibility, partly because of the fact that he also had, by extension, Eisenhower’s credibility as having been appointed head of the commission—that that report had, I guess what I would say is it seemed to put population in a context where it was—you were talking not about—I think I’ll put it this way. You were in the corners of Washington among what were then, still, too male, but then, almost an exclusively male world. It put population issues, or family planning issues, in the context that was connected sort of to larger or—maybe not larger, but different issues than sex. I mean, it wasn’t about sex then. It was suddenly about hunger, it was suddenly about poverty, it was, you know. He played a very important role.

The other Draper thing, personal thing, that I remember, as much as I admired Alan Guttmacher and as much as I respected him and knew him much more than I knew General Draper—I was in Alan’s office one day along with Alan visiting about I’m not sure what when Draper called him and asked him to do some public appearance. And Alan basically—it was one of those moments when we saw the egos of the two great leaders. Alan, the more progressive and more Democrat, and more—Alan always in fact insisted, practically, on being referred to as a liberal—and General Draper, obviously not wanting to be referred to as a liberal, but coming on in this issue in the very same place. Alan, at the end of the conversation, as I recall, declined. I have no idea what the appearance was, but he declined the public appearance
because, as he said to me after he got off the phone, you know, he didn’t want
to share the platform with Draper. (laughs)

So, I guess the egos of leaders of organizations has always been the same,
right? I mean, it was—years later as you would see other people, you know,
Fay Wattleton or whoever her successors were at Planned Parenthood, and
Kate Michelman at NARAL or whoever her successors were, get into some of
these same kinds of things. You want to just smile and say it really doesn’t
make any difference whether they’re females or males, or whether it’s the
1960s or 70s or the year 2000, some things never change. (laughs)

Sharpless
Interesting. Well, you mentioned Fred Jaffe and General Draper and other
people like that, and that ties right back into the advocacy question. We talked
a little bit about what you did in Tennessee. What kinds of things did you work
on in Maryland?

Pellegrom
In Maryland it was very—it intensified. It intensified because the issues
intensified, I think, in the general, in the public. We were very involved in
Maryland. We really made the decision—the politics in Maryland are
interesting. I mean, there’s a real mix of—more Democratic than Republican,
but a real mix nonetheless. And Maryland still is interesting to me politically. I
mean, you know, one of its senators is—for a long time, Barbara Mikulski, a
woman, and [Paul] Sarbanes being the other senator—but before Barbara,
Charles “Mac” Mathias, who was a Republican senator, had been one of the
Republican senators—or one of the senators, never mind party, who had been
a leading figure on civil rights issues and stuff. So, it’s always kind of been this,
I think, an interesting state politically. And that certainly was true in the statehouse, as well.

We made the decision in Maryland as an organization that—I suppose, in some respects, as a movement—we made the decision that the right political decision was to protect Medicaid funding. And to protect it as a matter of legislation, to try to avoid having to protect it by going to court. And our decision was not only that that was the right thing to do, which of course I believe, but it was also a strategic decision that you don’t concede any ground here to—you want to fight as a tactic. You want to fight the issue out for—you don’t want to be protecting the issue just on the issue itself, you know, protect the funding of the issue. You keep the battle away from—you know, you want to fight it out here. You want to fight the battle to some extent on a ground that’s pushed away, as far away out rather than right at the center of it. That’s a clear way to put it. But tactically, it was not just that it was the right thing to do, because Medicaid patients deserved it. One thing that they—

Sharpless (both talking) I’m sorry; are you talking family planning or abortion or both?

Pellegrom No, funding for abortion, Medicaid funding for abortion. Medicaid funding for abortion is what I’m talking about, sorry. An interesting thing that we also—and I don’t know where this is today, actually, I wish I did, but I don’t. We began to talk in those days about how people in parts of America did not have access to abortion because providers were not willing to provide the services. Women had to travel to—and that’s become even more true, probably. And it obviously poses some concerns both about access from a kind of patient rights standpoint and also from a health care standpoint.
Nevertheless, in spite of that, it was also true in those days. And that women who were on welfare, even after the decision to not provide federal funds for Medicaid—Medicaid match, in other words, from the federal side—something like half of the women, or more than half of the women in the United States twenty years ago who were on welfare, were eligible for Medicaid funding, would still be able to get public assistance funding for abortion. Which suggested a couple of things—which means that in Illinois, and Maryland, and Massachusetts, and in California and states that had larger populations—New York, probably—states with larger populations of Medicaid patients—in other words, it takes a lot of South Dakotas to make one of those.

And then it also suggests that where there is a sufficient population base interest group for something, the public apparatus is required to be the need, so that just a sufficient concentration of people who are Medicaid eligible would create that need. So in some respects, we created in Maryland an alliance with, for political reasons, with the welfare rights organization and a variety of other organizations that really did create a presence on this issue and moved the issue forward. I remember receiving telegrams when our legislature came down finally with a vote on this. Great moments where, you know, we received telegraphs from some Planned Parenthood affiliates and colleagues in other states that said, you know, your having fought this or Maryland’s Planned Parenthood having fought this has given us a chance to fight it, too, in our state. So, we worked hard at that.

One story that occurs to me from those days, which is sort of—not lost for me, but I’ve always wondered, sort of, about the person who’d say—very
quickly, it's this: There was a floor debate one night on Medicaid funding, and
it was one of many. I’m going to say it was about 1982, ’83, ’84,—in there.
And a legislator in the Maryland general assembly who was new to the
legislature, came to the microphone having a list—and it was about midnight. I
was sitting upstairs in the gallery and looking down on the floor of the old
statehouse, next door to the very room where Washington resigned his
commission as a general of the revolutionary forces. A remarkable kind of
building, in any case, and I sat upstairs watching this play out.

And a male legislator came to the microphone and he said, having been
silent up until then and new to the legislature and no voting record on the
issue—and he described himself this way. He said, “You know, I listened to
this debate, and I thought about this issue, and I don’t—earlier this evening I
didn’t know what I was going to say about this issue. But I feel compelled to
let everybody know that—to just kind of just tell you, as you know, I’m new to
the legislature. I’m a Baltimore city police officer who flies a helicopter, one of
those helicopters that does surveillance in Baltimore.” And he said, “That’s
what I do. And I fly a helicopter because I was a helicopter pilot in Vietnam,
and that’s how I learned how to fly a helicopter. And I came home and got a
job with the police department because of that training, and then I ran for the
general assembly.” And the general assembly met in Maryland for three
months, you know, it doesn’t meet all the time like it does here in
Massachusetts.

And he said, “So nine months out of the year I fly a helicopter in Baltimore
city, and the rest of time I do this. I just have to tell you a story. I flew that
helicopter behind enemy lines in Vietnam one night because we had gotten an SOS from American soldiers who were caught behind enemy lines and in great peril. And at least some had been wounded, and I took the helicopter down, and we loaded an injured American soldier who was bleeding quite profusely from wounds to his abdomen. And a couple of other less injured, but nonetheless injured soldiers, maybe five altogether, but three of whom were wounded—and once we got them on board I took the helicopter back into the sky above the trees and headed to safety, when we began to draw enemy fire. Just as we began to draw enemy fire, we looked back down and saw a couple more U.S. soldiers running out from under cover waving to us for help, to come save them. And I as a pilot had to make a split-second decision whether to go back down and save the other American soldiers who were stranded on the ground or to take the helicopter, if I could, away from enemy fire to safety and at least save the people who were on board.

“I don’t know that this is any kind of analogy at all, but I guess as I listened to this discussion tonight, I think that somehow or other the closest that I will ever get as a male to making a decision that women have to make when they make the decision to have an abortion was made by me that night. I had to make a decision. And I guess as I think about it, I can only say that I’m very grateful that there was no legislative body looking over my shoulder.”

I fell out of my seat. I thought it was spectacular—I mean, it was just—the place went silent. You know, that largely male legislative audience that sort of—two minutes past midnight went just, like, hushed. He had just sort of cut
it—and completely different—I mean, who would have ever—I mean, if you’d scripted that and put it on a—

**Sharpless** On a prompter?

**Pellegrom** Yeah, that was manufactured by some script writer. It was really fascinating. Whatever became of him—and I don’t know that anybody has ever tried to do anything subsequently with that argument. I used to think to myself I should have probably gotten somebody in there to go interview him and write an article on this or something. I never did. I don’t even remember his name. Oh, I could get it, I mean, I could get it. But it was a wonderful moment.

**Sharpless** Let me turn the tape.

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

All right. This is the second tape of the second interview with Mr. Daniel Pellegrom on October 29. Okay, we were talking about advocacy while you were in Maryland, and you’ve mentioned Fred Jaffe, and General Draper, and Jeannie Rosoff, and others. Who taught you how to work a statehouse?

**Pellegrom** Oh, good question. I suppose it was a combination of people. I guess I would say, maybe quickly off the top of my head, there were about three people that I would cite as having taught me, I guess, what I feel like I know, maybe four. Jeannie Rosoff taught me a lot about it, how to work legislature and how to approach them. She taught me an awful lot. Just listening to her, just being in her presence, was a lesson. I once was sitting in my office ten, twelve, fourteen years ago and having a conversation with somebody and quoting Jeannie, and then turning to Sally Skillin, my longtime assistant, and saying sort of to her, “From your experience, Sally, who am I most apt to quote? Is there any one
person I’m most apt to quote?” She said, “Jeannie Rosoff,” immediately. And I think Jeannie taught me a lot. I admire her very much, and I think she was important to me.

I also learned a lot from a woman who is now quite elderly and lives with her daughter in Portland, Oregon, I believe, named Ilse Darling, who had been the head of the Religious Coalition for Abortion Rights—nationally, in Washington—she was from Baltimore, and she and her husband had been very active in urban issues in Baltimore. Her husband—I can’t remember, but he was a commissioner of housing or something for the state of Maryland, or something like that—but I didn’t know her then. I never knew her husband; he was dead by the time I knew her. But I knew her work. She was the head of the Religious Coalition for Abortion Rights in Washington, D.C. It’s now called something slightly different, but I think with the same initials or something. I was told about Ilsa (?) from people who knew her, and I recruited her to leave the Washington, D.C., national scene to come to help me in Maryland. And she did. It was her home, and she came back to Maryland and worked the state house. And so, I guess I’m proud to say that I learned an awful lot about it from a person who was, in organizational terms, a subordinate. It’s sort of exciting to me always when you have the opportunity to learn from somebody who, in fact, you’ve hired. And she surely taught me a great deal.

She retired, and we employed a guy named Steve Rivelis to replace her. Steven Rivelis was a young man, probably not yet thirty, when I hired him to replace Ilse Darling to run our public affairs work in Maryland, and he was
very creative, very imaginative. He really respected Ilse; he had this real admiration of Ilse, and yet was very much from a new generation, kind of a new voice, in some respects. An example: I don't remember the year, I'm going to guess that it was about 1980 or '82, there was a film that came out that was—oh, goodness, I'll think of the title in a second. But it was regarded by the right-to-life movement as the thing that was going to move the country on this issue in their direction.

**Sharpless**

You're talking about *The Silent Scream*.

**Pellegrom**

*Silent Scream*. That was it, exactly. Thank you. It was *The Silent Scream*. And nobody had seen it. I mean, that is to say, none of us. The public had—*Silent Scream* was being rumored, and in the statehouse people were saying that right-to-lifers were gloating that they had this sort of documentary evidence that was going to persuade everybody. And Steve came into my office one day and in the midst of the swirling rumors about this new film—Steve came into my office one day and he said, if I remember the conversation right, he said, “I have a copy of *The Silent Scream*, and this is what we’re going to do.” I don’t think he said, “And this is what I recommend we’re going to do.” I think, knowing Steve, he said, “This is what we’re going to do.”

I suppose some supervisors would have not liked his approach, but I rather admired his chutzpah. He said, “What we’re going to do is invite the head of the Presbyterian church in town”—a guy by the name of Herb Vallantine, who later went on to be elected the national moderator of the Presbyterian Church—and we’re going to invite a pediatrician from Hopkins, and we’re going to invite an OB-GYN from the University of Maryland, and we’re going
to invite a rabbi,” or something. I mean, it was a combination of two medical experts and two religious leaders. “And we’re going to show The Silent Scream and we’re going to ask the expert guests to comment on it afterwards. And we’re going to invite every member of the general assembly to come see it.”

Well, my first reaction was, “This is pretty risky.” And he said, “Well, think about it. It’ll expose its fallacies and give us an opportunity to address it that we won’t have if they show it on their ground.” He didn’t talk for too much longer before I said, “Yeah. What you said is what we’re going to do. Let’s try it.” And so, I think still, it was an example of a fairly bold strategic move. We showed the film. The right-to-lifers were furious. (laughter) It was wonderful; they were furious. We showed their film! I never did ask Steve, I don’t think, how he came by this film. (laughter) I don’t know how he got it. But we showed the film, you know. The physicians got up and pointed out that they claimed this is in the such-and-such week of pregnancy; it’s clearly not, and they showed why—you know, to the audience—why this was fabrication, and you know, from medical, scientific description. The religious leaders talked about the way in which they had bent or altered scriptural interpretation in the film, and so it was masterful. It was really masterful.

So I learned a lot from two people who worked for me—Steve Rivelis, who now operates and runs his own consulting firm in Baltimore, and from Ilse Darling, as well as from Jeannie Rosoff. And I suppose I learned a lot as well from Paul Todd, who was the congressman way back in Michigan, who went on to become the national head of Planned Parenthood for several years. That combination of people, I think, taught me a great deal about how to
frame the issue—most of all, how not to be intimidated by the process. Many people, I think, are inhibited from approaching political figures on the basis that they kind of assume they’re going to be exposed for not being experts, rather than understanding that politicians are more apt to be moved by people who care a lot and who vote than they are by experts anyway. And so, I suppose, to answer your question, it was those four people most quickly come to my mind.

**Sharpless**

Okay, one last question about the advocacy in Maryland. When you were in Maryland, how much did you operate on the national level? It was so close to DC.

**Pellegron**

Well, I always sort of was involved in the national—in a tangential way, at least—in the national issue. I was chair for, I think, three years of the metropolitan executive director’s council (MEXDICO) of the Planned Parenthood affiliates, that’s in the group of large Planned Parenthood affiliates which very much plays a role in sort of forming, or at least being a sounding board for, what the national organization of Planned Parenthood does. I was very active with that. A group of affiliates were more apt to be involved in a direct and indirect way with political issues than others. And you know, I mean by that, Planned Parenthood in New York City, and in those days Planned Parenthood in Maryland, and Planned Parenthood in Seattle, and Planned Parenthood in Denver—led all by, I mean, Lee Minto in Seattle, and Sherri Tepper in Denver, and Al Moran in New York City—were sort of the great Planned Parenthood executive directors of my era. But also the Minnesota affiliate, Tom Webber, and the Vermont affiliate, Jim LeFevre—you know,
several affiliates who were at center of the public debate—and I certainly was engaged in all of that.

I think the other thing that we did, which was a certain intersection between service delivery and advocacy, is that the Maryland affiliate, at one point, led a lawsuit—that is to say, was the lead plaintiff on a lawsuit on behalf of the Planned Parenthood affiliates—that was a lawsuit against what by that time had shifted from being HEW to DHHS [Department of Health and Human Services]. The specifics of that lawsuit I’d have to go back and think about, but the objective was to establish the fact that you could receive Title X funds for family planning services and still use private funds for abortion. But we did that as a class action suit on behalf of the movement, not just for our own sake. It always stood as an illustration to me why it—sometimes there’s the perception that if you receive federal funds, you have become acquiescent in the process because you fear for your financial support. And it struck me that while that’s always a concern—and the higher of the percentage of federal funds, I guess, was, the more apt it is to influence your decision—it still is apparent to me that if you hadn’t had federal funding, you wouldn’t have been able to establish standing in a court. In order to gain standing, in order to bring suit, you’ve got to prove that you’d be, as yourself, an injured party. And so if you’re not going to play, you can’t influence public policy. Your chances of influencing it are directly increased, it seems to me, if you’re part and participant.

And while some private, not-for-profit institutions, including Planned Parenthood affiliates, like to assert their independence by claiming no
involvement as a recipient of federal funds, they also generally are not players in influencing public policy. It’s a fine line, but an important distinction, and I think that, you know, I guess ideally I would say that a not-for-profit organization might be well advised to have 20 percent, or 18 percent, or 24 percent, or something, enough of its budget so it’s a significant player in discussions of public policy, and not so much that it is apt to be a reticent player. And it’s very hard to get there. Not many people get that balance. But anyway, that’s enough on that, probably. But I do think that it is important to think about whether or not you’re—you really don’t have the investment in the public policy arena unless you’re engaged in it.

Sharpless: Um-hm. Okay. Anything else about your time in Maryland?
Pellegron: Yeah, probably, but I can’t think of what it is.

Sharpless: (both talking) Well, if you think of it, we can circle on back.
Pellegron: Yeah, it was a very intense and kind of privileged time, because the issue really expanded in many respects. I do remember thinking in Maryland that I was missing—to some extent, a couple of friends of mine were impressing upon me the feeling that the religious right was a growing and expanding reality in America and in American politics. And I didn’t really feel it a lot in Maryland. And I began—I guess what I’m trying to say is that Maryland was a unique enough place that, if that came to be apparent in Baltimore, it was later than it came to be apparent in much of the country. So it crept up on me a bit.

I do say, however, to people who now and then will make the statement, you know, that somehow or other we won Title X funding for family planning services in roughly 1970, and only three years later we got the Supreme Court
decision that cleared the way for the provision of legal abortion services, and
people on our side became complacent. I always challenge that. I’m not sure
we became complacent. At least a lot of us did what we should have done on
its face, which is to go about providing the services that were now legal and
expanding the provision of those services so that access was available to
people. Giving somebody the right to something and then denying them access
to it is a frustrated right. And we were trying, I think, very hard to do the kinds
of things that were necessary to provide services to people.

    It may be true that we became so consumed in the provision of that care
that we—and I include myself—that the oppositions, to some extent, may
have made, and I think did make, some significant gains in framing the issues
while we were about providing those services. But I think I’m defensive a bit in
saying—but don’t say I was complacent—those services needed to be
provided, and it was pretty time consuming to do the things necessary to raise
the funds to do the things necessary to expand the services. And I think a lot
of us were about that important task.

    Sharpless  It didn’t take very long for the Hyde amendment to come about.

    Pellegrom  That’s right. Yeah, that’s right.

    Sharpless  (both talking) I mean, so, no sooner—hardly after Roe v. Wade was passed, then
    the opposition started—

    Pellegrom  Right—no question.

    Sharpless  —started moving.

    Pellegrom  The opposition was galvanized by the Supreme Court decision. I think there’s
    no doubt of that. You know, I think it was there. I think it was galvanized by
the Supreme Court decision. A significant polling work done—I’m struggling
for his name [of] the pollster: he did an awful lot of polling at the national level
for NARAL and other groups, and his name, for just a moment, is slipping
me—

**Sharpless**
Scott Harris?

**Pellegrom**
Yeah, Harrison Hickman. Harrison Hickman, exactly. Thank you, you gave me
(laughter) enough of it that I was able to—Harrison Hickman, actually a
graduate of Gilford College in North Carolina and a long-time sort of political
observer of American politics polling and did a lot of polling in this. He
probably has polled on this issue for a longer period of time than—I don’t
know whether he’s done enough about the discipline to know that his polls are
the most accurate or among the most accurate. I presume they’re among the
most accurate, at least. But I do believe that he’s done it for longer than
anybody else, so his comparative data is kind of interesting.

And he makes the assertion that, unlike most any other issue—and in fact
unlike, I think he would say, any other issue that he’s polled on—that the
public hasn’t changed much over a significant span of time. And by that he
would say that soon after the *Roe v. Wade* decision, something like 18 percent
of the American people believed that abortion was wrong and should be illegal
under most, not necessarily all, circumstances—maybe exceptions [such as a
danger to the] life of the mother, for instance. But basically this group believed
that the Supreme Court got it wrong and that with some very rigid exceptions
abortion should be illegal. And about something like 38 percent said, right after
the decision, that the Supreme Court got it essentially right, that abortion
ought to be available to women pretty much on the consent of and agreement of a woman and her physician, with some, but not very many restrictions. Let's call that 20 percent and 40 percent to make the math simple.

And that left 40 percent of Americans who basically would call themselves undecided. And he [Harrison Hickman] said the irony of this issue, unlike others, is that all these years later, those are about the same percentages, so that when the issue gets framed as essentially a libertarian issue, essentially in ways that say, Why would you want to have your congressman or senators or presidents, your elected officials, making your most personal choices? We, essentially, on the pro-choice side of the equation, pick up significant numbers and percentages of that 40 percent of people who are undecided. When the issue gets framed in ways that use language like “partial-birth abortion,” it exposes the queasiness of people on the subject and it causes significant elements of that 40 percent of the undecided to swing in the direction of that smaller minority who are pretty rigidly opposed. And that side has become quite good at manipulating that 40 percent. They've become a good deal better at least at it than they were originally.

And so the reason that you would—he says his data would suggest that if you really look at that data, it's not all that surprising why, you know, thirty years later, there have been dozens and dozens and dozens of votes—sometimes dozens in any given legislative session or year, dozens and dozens, and nationally probably hundreds and hundreds when you put the state legislatures together—of votes that deal with this issue. Thousands and tens of
thousands, probably, of hours consumed by political deliberative bodies trying
to create law on the subject in one way or another.

And, you know, his comment is that on most other matters, the American
people may have divisions like this with people in between undecided, but over
time, you know—probably at one point or another on the Vietnam War it was
20 percent and 40 percent, but that 40 percent that hadn’t decided swung
pretty universally to one side of that equation before too many years. That’s
not what’s happening in, you know, say, the civil rights issue or whatever. That
just never has happened on this issue. It never gets settled as a result. It’s
always in the throes of a new controversy as a result.

Sharpless  Interesting. Okay. We’re going to move from Maryland, and it’s pretty obvious
to me that we’re not going to be able to do Pathfinder in its totality this
morning. So I would suggest that we just get started and try to find some time
that we can keep going, so let’s not feel like we need to make it all the way
through (laughs) twenty years of Pathfinder in an hour this morning, if that’s
okay with you.

Pellegron  Sure, sure.

Sharpless  Okay, so you were in Maryland for ten years.

Pellegron  Yes.

Sharpless  Now, how did you decide to come to Pathfinder?

Pellegron  Well, I got a telephone call from Rebecca Cook, who I first met when we were
both pretty young and in New York City and sort of around Earth Day kinds
of developments. We were both activists and in our younger-twenty days. I just
ran across a book that was put together by the Population Institute way back
then called the Population Activist’s Handbook in which I see that—maybe Rebecca was the editor or something, and a few of us were contributors. It’s just funny; I ran across this not long ago. Rebecca now teaches at the University of Toronto. She’s an attorney and both her law degree and her MPh [LLM and JSD degrees] were from Columbia University, and she now is a professor at the University of Toronto law school. But internationally she’s identified with being sort of the legal expert on law and policy connected to reproductive health and rights, and a pretty good speaker, and panelist, and so forth, and conferences all over the world on this set of subjects. She was at that time on the board of directors of Pathfinder, and she called me.

Pathfinder’s history was like many not-for-profits, founded on a bold idea. I oftentimes say not-for-profits are often founded on a bold idea and too often, once they are formed—too rarely, once they are formed, do they continue to have bold ideas. I use that as a challenge to my own organization and to myself. But the bold idea in this case, when you think about it, was in the late 1920s. Clarence Gamble had founded this organization as a philanthropist—a bad metaphor for the work that we do, but kind of a Johnny Appleseed of family planning. (laughs) He provided financial support to fledgling little units that provided family planning services in various places and created an organization that had fallen on rather hard times.

When Rebecca called me in—very end of 1984, I guess, late 1984—she called me and said, “Pathfinder is looking for a new CEO and I wanted to talk to you about it,” and I missed it. I missed it. I was insulting in a way, I suppose, or feared that I had been. As we talked I said, “Well, I was aware that you were
looking for a new CEO, because I saw the flyer and the brochure that had been sent out that you were looking for a new CEO. And maybe I know somebody who’d be interested and I'll pass it along.” But frankly I had heard that Pathfinder had allowed itself to be bullied a bit by USAID. Senator Kasten [R, Wis.], who is a senator from—then, from Wisconsin—had come across a fundraising letter from Pathfinder, not unusual for not-for-profits; it said, Gee, we get federal money that allows us to do X, Y, and Z but we need private money in order to do abortion work, and that abortion work in Bangladesh and other places is terribly important, and we want your help for that. And Senator Kasten kind of waved this letter on the floor of the Senate and said, “This means that we are providing—the U.S. government is providing—financial assistance to an organization that does abortion, wants to do abortion, is in fact beating up on us as legislators for not giving them money for abortion. And I think, therefore, we should not let AID approve this new cooperative agreement.”

Now cooperative agreements, in those days, and I guess still, go through a period where—I think it’s ten days—that once they go through the bureaucracy, they go to the Senate and nobody asks to question them after ten days, and then the bureaucracy proceeds. And then, so he asked a question, creating a situation in which Pathfinder’s federal funds were at stake. About that same time Pathfinder had suffered a complicated audit which challenged or objected to costs—you know, in round figures, of three million dollars, a little over that. So it was exposed on a federal audit, and it was being challenged with its federal funds, and the rumor in the community was that
Pathfinder was being fairly acquiescent rather than feisty in its response to this challenge.

And so those of us who were sort of in the community in some general way, but not close particularly to the organization, had heard that Pathfinder was being criticized. I was, at the time, the only Planned Parenthood executive director who served on the board of directors of the Alan Guttmacher Institute. And at an Alan Guttmacher Institute board meeting, Pathfinder had been explicitly criticized for—by the board—a resolution had even been passed to convey the Alan Guttmacher Institute board’s chagrin—this is, again, early 80s, early Reagan—at the way Pathfinder was handling this challenge from the federal government. Anyway, so I was critical. I said, “You know, from what I hear, Pathfinder isn’t behaving particularly aggressively here, and not only has been on the defensive, but in fact has been even acquiescent.”

And then at some point I said to Rebecca, you know, something like, What do you have to do with Pathfinder, after all? And she said, (laughs) “Well, Dan, you must not have read that flyer about the job description too carefully, because if you had, you’d see I was on the search committee.” And I said, “Oh, I apologize if I’ve been rude in assessing Pathfinder. I will pass this along to a couple of people, one of whom might be quite interested, and I will do that.”

And she said—

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

**Sharpless** I was so absorbed in listening—start over with the point where you said, “Okay, I’ll pass it along to somebody I know.” Let’s make sure (both talking)—
I said, “I’ll pass it along to somebody else, Rebecca,” and at that point she said to me, “Well, you still don’t get it. I’d like you to be interested, or some of us would like you to be interested,” at which point I think I said something like, “I’m a little embarrassed having made these criticisms.” And she said, “Quite the contrary, some of us on the board believe that the criticisms might be justified. And your experience in public policy and in the controversy of this issue is the reason I’m calling you.” I told her that I would make a decision quickly.

It was funny; I had come recently to the conclusion—I was approaching forty, and living in Baltimore and liking Baltimore a lot, and thinking, maybe I had a couple of other things that I had briefly looked at as career changes that had come along. And I basically walked away from them because they just didn’t do for me what family planning did. And I kind of found myself saying, This is going to be a long-term thing, and there aren’t that many more—Maryland was a great old affiliate—there aren’t that many jobs that would take me, you know, that I might naturally gravitate towards, AGI or something—but I found myself saying, Maybe I’m here. And then this kind of landed, and I said to her, “Anyway, twenty-four hours and I’ll call you back with a decision.”

I went home that night, discussed it with my wife, and thought about it. I found myself saying, Gee, I stay in the field I care so much about if I do this. I’ll expand my learning curve because of the international side of it. The demographic issues combined with the health care issues of the less developed countries make it even more compelling. How could I not be interested? So I called back and said, “I’m on—I’m interested.” And I came to Boston, was
interviewed by the search committee, I had the least experience internationally of anybody that they interviewed.

**Sharpless**

They found other candidates even though Pathfinder was in the soup?

**Pellegrom**

There were other candidates. I don’t know how many, but there was at least one or two other pretty serious candidates. And they had much more international experience than I did—perhaps less management experience, certainly less public policy experience, and maybe less fundraising experience. I was certainly hired because I was thought to know something about fundraising, management, and public policy. And I think the board decided that the international experience that was stored inside the brain and soul of this organization was ample enough to cover for me on the international side.

And I was asked—it’s a funny thing. After the end of the interview with the search committee, a particular member—Rebecca rose to walk me to the elevator, Rebecca, the single board member on this board that knew me best—there were a couple of others that knew me, but she knew me best. But she rose to walk me to the elevator, and a board member I’d never met before, a man named Stan Karhl, who is no longer alive, unfortunately, but who was a prominent and important member of the board, as it turns out, told her—“Let me walk Dan to the elevators,” and he did, and in that brief conversation he conveyed to me that he had, at last, met the person that he thought should be asked to lead the organization. And he didn’t want to use his chips with his other board members and go back and say that unless I was serious. And the purpose of our conversation from his perspective was, If you’re not serious, tell me now or tell me soon, because I think we ought to make a decision fast,
and I’d like it to be you. He compelled me to be very serious very quickly about this. I decided that I really did very much want the job and came to Pathfinder happily.

But it was a hard place initially to work, and was—inside the organization, it had real issues. And, you know, there were some people who needed to be let go; there was some reorganization that needed to be done. There were a lot of people on the staff who frankly were pretty unwelcoming to me, some of whom never made it with me and some of whom became very important allies in moving the organization forward.

**Sharpless**

Okay, now, what did the organization that you inherited look like? Your predecessor had left voluntarily, or been dismissed?

**Pellegrom**

Dismissed.

**Sharpless**

Dismissed, okay. And—

**Pellegrom**

A couple in a row had been dismissed. I’ll make a couple of observations about what it was like before I got here. First of all, it’s important to say that Pathfinder had undergone a major transition from sort of being a family foundation, which it really kind of was. I mean, Clarence Gamble initially was a philanthropist—the organization was not named Pathfinder until 1957. But he had been working on the issue quite directly as a personal philanthropist since about 1927. You know, to put that in some kind of historical context, when Babe Ruth was playing the outfield for the New York Yankees, Clarence Gamble was concerned with the globe’s population issue, which is fairly remarkable all by itself. And interrupted by the war, he began to work—they had to focus on the international issue, interrupted by the war. After World
War II, but still long before the organization was officially incorporated, he began to take that philanthropic interest in family planning overseas, began to work increasingly overseas. In his first philanthropy in the United States, he provided seed money to start Planned Parenthood affiliates in Cincinnati and Philadelphia and Oakridge, Tennessee—Oakridge to Knoxville, Tennessee, in Appalachia—all the way to Michigan, and finally to Iowa, where he began to seed what became Planned Parenthood affiliates in those various cities.

Cincinnati was the hometown of Proctor and Gamble. They’re still called, in Cincinnati, Ohio—I’m told that the Planned Parenthood affiliates, its circle of top donors is still called the Clarence Gamble Circle or some such title. That effort—he and Sanger became friends, and they agreed at some point that he would take his philanthropy overseas, rather than—Alan Guttmacher used to say the Planned Parenthood Federation of America was not a federation, it was a confederation. That was both its strength and weakness, he used to say, and probably it still is. But each affiliate is incorporated in its own city. The nationals can’t come in and tell Massachusetts that it should fire its CEO or not. I mean, it’s incorporated in Massachusetts and it’s more grassroots than it is hierarchy in reverse. And in that sense, so is the international Planned Parenthood movement.

So IPPF [International Planned Parenthood Federation], just like PPFA [Planned Parenthood Federation of America], was created when its affiliates got together, and so we ought to have a superstructure of some kind for certain kinds of issues, a clearinghouse. That’s how IPPF was created. So, these first family planning associations that were first funded by Clarence Gamble
became original Planned Parenthood affiliates that helped create IPPF. More than thirty family planning associations, from Nigeria to Ethiopia to Bangladesh, East Pakistan then to Pakistan, Turkey and so on, Indonesia—all those are places where the first family planning activity was funded by Pathfinder or its founder, Clarence Gamble, prior to any federal money at all from the U.S. government. So the roots of this organization go back to this rich, wonderful—you know, where in some instances the stories include Clarence himself, or people that he supported, smuggling contraceptive supplies into countries where it was illegal and stuff, where suitcases were opened and the people at airports, the people who were opening them had no idea what an IUD looked like, so they got through, and so on. That’s the legacy, and it’s a great, exciting legacy in many respects.

When the organization began receiving federal money, it inherently got bigger and to some extent it became a slightly different kind of organization. I think that Pathfinder, probably between the late 50s and the late 1960s, probably went through the transition of a lot of growth, and federal funding, and not kind of knowing how to adjust to that, not being equipped, in some respects, to adjust to that. Also, some internal issues, tensions between whether it was still a family foundation or whether it was something different than that, and that included some tensions between and among, to some extent, family members who were still on the board, Clarence’s children. Some of that certainly was prevalent. And tensions that existed between the hired professional CEO and the board chair, who was still a family member, at that time, and so there were tensions around that, I suppose, that are quite natural.
And while these can be made to be complicated, I suspect they’re pretty
typical, in some respects, of organizations. In any case, when I came here, I
found myself inheriting the leadership of an organization that had never
retained a CEO for very many years. They’d run through several. I never found
it too helpful to try to figure out what my predecessor did or didn’t do, or
should have done that he didn’t do, or whatever.

What I did discover is that maybe a year or two into my time at Pathfinder,
I was describing to an old friend who had nothing to do with the organization
some of what I’ve just said to you, and probably more, in duller detail. And he
said, “Well, tell me now, with the family members of the Gamble family, a year
and a half into your tenure, would they approve or disapprove of you?” And I
said, “I guess I never thought of it, but I guess they would approve.” And he
said, “Well then, it will work.” And I suppose that’s one insight that’s accurate.
Although I think what happened is that we built at Pathfinder a new
understanding of governance, and a new board of directors that’s a real board
of directors that really does do its task of policy making seriously.

And as the Gamble family members and others who were, in some
instances, quite close to the Gamble family members who sat on the board
when I arrived—as this new wave of board members began not just to be
sprinkled in, but began to come in in significant numbers, the Gamble family
members who were still here and the people who were not Gamble family
members, but who were close to them were on the board, found themselves
excited by this new wave of board members. The new wave of board members
included Mary Lindsay from New York, and Paul Todd, who I’ve mentioned
earlier, who’d been long involved in family planning, and a variety of others who—ultimately, Jeannie Rosoff and so on, too, but also private individuals. Mary Lindsay helped us bring in other private individuals who cared about the issue. And that moved to a current generation of board leadership like Susan Swift and Cindy Fields and a variety of others who don’t have any career involvement in this issue but have been longtime, interested volunteers in one way or another.

And in any case, the board is a real and exciting board, and we made the transition, I think, that way. We also grew a lot. When I arrived, we were budgeted eight or nine million dollars, and within a matter of six or seven years we were twenty-four million and we’re now at seventy, mid-seventies or something. We went through a period when we were—about ten years ago we worked very hard at diversifying our funding base. We had become too reliant on federal money. The board put itself on the line to help us do that and accomplish that. We made real progress so that we became more like a third/two-thirds, two-thirds being federal, but through a variety of separate agreements, not just a single one, so that even within the USAID, money was diverse. We also raised government funds from the Dutch and the British and the World Bank and CDC [Centers for Disease Control] for various pieces of work, so we diversified the public funding, we diversified the private funding.

It’s been hard work, and it’s never done; it’s work that’s never done. You’re constantly—when you work on soft money, and when you make a career decision to work in a field like this, I think, when you make a decision to work in this field—as opposed to Save the Children, or Christian Children’s Fund,
or child sponsorship organizations like them, or like Plan International or something—I think you make the decision that you are going to, on the one hand, be engaged in something that remains controversial, and will always for my lifetime remain controversial in one way or another. You also make the decision that you are able to work on soft money, willing to work on soft money, that you understand that you’re always going to be at the task of trying to raise your budget, in effect.

I was told by the search committee that hired me that Bud Harkavy—who was at Ford Foundation and has in fact written something about the history of this movement—that Bud Harkavy said to them when they called and said, “Well, who do you think we should go after?” He had the modesty to say, “I have no idea. I’d like to say,” he said, “Dan Pellegrom.” But he had the modesty, in fact, to say, “I have no idea.” He had the wisdom to say, “Go after somebody who’s able to provide management leadership to your organization amidst chronic ambiguity.” I have thought lots of times that I wish I had—when at different times that somebody called me and asked me (laughs) for my counsel on something, I wish I could have captured so briefly what I think is that notion. I mean, he was absolutely right. You want leadership and you want management, but there are people who are both managers and leaders who simply would not be able to do that in a field or within an organization in which the situation remained as chronically ambiguous as ours.

Sharpless

Now, when you arrived at Pathfinder, how clear a sense of itself did the organization have in terms of goals?
Pellegrin: I think—how I feel about that is—good question. I think it was very clear what its values are. I think it was very confused about organizational stuff and muddled about how to do organization, about how an organization advances those values.

Sharpless: What would you say those core values were then?

Pellegrin: Well, I think the core values at Pathfinder very clearly captured the notion that each child should have the right to be born wanted, that population growth, excessive population growth, was a global concern, and that had implications that had to do with specific women—cultural with respect to poverty, and global with respect to distribution of resources in some fashion. It certainly also had at its core an understanding that individual women and a kind of human rights perspective that transferred itself to women in specific instances. It understood that somehow. It did understand that at its core. It did not know how to stand up to lawmakers and say that, in some respects, in some ways. It did not know how, necessarily—I think it did not know how to raise that issue with funding sources in ways that were—it did not know how to use its private fundraising partners, foundations, or individuals as part of its leverage, as part of the leverage it intrinsically had when it was dealing with public sources. So it needed to incorporate those, but it got the central values.

Sharpless: And did it know basically what it wanted to do, in terms of offering services?

Pellegrin: I think so. I think it very much was—it’s an organization that was conflicted this way. It really did believe that it was doing good and excellent stuff at the field level, that it had somehow a concept of taking this set of services, using country nationals, not Americans, to take that body of information and that set
of services and building them into organizations. One of the great examples of this is that before I came here—so importantly, no credit to me—a Kenyan staff member, a woman in Kenya who worked for Pathfinder, came to the idea that Maeneleo Ya Wanawake, which is the largest women’s group in sub-Saharan Africa—kind of a market women’s cooperative that was partly assisted during colonial times by British women that saw this group of women as having real leadership potential, and they provided assistance; they very much became a market cooperative, marketplace cooperative—our employee, twenty-five years ago, looked at that and said, “Gee, if we could get these women to become educators and distributors and advocates of contraceptive care—they’re the most admired women in the country by other women—if we could get them to become promoters of family planning in the village and community level, we could probably expand the reach of family planning way beyond the clinic base that’s possible in a country where access to direct clinic care is pretty remote for most people.” And so Maeneleo Ya Wanawake became for many years our largest single grantee in the world and this distributor of contraceptives.

Fifteen years ago, Kenya had the highest birthrate in the world, and then it went through a time when its decline in birthrate was the fastest ever recorded. And very much, that had to do with the access at the community base that Maeneleo Ya Wanawake played a key part in. That’s an example of pathfinding. I mean, that’s an example of the—in Indonesia, it may have been the floating clinics that Does Sampoerno, an Indonesian who in fact was the founder of the Indonesian Public Health Association, which he modeled after the
American Public Health Association, and Does Sampoerno, a now-retired physician in Indonesia, came to the conclusion that in an archipelago like Indonesia, if you put clinics on small boats and took them into villages along the way, you could get a version of clinic care to people who had never been inside nor would they probably in their lifetime ever be inside a clinic itself, and get them direct family planning services. Examples like that abound.

I think it’s also useful just to say how much the world has changed. There were two family planning associations that Pathfinders founder Clarence Gamble helped start that you would now not even think of as places that would have ever needed our help. The Family Planning Association in Italy and the Family Planning Association in Japan were both launched with Clarence Gamble’s direct financial support. And Clarence was awarded the highest prize that a non-Japanese citizen is given by the Japanese government for having launched and help start the family planning cause in Japan.

**Sharpless**  
Would this be right after World War II?

**Pellegrom**  
Not long after World War II. So that, you know, now you don’t think of Japan—Japan’s one of the largest providers of funds at the government level of support of family planning services in less developed countries—and you certainly don’t think of Japan as having needed our assistance for this, but they did. Anyway, that history of Pathfinder was very much at a core set of values and consciousness of the organization. Where we were headed as an organization was pretty muddled. The organizational structure was pretty muddled in the sense that accountability within the organization was not clear.

**Sharpless**  
You have all these field offices and—
Pellegron  Right, we had field offices. We had a very flat structure with everybody—I mean, I say everybody, but you know, too many people—reporting directly to the CEO. And you have to have some pyramid in the organization. You just can’t be flat. We worked at this and tried to capture what we valued the most. That is to say, the direct field work that we did, we tried to keep that at the forefront. I think we largely succeeded in that. I mean, like every other organization, we’ve hit some faults. We didn’t always get it right. And we probably never will always get it right. But I think in general the field staff would say—and they are three-quarters or more of our employees worldwide. And only a few, only a sprinkling of the people that work overseas for us, are Americans, about a handful, I don’t know, eight or ten at the most, I think, are Americans, and in only one or two instances do they head the offices. Very often they’re in support roles rather than in primary roles. That field staff is a remarkable group of people, but I think it’s also a remarkable group of people that work for us who are Americans—committed, largely dedicated people who very much get the cause, very much understand that what they do is very special.

Sharpless  Let me turn the tape and we’ll go on a few more minutes.

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

This is the third tape with Daniel Pellegron on October 29. Okay, when you arrived here in Boston, how did you decide what to work on first?

Pellegron  Well, it’s interesting. Because of my primary disadvantage, I suppose even deficiency—not much international experience—one of the things that a few people on the board of directors conveyed is, they felt that it was important for
me to do a significant amount of international travel early on. And so I started thinking that was the case. What I discovered was that I needed to do that, but like everything else, it competed for time. There were some very urgent issues that needed to be dealt with. And the most pressing at the moment of my arrival was settling this thing that we referred to then as the Mexico City clauses, now the gag rule. I mean, that was being imposed on recipients of U.S. government funding for international family planning care. As I indicated earlier, our reputation to some extent was that we hadn’t remained feisty enough. And so that within our own communities it was important to—and some of our staff felt that we hadn’t, either, they felt that in fact that at the time when there was both a change of the CEO and board chair that preceded immediately my arrival, there was a feeling that in the midst of that, the board had conceded too much to USAID (Mexico City policy, etc.) and not listened carefully enough to the staff, absent of the voice of a strong CEO and the rest, I guess. So, the staff felt to some extent that we’d given too much ground. So recapturing the credibility, to some extent, of the staff, but also the field in general was important.

I remember we negotiated the language, negotiated hard. I was literally, on moving day—I had been working at Pathfinder for two or three months, but going back to Baltimore to move family here. And the moving van was literally filling up with the household goods in Baltimore as I sat on a chair in our kitchen there talking with a USAID attorney, a man named Steve Tisa, who was attempting to put the Mexico City Policy into contractual language, with whom I’d met several times and argued several times.
Sharpless (both talking) Let me make sure I understand. You were working out a contract with—Pathfinder and USAID were working out a contract, and you were trying to come to some agreement on the Mexico City language, which would have been in place by that—

Pellegrom (both talking) Yes, right, that’s right. And Steve was asking and attempting to draft—Steve Tisa—attempting to draft this language, was saying to me, you know, Would Pathfinder sign an agreement if it had this in it? Would it sign an agreement if it had that in it?

Sharpless (both talking) What limitations will you accept?

Pellegrom What limitations would you accept. And we were struggling with, you know, what that was all about. Literally, in that conversation on that day, the moving guys said to me at a certain point in the conversation, when the last piece of furniture in my house was the chair I was sitting on to talk to that attorney, “You have to get up and give us your chair.” So I had to finish the conversation standing up (laughter) while they took out the chair.

In that conversation, in that very conversation, Steve Tisa, I asked Steve Tisa the question, I said, “Well, let’s say AID is doing work in a country where abortion is legal, providing support”—now, we know that the Helms Amendment prohibited the use of USAID money for abortion, already had since 1973, so this is ten years later, a little over ten years later. I said, “In that context, you have a physician who is practicing medicine within a country where abortion is legal, and a patient has just had a pregnancy test and is sitting across the desk from him or her and saying to the physician, the woman is saying to the physician—she initiates it. He doesn’t refer her, the doctor
doesn’t refer her. The patient says, ‘I am not going to continue this pregnancy to term. I am going to get an abortion.’ You’ve silenced the physician with what you’ve crafted. Are you telling me that in that instance where the patient initiates the discussion, the patient then proceeds to say—‘And I’m going to go to X to get that abortion procedure,’ and names a provider that’s not safe, that’s a dangerous, illegal provider of services, when the doctor knows of a safe, legal provider of the same services—and you’re inhibiting the doctor from referring the patient to a safe place, as opposed to letting the patient go to a dangerous one?”

And Steve Tisa said to me, “Does that really happen?” Which to me was an astounding remark, because anybody who had ever counseled anybody who was faced with that decision knows it happens all the time. But of course he didn’t. He was an attorney working for AID, he’d probably never heard it. So we talked about that, but he got it, and incorporated it into the language exceptions, which included that when the conversation is initiated by the patient rather than the physician and so forth, by the patient. It was a very interesting effort on his part to craft policy that would work.

And I remember in my case feeling, Geez, am I doing the right thing? I mean, maybe we want the policy to be written as badly as possible so it’s easier to challenge it in court or something. I don’t know what the right thing to do is here. It was one of those moments where you’re conflicted between—since it’s going to be a policy I don’t agree with—shall I try to make it something as tolerable as possible? In other words, do I go for some half bushel or nothing at all? You know, it was a very complicated thing.
Anyway, then we left at the end of all of this. There was a spot where the attorneys at AID, they handed me out a draft of the policy and said—this is again, I suppose, 1985, what is it, 1984 was when the Mexico City conference was held, so it was just after that when they’re trying to convert that language into policy. And there’s no question at all but that the U.S. government at that point was trying to say to people like us—they were trying to inhibit us from using private money for abortion too, there’s no doubt of that. We’ll get to that in a minute. I took the policy and I said to them, “I can’t tell you whether we’re going to agree to this policy; I’ll have to have our attorneys look at it.” You know, they have to sit down and pore over it—because they’re asking me to return it, to hand it back to them. They said, You have to make a promise—my attorney was present, actually—make a promise that you will not distribute this to anybody. I made that promise, and we left there.

And I then called a meeting in Boston that included Hugo Hoogenboom of AVSC [Association for Voluntary Surgical Contraception], now Engender Health, and Allan Rosenfield, who was at Columbia and still is at Columbia, and the head then of FPIA [Family Planning International Assistance], Dan Weintraub, which is the division of Planned Parenthood Federation of America that does international family planning and so on. Called a meeting of these colleagues to sit around the table in our former office space. And in the course of this meeting, I told them that I wanted to share with them certain important information about this policy that they could work on. They could all mobilize their constituencies to try to stop it or minimize it and stuff, but I also had agreed not to distribute it. And I was restricted in that manner, so I
could tell them about it. One of them said to me, “Well, you can’t distribute it, but I have a tape recorder with me. Would you be willing to read it to us?” And I said, “Yes, as a matter of fact, I consulted counsel before this meeting and rather hoped I’d be asked that question. I’ll be happy to read it to you.”

So the policy then got widely distributed from the meeting. It very much changed the way Pathfinder was perceived rather than sort of trying to work out an agreement that might suit it best, we had suddenly in that meeting repositioned the way we were looked at by our colleagues in the movement and by our own staff as saying, We have an overriding obligation to the movement in general. And that was an important moment in how Pathfinder was perceived in its role as an advocate.

*Sharpless*  
And were willing to take the government—

*Pellegrom*  
Yeah, and later we initiated a lawsuit that both AVSC then and Pop Council became co-plaintiffs in, in which we challenged the U.S. government on the primary issue of their using this to influence how we use or spend our private money. A judge looked at that case and did two things. The judge looked at that case and said, “You have to assure me that you really are not trying to influence their private funds.” My affidavit said they were U.S. government—under the advice of counsel said, You’re going to make us lose this case. They said, the bureaucrats, the non-legal people, basically, you’d argue before a judge that you’re trying to influence the use of private money and you might lose what you’ve got here. You’d better not do that.

So that when they went to court, when this went before the judge, the U.S. government said, No, we’re not trying to tell Pathfinder what it does with its
private money. Everybody knew that was not the case, but—I mean, really—but they had decided that their best way to win the legal issue was to stand on the grounds that they weren’t. What we knew is that if they tried to take us on there, we could in effect be joined by Warren Buffett or somebody that you were trying to influence, Warren Buffett’s right of free speech or right of free association, because he couldn’t give Pathfinder money to do what he wanted Pathfinder to do, and what Pathfinder might be willing to do because the U.S. government was trying to constrain him by using government funding to intimidate and control what Pathfinder does and does not do. This we won because of the way that the judge handled it, but we—and then, we expected to prevail on that point.

What we did not expect was that the judge also raised the issue of what happens in the case of post-abortion care. If a woman comes into a family planning clinic where U.S. government funds are present, and has already had an abortion procedure, whether legal or not, she presents herself to the clinic and has, for instance, an infection, is she turned away or treated? Because of the chilling effect of the U.S. policies, we know for a fact that women were being routinely turned away in such instances. And routinely turned away meant that they had no other medical recourse, and consequently, in numbers that makes one shudder, dying. The judge surfaced this point and said to the U.S. government, you know, You must treat people. It doesn’t mean you provide an abortion whenever somebody requests it. He was basically saying it’s permissible for the government to say, We won’t use our money for certain services and this is one of them, but you may not turn a woman away who is in
danger from getting the care that might save her life. This meant that you could in fact complete an abortion that was an incomplete abortion in which the woman was at risk of infection because of the incomplete abortion. And what it meant was that post-abortion care could be provided to women all over the world with USAID support, not just at places where USAID funds were in fact present, but in fact using U.S. government funds to provide this care.

I heard somebody say—Duff Gillespie by name, in fact, when he was still with USAID—make the comment to an audience in Washington, DC, that during his time at USAID they gave Pathfinder money—I’m paraphrasing—they gave Pathfinder money, and what did they get for it? They got sued. And what did that suit produce? It probably saved the lives of tens of thousands of women who would have otherwise been lost because of that piece of the judge’s declaration. It stands as an example of what I said earlier that it’s one reason why it’s important to be at the table and participate in the process, but don’t get chicken in doing that. Don’t chicken out from suing if it’s necessary.

**Sharpless**

Well, let me back you up to the very beginning. How did Pathfinder decide to bring suit?

**Pellegrom**

Well, you know, from almost the beginning of the negotiations, we contemplated a possibility that we would bring suit. The other organization that sued was Planned Parenthood, and it sued on broader grounds. It ultimately didn’t prevail. We admired the reasons. Our attorneys, the people with whom we consulted, admired the Planned Parenthood’s effort but didn’t think we could win on the broader grounds. And I think that was probably, you know, a correct assessment. I’m not an attorney, and I don’t know that—I
guess I reached that conclusion based on the fact that if PPFA’s attorneys couldn’t win on broader grounds, ours probably couldn’t have either.

I do think that by establishing narrow grounds, we were able to obtain from the judge—I mean, [the judge] threw it out of court saying to the U.S. attorneys, If you agree to those two points, we won’t pursue this case in court further. The U.S. attorneys agreed to those two points in order to get half a loaf or what they might even call three-quarters of a loaf, which means that the clauses—the Mexico City policies or the gag rule—the judge upheld as long as the U.S. government would make it clear that it wasn’t endeavoring to influence the use of private money and it wasn’t willing to turn away people who were in jeopardy otherwise from a health care standpoint. A purist might say, Well, those grounds are pretty narrow. Agreed that they are, I mean, certainly it’s a far distance from granting a woman’s right of free choice. (laughs) That’s for sure. So, in a kind of American context it would be regarded as pretty narrow grounds. In an international application, it was nonetheless a pretty significant achievement.

And I continue to say when I’m asked the question about abortion in relationship to family planning, I don’t know how you can talk about comprehensive family planning or reproductive care and not say that abortion needs to be part of the equation. It can’t be comprehensive reproductive health and not include abortion. However, I do also think it’s important to say that as an organization we at Pathfinder believe that, number one, we do respect the laws and customs of the host countries in which we work. We’re under obligation to do that. In a lot of the countries in which we work, abortion is
prohibited, so lots in family planning and reproductive health you can do in those countries up to abortion. Number two, we believe in this organization that we have an obligation to adhere to the restrictions, if we accept the money from a donor, to adhere to their restrictions. Whether the U.S. government or the Bill and Melinda Gates Foundation gives us money and says, You may spend this on a whole set of reproductive health care issues but you may not spend it on abortion, we have an obligation if we accept the funds with that stipulation to satisfy that stipulation and assure that we will spend it as we agreed we would spend it, and not otherwise. Or else your credibility with donors is damaged. And our third comment as an organization is, with those two things stated, we also believe that abortion should be—where it may be provided, where it’s legal to provide it—it should be provided wherever possible, as safely as possible. And there are a lot of places where abortion is legal and still not safely provided in the world, as well as a lot of places where it’s not fully legal, or it’s outside the mainstream as well.

It is, however, important, I think, just as a footnote to that, it’s important to say that in most situations it’s not a matter of whether it’s legal or illegal. And not unlike the laws that existed in the fifty states of the United States before Roe v. Wade, some states restricted abortion, said abortion may not be provided unless the life of the mother is at stake. Some say it’s unless the life or the health of the mother is at stake. Some states it was just the life of the mother, or the physical health of the mother—in other words, taking away the psychological issue. States varied on this just as nations vary on this. In Bangladesh, they would say abortion’s not legal, but menstrual extraction is
legal. We call first-trimester abortion abortion; they call it menstrual extraction, so that the legal issues become quite muddled and often reduced to legal or illegal when in fact it's legal under a variety of circumstances but not every.

**Sharpless**
The Mexico City Policy I know is something that continues to affect your work here in this Bush administration. Is there anything else about Mexico City in its first iteration, pre-Clinton, that we need to talk about today?

**Pellegrom**
No, I don't think so. I think the Mexico City Policy is a significant deterrent to the delivery of family planning services. It seems to me this is what’s important to say about it in general. That’s no more true during the pre-Clinton than it is now. There’s no evidence that even the other side has provided that I know about—no scholarly evidence, no statistical evidence, no accumulation of data that I know about—that suggests that imposing the Mexico City Policy has reduced abortion rates anywhere in the world. So I ask the question, If the imposing of the Mexico City Policy by the U.S. government—the gag rule, the imposing of the gag rule by the U.S. government—there’s no evidence that it reduces abortion anywhere in any country in the world. And any family planner that I’ve ever met would tell you that it has reduced the effectiveness of family planning services in those countries. Then exactly why is it a policy that the opposition, those opposed to abortion, are so determined to apply when, if it gets in the way of family planning services, it likely has the effect of increasing the number of people who have an unplanned or unexpected pregnancy, and therefore, by deduction, likely increases the number of people seeking abortion care? If it, in short, does not reduce the number of the abortion incidents, and it has a detrimental effect on the provision of family planning services, why
would American tax payers think it’s a good idea to encumber the delivery of services that their tax dollars are going to support? It’s clearly a political tool that’s being used to manipulate or suggest political action to appease or appeal to a domestic constituency, and its value is otherwise not just exaggerated, but specifically distorted as a political instrument. There’s no question about that in my mind.

**Sharpless**

Well, maybe that’s a good place to stop today, and we’ll look for a time to get together another time. Thank you. You’ve been very generous with your time these two days, and I really appreciate it.

**Pellegrom**

Thanks. I had a good time.

*end Interview 2*
**Interview 3** [recorded via telephone]

**Sharpless**

All right. Today is December 3, 2004, and my name is Rebecca Sharpless. This is a telephone interview with Mr. Daniel Pellegrom, who is the president of Pathfinder International, and I am in Waco, Texas, and he is in Watertown, Massachusetts. And the interview is being sponsored by the Hewlett Foundation.

It’s our third time together, and we should say that we had a couple of really nice visits face to face in late October. And in those visits we talked about a lot of different things, your work at Planned Parenthood and ending up with your work at Pathfinder, and we spent our last time at Pathfinder talking about the challenges to the Mexico City Policy. So what I want to do this morning is to start out—and tell me what happened when George Bush the First left office and Bill Clinton came in. How did that affect your work?

**Pellegrom**

At the end of the Reagan/Bush administrations, the election of Bill Clinton was kind of—the first and most immediate difference after the election was almost immediately after he took office, he, by executive order, set aside what we then called the Mexico City clauses. They’ve subsequently been—the same clauses have been referred to as the gag rule. But he immediately, by executive order, got rid of them. These were the clauses that—the preamble, in effect, to these clauses was in Mexico City, when President Reagan’s folks went to the UN conference in Mexico City and said that population growth is really not an issue the Americans concerned themselves with anymore, that population growth was not intrinsically bad, it was a neutral phenomenon, and so on. And then they added the so-called abortion clauses, the Mexico City clauses. It took
a couple of years for those to get turned into contractual language. But by the
time they did get turned into contractual language, the whole field was faced
with the problem of addressing those issues.

I don’t know how much time we should spend on those clauses, but maybe
a couple of comments are relevant. First of all, it was clearly done to satisfy a
domestic constituency. And so Mr. Clinton, I think, when he was elected
president—with a different election being largely determined by a different
domestic constituency—amiably got rid of them. I think that the important
thing about the clauses, because they will surface again in our conversation, at
least I think one of the most important things to say about the clauses is:
during the Reagan-Bush I years, with the clauses in place, nobody, to my
knowledge, has done any study or made any assertion that abortion declined
anywhere in the world with the clauses in place.

**Sharpless**  Interesting.

**Pellegron**  I don’t know anybody who favors the clauses who makes the assertion that
abortion rates declined, and I don’t know anybody who is opposed to the
Mexico City Policy who believes that abortion declined. The fact is, most
anybody who works in the field of family planning overseas will tell you that
the policies have gotten in the way of doing good family planning work
overseas. So I ask the simple question: If nobody asserts that the clauses have
reduced the incidence of abortion anywhere in the world, but the clauses have
done damage to the family planning program that the U.S. government
sponsors, through USAID, in various parts of the world, then what exactly is
the purpose of the clauses? It must be, one can only conclude, to do damage to
family planning, which results in probably rising incidence of abortion, not declining incidence of abortion.

So after eight years of the Clinton administration with those clauses dissolved, George Bush II put them back in place almost immediately after he became president. And what started to turn this issue into a real tennis match—it now appears to most people that if one party occupies the White House—because they’re executive order, not law passed by Congress—it becomes the executive’s discretion whether they’re in place or not. And it appears at this point that they will move back and forth into play and out of play, depending upon who’s in office, which creates a phenomenally complicated thing to explain to clinics and hospitals and doctors, health professionals around the world in developing countries where language barriers are already a big issue, and language and culture complicate things enough. But today the policies are in effect, tomorrow they’re not in effect, depending upon who’s in the White House, is a very awkward, cumbersome, and, I think, expensive way to do business.

**Sharpless** Where is the expensive part?

**Pellegrom** Well, the expense in overseeing the things, and the expense of—for instance, we work in Bangladesh in a significant way, and a large program in Bangladesh. And we have a large USAID agreement in Bangladesh, and because the clauses are in place—they weren’t in place the last eight years until four years ago, but once they came in place, we had to—one of the best provider agencies in all of Bangladesh said, We refuse to comply. And so we had to stop funding them with USAID funds. This is a network of clinics that this particular provider
had—scores of clinics around the country. So we had to pull out of all those clinics and find other providers to provide the services. In other words, in this case, it compelled us to work with a less obvious and probably a less effective, a less prepared, a less efficient organization than the one that we would have otherwise been working with. It’s that kind of stuff that really is cumbersome in the application of the policy.

**Sharpless** Hmm. We talked some about Mexico City and we talked about the lawsuit and those sorts of things. Is there anything else about that at the moment? I know it will come back up.

**Pellegron** It will come back up, but the only other thing—and I might not have said when we were together and if I did, stop me right away if you recall this, but it does occur to me that maybe an interesting little tidbit of this is that Steve Tisa was the attorney at USAID who, as a career guy, was compelled—he’s now retired, but he was a career guy who was compelled to turn the Mexico City Policy statement delivered by the U.S. delegation in Mexico City into language that would be contractual, in effect. And as he was doing it, I had several meetings with him during this time. It happened that Pathfinder was one of the first, maybe the first organization whose contractual issues were coming into renegotiation after or during the time that the clauses were being developed. I met with him on a number of occasions. And I was actually moving, on moving day from Baltimore. I had already been working at Pathfinder for a few months, but I’d gone back on moving van day in Baltimore to be with my family and drive the car up the day that the furniture had all been put on the moving van. And I was sitting in the last chair in my house—the guy doing the
move came in and actually requested that I get up from the chair so he (laughter) could put the last piece of furniture on the van to be sent to Boston while I was discussing with Tisa.

And in that conversation I remember specifically he was working earnestly to try to make the clauses work—I mean, to make them work from all standpoints. And he asked me—specifically, I gave him the following instance. I said to him, “What if you’re in—let’s say, Turkey, where abortion is legal, and a physician is working in a clinic where USAID funds are present. And the physician”—now understand, the Helms Amendment had made it illegal for any U.S. funds since 1973 to be used for abortion services. So none were being used for abortion services, but the Mexico City language changes that and says you can’t do abortion with anybody’s money, not even your own, if you receive USAID money for contraception.

So anyway, the doctor in Turkey is faced with a patient in a country where abortion is legal, and the patient says to the doctor, “I am determined to get an abortion. I am”—the doctor, let’s say, has just confirmed the pregnancy test is positive, and the patient is now telling the doctor, “Where do I go to get a safe abortion?” Now, according to Mexico City language that was being discussed at that point, the doctor would be prohibited to refer—not just to provide, but to refer. And so the doctor is—that’s one of the reasons the word “gag” is come into popular use in describing this, because the doctor is gagged from telling the patient.

Now, what I posed to him is, what if the doctor is not trying to persuade the patient to get an abortion, but the patient herself says, “I’m going to get
one,” and then she proceeds to say, “Well, if you won’t tell me where to get one, I’m going to go—the only place I know of is so-and-so.” And she names a place which the doctor knows is way more dangerous than she should—and here the doctor is in a country where abortion is legal, and he knows where she could get it safely, and he’s prohibited from telling her?

And Steve Tisa, in a memorable moment in that discussion over the telephone, said, “Does this really happen?” (laughter) At which point any of us who’ve done abortion counseling and problem pregnancy counseling and the rest of it, you know, are sort of amazed that that’s a legitimate—but he was legitimately asking the question, “Does that really happen?” And he wrote carefully into the clauses that when the patient initiates the discussion, in a country where abortion is legal, she may be informed of where to go. It was very interesting. He worked very hard to kind of build that into the language. Obviously, there was no political payoff for him to build that in the language, but he did build it in the language. It becomes a very convoluted policy in the process, because who’s to know what goes on in the room where the doctor and the patient are sitting? And who’s to police that, and how do you verify it? And all the rest of it is quite difficult.

**Sharpless**

Okay. Well, let’s talk about the Cairo conference if you’re ready to go there now.

**Pellegron**

Sure.

**Sharpless**

What was Pathfinder’s role in Cairo?

**Pellegron**

Well, the Pathfinder had an indirect role and a direct role. The direct role, of course, was that we were one of the many non-government agencies invited to
the conference. And behind the scenes—that sounds like it’s somehow or other more informal than it was, but leading up to Cairo we participated in a variety of the discussion papers and draft documents and the rest of it to prepare for Cairo as a result of our involvement. Our direct role included sending a Pathfinder delegation over and participating in the NGO forum, and making a presentation of formal comments in the course of the conference.

[Our] Indirect role I think was really even more interesting and important, and I probably will miss somebody even as I do this. But the U.S. delegation to Cairo had on it four or five people who at the time were serving on the Pathfinder board: Steve Sinding and Joe Wheeler and Jeannie Rosoff and Faith Mitchell and—I’m probably leaving somebody off. In addition to those people, there have been people subsequently—Florence Manguyu, the pediatrician from Kenya, who came onto our board soon after that, played a prominent role in Cairo at the conference. In other words, a lot of people connected in one way or another to Pathfinder played a prominent role in the thing. The person who was the deputy of the Cairo conference, deputy to Fred Sai, was the person who was the presiding officer of the Cairo conference. Fred is connected to almost everybody who has anything to do with this field, but—he’s a physician from—

**Sharpless**

Ghana.

**Pellegron**

Ghana. Fred provided remarkable leadership for the conference. Fred delivered the fortieth anniversary speech as a guest speaker at the Pathfinder meeting a few years before and is a friend of several of us in the Pathfinder organization. But his deputy in charge of the conference—when he left the
chair for whatever reason, the person who stepped into the chair was Nick Biegman. Nick was at the time the Dutch ambassador to the UN, and he's also a member of the Pathfinder board of directors during this time. So the number of people who have as part of their career involvement in this field who made significant contributions to the Cairo conference—not just from the American perspective, but for instance in the case of Nick Biegman from the Dutch perspective as deputy general of the conference—a lot of Pathfinder indirect influence or connection to the Cairo conference.

I always try to simplify by saying that the most important thing the Cairo conference did, I think, is to—if the conference is a first conference on population—you know, Bucharest had the—if the phrase that lingers behind that one is, “development is the best contraceptive”, sort of meaning that you’ve got to invest in development as well as family planning. But that kind of phrase came out of that conference, and of course Mexico City is remembered because of the American position, not just on abortion, but saying that population growth was no longer an urgent concern. And then, ten years after Mexico City, the Cairo conference—I think if there is a single tag line to the Cairo conference in my mind, it is that at Cairo there was a kind of universal acknowledgment on the part of the community that women were not the object of our services and programs, but the subject.

In other words, we needed to make women the centerpiece of our concern to do good family planning work, good reproductive health care work, and of course the very phrase “reproductive health” emerged as a more embracing way of describing the work of the field—it being viewed as a more inclusive
phrase than family planning, because it began to address the needs of women and couples as a reproductive health care issue and not isolate it just to the choice of how many children one wants and what the spacing of those children might be in a family. So it took a more broad definition of the reproductive health agenda.

I think that’s what Cairo did. I think it did it well. But going into Cairo and up to Cairo, just to back up for a minute to U.S. politics, the Clinton election occurred, the Mexico City Policy was wiped away, and Cairo occurred just before the so-called Republican revolution election in which Gingrich and others were swept into office in significant numbers, presenting a kind of counterpoint to the previous presidential election of two years before. That was a very interesting thing, and important, because Cairo occurred at a time when I think people thought, we really now have an opportunity to advance the agenda. And prior to Cairo, many of the feminist groups in the U.S. were really arguing and insisting that the demographic case for family planning not just be softened, but in some instances there was an insistence that the sort of previous arguments around the demographic urgency be really dissolved, that we really stop talking about population growth in ways that made it sound as though that issue was an urgent, pressing issue.

And I think what happened in the course of that, is that the family planning community, not believing they could afford to disregard or take for granted their fairly close relationship to the feminist movement or movements, attempted to make peace with that. And it wasn’t just in the U.S. that this was going on. I know it best from the U.S., but it was from overseas as well. And I
think what happened was that the two communities came together in Cairo, reached a consensus in the Cairo conference that was vital and important, and that enabled the feminist community to continue to embrace the family planning reproductive health community.

Now, I say all that because you always wonder—it seemed at the moment that all that was going on—that a lot of the political opposition was—we were briefly free of some of the conservative opposition to family planning, so we had this sort of internal struggle that resulted in this consensus. I believe it was the best thing we could have done at the time and maybe the only thing we could have done at the time. But there are critics of it. Indeed, there are critics of it.

Deborah McFarlane’s professor at the University of Michigan, Jason Finkle, for example, is one, believing that as a field, we stepped away from the demographic issue too much. There are people that—policy makers, stakeholders, particularly from the political side that require a demographic case if they’re going to support family planning. Without it, we might have taken away the ability for some people, especially of more conservative political leanings, to stand with us as a field.

I’m overly simplifying this issue necessarily because of time, I think, but let me just say that that was a very hard, argued topic at the time. I think it has the possibility of resurfacing as a criticism of Cairo down the road. Most of us in the field think that the Cairo conference was a stunningly important moment for the field. That is to say many of us believe that much of what we were doing in Cairo we were already doing in our work and in our programs and in
our value systems and belief systems. That is to say, many of us believed that
we were treating women like the subject and not the object, but it was the first
time where we came together in an international conference and really
acknowledged it and said it and exclaimed it. And so it was very important for
that reason. I think that what happened in the process, is that—it is possible
that hindsight and history will cause us to critique ourselves differently and say,
Well, we accomplished that, but we also allowed the demographic case to slip
away from us. I’m not sure we have, but that argument still looms, I think.

Sharpless
Um-hm. To what extent did the Cairo outcome affect what Pathfinder was
doing?

Pellegrom
I suppose yes and no. I think it affected us slightly. I think because our work
has been predominately service delivery and because our staff has been
predominately an international staff, made up with the people from the
countries and regions in which we work. I think today, the Pathfinder staff—I
need to get these numbers up, fresh before me, but we said for years that a
quarter of our staff were Americans. I think it’s now, really 14 or 15 percent of
our staff are American, 85 percent being non-American. Because of our
mission being primarily service delivery and our determination to find local
people to help us implement the service delivery work that we have helped to
implement and our close association with—because we’ve been at it for a long
time, partly, but our close association with organizations specifically indigenous
to countries in which we work. I think that we probably had internalized a lot
of this message and were treating patients that way. I think it maybe changed
how we talked about what we did, more than it did how we implement what we do.

I do think for the policy-based organizations, Cairo probably had a more defining impact for organizations that work more exclusively on policy. It's not an accident, I suppose, that about the time of the Cairo conference, give or take a few months, the Population Crisis Committee changed its name to Population Action International. It was endeavoring to make a different statement about—doesn’t want to view population as a crisis. It wanted to soften that message and so on, and as a policy organization, I think it has tailored its message and I think it’s just one of many that’s probably altered the way it did business. I really believe that the Cairo conference was important collectively to the field and had an impact on the donor community, and to some extent that means it had an impact on all of us.

Sharpless  
Let me turn the tape, just a second.

Pellegrom  
Because donors do influence, whether we like to admit it or not, the way in which we deliver programs. So, I think there is a circle here, one connecting to the other, that did influence the way programs—

Sharpless  
Let me turn the tape right quick.

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

Sharpless  
When the recorder malfunctioned, you were talking about how people had really missed the impact of HIV at Cairo.

Pellegrom  
I'll probably say it more succinctly the second time through. Let me just say that in Cairo, I think we talked about HIV/AIDS and I don’t think we should be embarrassed about the fact that we didn’t—but we need to, I think,
simultaneously acknowledge that we underestimated the profound damage that HIV/AIDS, the profound challenge, the overwhelming disaster that HIV/AIDS presents. I don’t think we really understood the degree to which it would creep into China and southern Asia. I think we were certainly beginning to understand the impact in Africa, but we did not fully estimate the degree to which our programs, for those of us who were doing service delivery, would be affected by AIDS or the degree to which future funding would make AIDS the more prominent item in the equation.

Then all of the issues that attach to AIDS, I think there has been a growing realization by the HIV/AIDS community—and I make a distinction here, that those people who are in HIV/AIDS who were not previously in a family planning community—the growing recognition that the family planning people are the people who have programs on the ground that can help address the AIDS crisis. There is the recognition that we have in place the community-based distribution networks, in some instances, the clinic delivery service programs and certainly the network of educators and outreach workers and the rest of it who can help assist with the AIDS crisis. But I don’t think any of us estimated the degree to which AIDS was on the threshold of overtaking, to some extent, the rest of the reproductive health care agenda.

Sharpless: Now, how did Pathfinder get into working with AIDS?

Pellegrom: We got into working with AIDS step by step. We came to the issue, I suppose, nervously, uncertain that we were the right or best place to address it. We got into it in steps. We first of all said, We have an obligation to train anybody who we have association with at any clinic level or in any other client kind of level.
We have an obligation to train personnel in the institutions that are our partners and allies in the field. We need to protect our employees and we need to teach them how to avoid themselves contracting AIDS in the midst of delivering family planning care.

And so, we approached it first of all as protecting medical personnel from contracting the disease as they delivered services to patients. Almost simultaneous with that, we started to say, We need to educate about AIDS everywhere we can. We need to educate young people in all the programs where we have contact with young people and we need to train all of the organizations that we work with and partner with around the world to deliver good educational services so the young people know the dangers associated with HIV/AIDS. And it just kept increasing so that before long, with CDC assistance in Kenya, we were doing work with breastfeeding and mother-to-child transmission and the whole gamut of HIV/AIDS work.

We worked with a group of women in Kenya that started an organization. They were women who knew themselves to be HIV-positive and they started an organization that had three initial focuses. Its first focus, or the simultaneous focus, was to one, deliver education services on the basis that we, as women who have HIV or are HIV-positive would have credibility talking to young people. So they went out and talked to young people and said, you know, We didn’t think it could happen to us and it did—and so that kind of credibility to do education. They also did a kind of counseling thing for women who were first getting the news that they were HIV-positive. And the way this took focus was around something called a memory book, to help women write
a journal, some of them not literate, so that meant sitting them with other
women who could assist them who were to sit down and write memories of
family and so on so that when they left their children as orphans, inevitably,
they would leave with their children something. The memory books became a
way in which people could counsel also, to talk about it. It became a convening
point for helping people. The memory books are designed to pass on to the
children who are left behind.

The other thing that the program did was these women would take a
simple bowl of porridge, a meal, once a day into desperately poor
neighborhoods surrounding Nairobi, slum areas, bringing a meal to people
who were dying of AIDS. So that once a day, people would get a meal. People
who were bed-ridden and could no longer forge for themselves. It is an
amazing program. They’ve added a fourth element in more recent times and
it’s a kind of orphanage service. Large groups of women who are HIV-
infected, volunteering to take in groups of children who’ve been recently
orphaned. Their work is quite amazing and absolutely gripping. And we’ve
been supporting that organization extensively in Kenya for some time now.
Literally thousands of people are, in one way or another, touched by this
remarkable group of women who themselves know that they will die of AIDS,
who are spending the life they have left to live assisting people who are
similarly infected. It’s quite amazing.

Sharpless Because they don’t have access to the dramatic cocktail of drugs that will keep
them alive?
Pellegrom: Right. Now, that might change, depending on things that—I don’t know; some of them may have access to those drugs. Tuesday, I just came back from Africa, and one of the things I—you learn new pieces of information along the way, but one of the things people are saying is that the drugs that we’re inclined to think of when we think of AIDS cocktails and the rest in a country like ours—with a person who’s not properly nourished, a malnourished recipient of the cocktail drugs, you’re putting in jeopardy of being killed by the dosage of the drugs. A person who’s not reasonably healthy, at least reasonably well fed, if you put those drugs in them, they’re not going to survive them.

You walk away from Africa saying, The most important thing that you can do is to feed people well. The most important way for the body to fight back is for the body to be nourished and we jump to fancy cocktails of drugs in our minds and I’m not sure it’s an intervention that makes any sense in an African context unless we can do a much better job of getting more basic things to people, including food itself.

Sharpless: That is fascinating. Now, Pathfinder underwent a reorganization in 2000. How significant was that reorganization?

Pellegrom: It was an important reorganization. What had happened, Pathfinder had been—because we were one of the oldest groups and had been around doing international family planning work longer than just about anybody, I mean really—at the time when federal money came into play, Pathfinder and Planned Parenthood were really the only two groups doing service delivery work overseas. Of course, the Pop Council was doing policy and important research work, but we were kind of the principals at the beginning. Others
emerged fairly quickly behind that, but we became one of the earliest recipients of AID funds, maybe the earliest, I don’t know; it doesn’t make any difference, one of the earliest, indeed. And there was an uninterrupted series of cooperative agreements that came to Pathfinder through the years, up until then—2000.

The government increasingly, by the end of the last century, began to say, for all kinds of reasons and some of them understandable and some of them entirely appropriate, We need to put everything out to competitive bid, and nobody will be getting grants anymore, just based on the fact that they’ve always done good work in the past and have always delivered successfully an end product that’s been good. We need to put these things out to competitive bid. From that point on, our reorganization was in part driven, not only, by the fact that we could no longer expect a grant. Anticipating that, we began by 1995 to say, We as an organization—our board met and in 1995 sort of set in motion several things, including let’s diversify our funding base. And we began to very deliberately do things to expand and broaden and deepen our funding base, with the understanding, with the goal really, that we wanted to continue to grow and believe that we ought to because the work that we’re doing was not shrinking, so we needed to keep expanding to try to meet the need—but that we should try, wherever possible, to make the expansion with private or other funding, not just use U.S. government funding.

And in some substantial measures [we have] succeeded. We have diversified our funding base. We raise more private money today than we ever did and by significant margins. We still receive public funding. We receive
public funding at the moment from the Dutch, the Swedes, the Canadians, as well as the U.S. government. We have in the recent past also received money from DFID, the British aid agency, and we expect that we will in the future. We have received money from the European Union in a small amount for some work in Latin America and we expect to continue cultivating that avenue. We, in short, believe that broadening our funding base is the right thing to do and we needed to make some changes in the way we were structured in order to do that. So we made them but I do want to say that I think we—in the process of all of that, we’ve never taken the view that public funding wasn’t important. We recognize that it is important, it’s important to us, there just isn’t enough money to do this work. If public funders, not just the U.S. government, are not involved in supporting it—

Sharpless Um-hm. How did you—

Pellegrom —enough concerned private citizens or enough foundations with enough money in them to meet the needs if governments don’t also step up. And incidentally, one thing maybe should be said in addition about Cairo, is that the funding thresholds that were established in Cairo as projected requirements to meet growing need—by and large, the less developed countries themselves have stepped up their funding in response to needs. The developed countries, including the U.S., have not stayed pace. But it is important to say that the countries themselves which are the focus of delivery, the countries of Africa and scattered in Asia and Latin America, are themselves, in many instances, working much harder to find money to do the services themselves. I sometimes point out to Americans that the Mexican family planning
program—Mexico in the last twenty years has reduced its birth rate by about half and the Mexican family planning program is now about 90 percent funded by the Mexicans themselves.

Sharpless: Very successful.

Pellegrom: Yeah.

Sharpless: Now, how all did you all come up with the program of the five A’s in your reorganization?

Pellegrom: Well, it comes from different places and different ones of us claim credit for how it came about. We had our field staff all in from overseas, that is to say, our country directors in from overseas. And the custom is that when we bring them in, on the first morning when we’re together, I attempt to sort of set the tone of our meetings together by outlining what I think are the challenges to the organization. And then we work together for several days to figure out how that varies from country to country and how each country embraces the agenda or adds to it. And I met ahead of time with a number of our staff here, with a group of board members and a management consultant that we sometimes use to talk about what the organization’s future was.

And as I found myself writing down my talk, I found myself saying, as I made notes to deliver my talk to the group, that the topics—if you’re going to do family planning in the next century, and especially do it responsibly in less developed countries, your focus is going to take you to A words. They were all going to be A words. And it was a kind of way of describing it, I suppose. A lot of people, because of the controversy in the United States with respect to abortion, would talk about—rather than to use the word abortion would say
“the A word.” And I sort of used it as a way to catch people’s attention, to say the A words are abortion and adolescence and advocacy and AIDS. Now, obviously, it’s HIV/AIDS so I was stretching it there a bit with AIDS. And I gave the speech with those four A’s.

And afterwards, as the staff queried me and criticized my comments, they basically said that they agreed with those four A’s but would like to add one, that being access, because the implication could be otherwise that we believed that if we focused on those four A’s, we might forget that access to basic, standard contraceptive services was still not available. Access was not available to hundreds of thousands of women in less developed countries for contraceptive care that you and I take for granted. And so, they really urged me to start with the word access to standard family planning care and then move to the other A’s. And so we’ve really said that there are five A’s and they organize for us our work. And I think that remains kind of where we are four or five years later. We really do find ourselves saying that that’s how our work gets organized.

Sharpless

Well, let’s talk about those, if that’s agreeable with you. Tell me what you all are doing with adolescents these days.

Pellegrom

Pathfinder’s always done a lot of work with adolescents. A general answer to that question—I suppose I should just leave it there. We’ve always done a lot of work with adolescents. We believe adolescents are important and I could stop. I always want to back up and say it depends—two qualifying comments. Our work with adolescents is more or less intense depending upon the
country, and that’s going to be true of every one of these A’s. We work more intensely in some countries than we do in others, for one reason or another.

For instance, we share with UNFPA and PATH—an organization based in Seattle that you may know about—we share a grant with those two other organizations, a large one from the Gates Foundation, Bill and Melinda Gates Foundation, for work in four African countries: Botswana, Uganda, Ghana, and Tanzania were the countries selected. And it’s a program in which we work primarily at the service delivery end of it. The UNFPA works primarily at the government policy end of it, and PATH works on behavior change, a message, a public description, and discussion of the issues in those four countries predominately. And we three organizations, coming together around the subject of adolescents—specifically adolescent reproductive health and AIDS—have been working together for the last four or five years. Now, those four countries, we’ve had more money to spend, more resources to invest, and so our program has been more intense, aimed explicitly at adolescents. That’s one comment.

Certainly the program in Kenya is a program in which we have specific undertakings. For instance, there’s a privately funded program at Kenyatta University which uses peer educators around contraceptive care that started within the university itself, for the university students. It spreads as university students go out into the community and work with younger adolescents to go into all kinds of settings to talk with them about not just HIV/AIDS but about reproductive health generally. That program’s been privately funded for the last several years. And the funder of that program, a gentleman in Michigan who’s
a private individual funder who’s made substantial contributions, is currently considering expanding that to Nairobi University and perhaps beyond.

So in different countries we do different things, but in every country we think adolescents are important. I want to say one more thing about the word adolescent. We in the United States have a picture of what an adolescent is. Maybe we have that picture if we were in any western country, not just the United States. But in many of the countries in which we work, it’s not a particularly helpful word. When the average age of marriage in a country for girls is sixteen or younger, then these are married women. The people that we think of as adolescents are in those countries married women and the strategies for addressing that population are altogether different.

One of the exciting programs, privately funded programs in India, is a program attempting to address just that. I mean, Rekha Masilamani, who runs that program—a remarkable Indian woman who is determined to address the subject of the early first pregnancy, the social expectation and almost demand on women to have babies when they are just first married—she’s working very hard to develop some model programs that will help educate people that a delay of a couple of years would be healthy for the couple and an advantage, even in situations where the marriages are, of course, predominately, overwhelmingly matched, marriages of match rather than western-style marriages. And certainly working hard at delaying the second pregnancies. It’s an interesting program and working very hard with a young population. But it’s very different, working with adolescents who are married—and oftentimes
married to men somewhat older—is quite a different phenomenon, obviously.

So this thing takes a different look from country to country.

Sharpless

What about your abortion programs?

Pellegrom

Likewise. It’s more intense in some places than in others. The lawsuit that Pathfinder brought on the Mexico City Policy, as I think I indicated in our earlier conversation, had the effect of making it possible not just for Pathfinder but anybody in clinics even where AID funds are present, to deal with post-abortion care. I hope I covered that point. The judge made it clear in that case that people who came who had a procedure started, either self-induced or started by somebody else—if they came and presented themselves at a clinic that had U.S. government money in it and the person was in danger because of poor treatment or an infection after treatment—that they could be cared for.

So, obviously we do that, wherever we work—post-abortion care, wherever we work.

Abortion work, it depends on the country and circumstance, and I’ll say the following things about it quickly. First of all, we respect any donor—if the donor puts restrictions on their funds and we accept those when we accept the funds, then we also accept the restrictions and honor them, whether the restriction is from the U.S. government or from the Bill and Melinda Gates Foundation. If we are told that this money can be used for anything family planning except abortion, then we respect that. That means that our funding itself limits how much abortion work we do in some countries.

The second thing that I need to say is that we always respect the laws and customs of the countries in which we work. Another inhibiting factor is that in
many of the countries in which we work, abortion is illegal or at least, the circumstances under which it is legal are very tightly and narrowly defined. And it’s important, really, to make that distinction because only very few countries in which abortion is outright illegal, but it’s very strictly and narrowly—the circumstances that it’s permitted are narrowly defined in many countries. In any case, the point is, in some countries, our abortion work is limited because the country’s laws make it necessarily limited. We also take the position that abortion, wherever it’s available or wherever it’s offered or wherever it’s used, ought to be made available as safely as possible.

Sharpless Let me turn—

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

Sharpless Okay, anything else about the abortion or the post-abortion programs we were talking about?

Pellegrom I think not. I’m proud of the abortion work we do and think it’s important and I believe we should do more of it, but the restrictions that I’ve described mean that we have to—it does limit, to some extent, what we can do.

Sharpless Okay. What about the advocacy program?

Pellegrom Pathfinder, I think, has long felt that advocacy was important. I feel it’s critically important. I think that when you do family planning work, you’re not ultimately just talking about providing a set of services. I think you just simply state and acknowledge boldly that what we are ultimately about is transforming societies in certain ways. We’re changing the power dynamic, we’re giving women the opportunity to control their fertility and by definition, enabling women to take a measure of control of their lives that they would otherwise
not have. Resorting to some of the early comments of Margaret Sanger—ultimately a woman’s ability to be a free and fully enfranchised citizen depends on her not being the captive of her reproduction. And I just think that we need to acknowledge that what we’re about is ultimately transforming societies in that kind of way and hopefully, along with that, significantly altering the conditions of poverty and the rest of it that often accompany that. In any case, my point is, in advocacy, we should recognize that advocacy is key and central. I like to say, that by providing family planning services, what we’re really doing is comforting the afflicted and afflicting the comfortable.

Sharpless Yes.

Pellegrom When you provide services to people who are in deep need of those services, you are in effect comforting people who need services. You’re providing services to them; you’re providing care for them. You get in more trouble when you afflict the comfortable.

Sharpless Yes.

Pellegrom When you’re advocates, you’re more apt to push buttons that get you into trouble than when you’re just providing services. But I believe advocacy is critical and a requirement of what we do. And that involves being openly and aggressively concerned with public policies in the United States and in other countries that are the developed countries that provide funding for programs. But it also involves some advocacy responsibilities in countries where we work as well. And it needs to be done respectful of customs and laws and differences of view. In some countries, people are less experienced with being outspoken then we perhaps are in the United States. But you need to find ways to be
advocates for the services and for the clients who receive those services. And so we’re aggressive about that.

We work with the public policy side. Our board meets every fourth meeting or so in Washington and typically, they call on their members of Congress to talk with them about family planning needs in developing countries and the importance of what we do. I’ve testified the last eighteen months or so before the Senate hearings on the so-called gag rule, Barbara Boxer’s committee. I chair Interaction, which is the coalition of humanitarian organizations that provide services overseas. The International Rescue Committee, and Care, Save the Children, World Vision, Christian Children’s Fund, and OXFAM, The Helper Project and so on. We have a staff person who is our point person on public affairs. She is, at the moment, taking a small group of congressional staffers to Ethiopia to look at family planning in Ethiopia, to look at the HIV/AIDS program and family planning program there. She’s taking staffers from both Republican and Democratic congressional offices, to take a look at the program as we speak. We work at advocacy.

Sharpless Okay. How do you do that in country?
Pellegron It’s harder or different, and again, it varies a lot from country to country. But sometimes, for instance, in a couple of instances, our staff have been requested by countries—administrations, political administrations in country. Years ago, when President Ershad was the president of Bangladesh, he requested Mohammed Alauddin, our country representative, who I think in fact was at
Daniel Pellegrom, interviewed by Rebecca Sharpless

the School of Public Health with Deborah in Michigan at the same time. And I
think Deborah did an interview with him—

Sharpless  She did, yes.

Pellegrom  —for this oral history project.

Sharpless  Right.

Pellegrom  Alauddin, I think, helped write the official position of President Ershad that
was delivered at the Mexico City conference, in which the government of
Bangladesh stated its enthusiastic and aggressive support for family planning
and recognized its social and economic need to put a family planning program
in place. It varies, but sometimes the governments are quite eager to have the
help since our country representatives are residents and citizens of the
countries. Very often, they become resources for this. To some extent, the
same happened in the past in Indonesia, with Sampoerna, our country
representative there. The principal people in the health ministry there turned to
Sampoerna to help them work on policy issues in Indonesia. So, it does
happen. We get opportunities to have a real impact at the local level.

   I know that our staff in Ethiopia, the congressional people that are out
there, one of the things that they will observe while they are out there is the
Pathfinder staff, the Ethiopians on our staff in that country, are quite engaged
in attempting to raise the level of attention for family planning, and I think
probably wouldn't be surprised if a secondary benefit of that trip is, by having
American congressional offices present, for that to give visibility to the local
family planning program in the eyes of government officials in Ethiopia.

Sharpless  Okay. Anything else about advocacy?
Pellegrom

Probably not without getting long winded.

Sharpless

(Laughs). Okay. Now what about access?

Pellegrom

Well, access is an ever-present issue of getting services to people who need them. And it just varies. At this point, you look at some countries where we’ve been working in family planning for a long time and you see real success stories, contraceptive prevalence rates rising and the corner being turned. Contraceptive prevalence rates, for instance, in Egypt—hard country to work in for a long time but in the last ten years or so, just an amazing success story. In Bangladesh, lots of problems in Bangladesh and enormous poverty and all kinds of other things—real progress on contraceptive prevalence rates. And then you go to a country like Nigeria, where I just was, and you say, Holy cow, how come we have not had more success than this? Contraceptive prevalence rates are not high. They’re not half as high as they should be, it seems to me. It depends upon whose numbers you take, but something like 12 percent or below for the country. Worldwide, contraceptive prevalence rates are above 50 percent. In fact, many people would argue they’re 60 percent. So you can see what a distance we have to go. But contraceptive prevalence rates in a place like Mexico and Brazil over twenty years are extraordinary. I think the contraceptive prevalence rate in Brazil is almost the same it is in the United States.

The point is that access to family planning services in some countries—there are still barriers to getting access to the care. What are the barriers? Sometimes they’re logistical. It’s hard to get supplies in and distribution is awful because the health care system is just so spotty and poor. Sometimes it’s
because we don’t do as good a job of getting services to women as we do to men. Sometimes it’s because of high illiteracy rates or a much higher percentage of rural population than urban. Sometimes it’s religious. But all those obstacles to access, we’re addressing them all the time in all the countries in which we work, getting the services out to people.

Big new initiative in Nigeria. We’re undertaking a very large, new AID supported program in Nigeria and over the next few years, I hope we see a real increase in the contraceptive prevalence rates and beat back some of the barriers on access. But Nigeria will be important to watch in the next few years, especially for us at Pathfinder, but for the whole field.

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

**Sharpless** Okay, in our last few minutes today, tell me what you think about the future for Pathfinder.

**Pellegrom** I’m optimistic ultimately and generally. I think that the agenda that Pathfinder’s set for itself is essentially the right agenda. I think we are recognized to be outspoken on that agenda and I think we’re perceived to provide high-quality work in the field and I think that the distribution of those A’s is, for the foreseeable future, essential to what we do. I’m worried about government funding and the possibility of not just government funding in the U.S., although I am indeed specifically concerned about the United States.

We talked in a general way earlier about the importance of government in less developed countries being committed to these issues, and I think being committed to the issues in developed countries is also important. And I think two or three things are important to kind of observe. First of all, in the first W.
Bush term—the current in fact because the second term hasn’t started yet—Mr. Bush began in that period when he took over office, when he was sworn into office, there was one and only one USAID. That was it. There was only one international family planning program, and that was USAID. I don’t mean international family planning program, I mean any foreign assistance for humanitarian aid—it was USAID. It’s an instrument that’s been around a long time at this point, decades, and it’s an instrument that we’ve all criticized and we should have criticized because it deserves it. People in and outside of AID have criticized it. Members of Congress and administrations have criticized it. And those of us who attempt to get the agency to work in ways that really benefit clients and recipients at the bottom end of—in the final stage find ourselves criticizing it at different times, and we should. Having said that, it’s done an amazing amount of good and it was the only instrument for delivering humanitarian aid when Mr. Bush took office.

There are now two others. He began first the New Millennium Corporation. It is just coming up to funding but the New Millennium Corporation was founded, the secretary of state to be its board chair. It was designed as an instrument of foreign assistance for particular countries. And those very carefully selected countries—at least I guess very carefully selected countries—I can’t name them off hand, but they are countries that have been selected because in the eyes of the people in the government who’ve selected them, they’d be among the twenty or twenty-five countries that are the most apt to climb over the hurdle. In other words, they would now be described as less developed countries with the best chance of moving up, moving up out of
that status. So in other words, the countries that would be the poorest of the poor are not there.

Sharpless

Um-hm.

Pellegrom

That program is just getting underway. Paul Applegarth is its head. I talked to somebody yesterday who met with him for several hours yesterday and he very much talks about working government to government—working U.S. government to developing country government. There may not be much of a role for civil society in this equation. Rather than to work through the Pathfinders or the Save the Children or the CAREs of the world in those countries, he sees transferring money from government to government.

Sharpless

Um-hm. So the NGO’s are not a part of the picture.

Pellegrom

Less a part of the picture. And how that’s going to play out is very interesting. Are these governments ready to do this? Will these governments spend the money on the humanitarian aid that they’re supposed to? And more broadly, a lot of concern about, Is this really a way for the government of the United States to secure allies—countries who would align themselves with the United States in critical strategic things that the United States does or wants to do in the world? And is that the real agenda, rather than—you know, those kinds of questions start to lace that kind of discussion, especially if you follow me when you talk government to government and when you talk a new initiative like this.

Now, I don’t know how that’s going play out. Certainly, as a humanitarian organization, I’ve taken the position—as Interaction chair, I’ve taken the position—that the New Millennium Corporation was a good thing, that if the
president wants to spend more money helping selected countries climb the
final hurdle into a different economic position, people like me certainly
shouldn’t be saying they’re opposed to that. But there are lots of questions
about how that’s going to happen. And I’ll go on here for just a second more.

Remember in the State of the Union message a year ago, not the last time
but the January previous [2003], the State of the Union message in which we
were all waiting for and at the end of it, got a description of the military
intervention the United States was about to undertake in Iraq. At the beginning
of that speech, the president talked about HIV/AIDS and said that he was
going to make fifteen billion dollars available to combat AIDS. A man named
Tobias has been appointed to head that. Ambassador Tobias comes out of the
pharmaceutical industry. He is now in charge of that initiative and it’s a huge
initiative, potentially. It hasn’t been fully funded. Mr. Tobias is actually quite an
impressive character, it seems to me, but his mandate is to run this new fifteen-
billion-dollar initiative on HIV/AIDS. And they’re moving to do this. There’s
evidence of large programs scaling up to do this in several countries. But it is
important to say that three-quarters, I believe—it might be two-thirds, but I
think it’s three-quarters—of the money is to be spent on anti-retrovirals (both
talking at once)

Sharpless: Which we just discussed, people can’t—

Pellegron: —means that two-thirds or three-quarters of the money will stay in the United
States, making purchases from American drug companies.

Sharpless: And which malnourished people can’t take.
Pellegrinorm  Right. So, yeah, with all kinds of other problems, including how do you
administer them and the rest. So there's lots of concerns here and I guess what
I'd say is I'd love to be in a position to say to you—and Mr. Andrew Natsios at
USAID would criticize people like me by saying, You make it sound like we're
not doing humanitarian aid; in fact, this administration is spending as much or
more on humanitarian aid as any predecessor administration, and so on. And
indeed, I hope at the end of the next four years I can say that the United States
has made a remarkable endeavor to meet its humanitarian obligations. But I
think the jury's out and I think we ought to be watching, not just AID at this
point, but we ought to be watching the three instruments: AID, the Tobias-run
HIV/AIDS, and the New Millennium Corporation. Those are now all three of
the humanitarian aid instruments that we've got to look at as Americans. And
they're all important and they all could be important. Two of them are so new
it's hard to tell and one's been around awhile but it's how they all work now
that we want to look at.

And one of my concerns behind this is that I think it's possible that the
administration would say two or three years from now, with budget initiatives
or with people attacking—if the economy doesn't get better or if the deficit
continues to worsen, I worry that the administration could take the position,
Well, let's stay with PEPFAR [President’s Emergency Plan For AIDS Relief],
the Tobias initiative, because people are dying of AIDS. It's crisis. We've got to
stay with that. And let's stay with the Millennium Corporation because it's
helping governments over the hurdle. But USAID does a lot of stuff that they
might say is discretionary or try to convince people is discretionary humanitarian aid.

And in short, it would be a temptation on any administration, I think, to defend the two initiatives that it launched and, if you had to jettison one, to jettison the one that has been around for twenty-five years. Think of it more mischievously. If you wanted to really get rid of family planning, and family planning has in fact a Congressional earmark and you really wanted to get rid of it, maybe the way to get rid of it is to create two new funding instruments that provide significant humanitarian aid that make it impossible for advocates like me to say they’re bad because they aren’t; they’re good. And then to shut down AID behind that and say, Well, we didn’t shut down family planning. We shut down everything that was in there. [It just] Happens, unfortunately, that family planning was there.

Sharpless I see. Well, you have been very, very patient this morning with all the technological problems, and I’m so grateful to you. We’ve spent some good time together. Is there anything else that we need to talk about before I let you go this morning?

Pellegrom I have a couple things that occurred to me that I want to make sure I mention. Did I tell you the story about the Alan Guttmacher bust?

Sharpless I don’t think so.

Pellegrom Well, I’m going to do that, I think, for just a second. An OB-GYN who Alan Guttmacher trained in Baltimore whose name was Ruth Finklestein—she’s dead now, but Ruth was a marvelous woman. She rented an apartment that Bessie Moses rented her when she was a medical student. This was before
many women were going to medical school, at least at Hopkins, probably any place. She would be a hundred years old now if she were alive. But she rented an apartment from Bessie Moses, who’d been trained by Alan Guttmacher. Bessie founded the Planned Parenthood affiliate in Baltimore. Alan was, of course, a legendary professor there and he was Ruth’s professor. Ruth was very fond of him. One day, when I got ready to move to Boston, Ruth called me up, and she said, “I’d like you to come to my office. I need to have a private conversation with you.”

And in the course of this conversation—I will do this quickly—I came to her office. She was still practicing medicine. And she got out of her closet something that was wrapped up and a bit large and set it on her desk. And she said, “Dan, I don’t know what’s going to happen to me someday, but I’d believed that you should have this. It’s a bust of Alan Guttmacher.” And then she proceeded to tell me that Alan had had a romantic liaison in Baltimore that wasn’t too quiet, but that it might be embarrassing to the family, and that I needed to keep this bust in hiding and in fact not tell anybody about it until after Leonore, Alan’s wife, was no longer alive. I knew both Alan and Leonore.

I told you about my knowing Alan and I respected her wishes and kept the bust in my attic or something for a long time. Upon Leonore’s death, I took the bust to Jeannie Rosoff, arranged to see her and took it to her and gave it to her because I thought that it belonged in the Alan Guttmacher Institute. That was the logical place for the bust to be. And they’ve had it bronzed and it now sits in the library of the Alan Guttmacher Institute. I just thought it was a fun story from yesteryear that you might like to know about.
That is funny.

And the only other thing that occurred to me that I haven’t—there will probably be other things that I think of that I wish I will have said, but because you made think about all this, I did some digging around and—I think I mentioned this to you but if I didn’t, the book, *Daughter of Persia*—

Um-hm, yes.

I did mention that to you?

Yes, you did.

Sattareh Farman Farmaian is the author’s name. I talked to her on the phone the other day. She happened to have had Thanksgiving dinner in her home in Los Angeles. This woman who started the Planned Parenthood affiliate—what became the Planned Parenthood affiliate once there was a Planned Parenthood to join—but the first family planning association in Iran that she started—she had Thanksgiving dinner over the weekend in Los Angeles, this past weekend. She was telling me the other day on the phone, with the person who she calls her counterpart in Egypt, who came from Cairo to be with her last weekend—she had just put her on the plane, the woman who she attributes with having launched the first family planning association in Cairo in the early 1950’s. And that led to my also digging up just a couple of other things—people who deserve to be mentioned, I suppose. If I didn’t mention Luigi DeMarchi and Maria Luisa Zardini I should do so. And I have in my hands as I look at this, a newspaper article from the *Christian Science Monitor*, dated 11 September 1972. And it’s a description of the work that began in 1956. In Italy, this couple, the DeMarchis, started working to deliver family planning services since 1956.
They were both arrested. Luigi DeMarchi was put in jail. And just to read you one paragraph:

Viewing birth control as immoral, the court rejected the case on the basis of the constitutional loophole that individual rights are only valid if they are not in violation of “good customs.” The appeals dragged on throughout the 1960’s and finally in 1970, forcing the issue at the risk of imprisonment, Mr. DeMarchi opened a birth control clinic in Rome with funds obtained from the Pathfinder Fund in Boston, founded by Dr. Clarence Gamble. Finally in 1971, the Supreme Court reversed its ruling and legalized birth control in Italy for the first time.

That was 1971 and we now know that Italy has the lowest birth rate in Europe and among the lowest in the world of birth rates that’s below replacement. And only in 1971, it was illegal to have a birth control clinic in the country. Amazing stuff, isn’t it?

Sharpless It is amazing stuff. Well, you have been more than generous and I’ve certainly enjoyed our time together and I’ll look forward to working with you as we edit the transcripts and get them ready for deposit.

Pellegron I’m delighted to get to know you too, and it’s been fun. You made me think of that stuff that I don’t get time to think about. As you can tell, I’ve enjoyed myself and enjoyed getting to know you.

Sharpless Well thank you so very much. Take care.

Pellegron Regards.

*end Interview 3*

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