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Narrator

Phyllis Tilson Piotrow, Ph.D. (b. 1933) has worked in the reproductive health field since the 1960s. She was the founder and first director of the Johns Hopkins University Center for Communication Programs. She served as legislative assistant to a U.S. senator and was the executive director of the Population Crisis Committee, now Population Action International, in Washington, D.C. Her papers have been donated to Johns Hopkins University.

http://faculty.jhsph.edu/?F=Phyllis%20T.&L=Piotrow

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

Four 60-minute audiocassettes.

Transcript

Transcribed, audited and edited at Baylor University. Transcript has been reviewed and approved by Phyllis Tilson Piotrow.

Bibliography and Footnote Citation Forms

Audio Recording


**Footnote:** Phyllis Piotrow, interview by Rebecca Sharpless, audio recording, September 16, 2002, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 2.

Transcript


**Footnote:** Phyllis Tilson Piotrow, interview by Rebecca Sharpless, transcript of audio recording, September 16, 2002, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.
Phyllis Tilson Piotrow

Interviewed by Rebecca Sharpless
September 16, 2002
Bethesda, Maryland

Today is September the sixteenth of 2002. My name is Rebecca Sharpless, and this is the first oral history interview with Dr. Phyllis Tilson Piotrow. The interview is taking place at Dr. Piotrow’s home, 6221 Bradley Boulevard, in Bethesda, Maryland, and it is part of the Population Pioneers Project for the Hewlett Foundation. Dr. Piotrow, thank you for letting me come out this morning—very pleasant, sitting here on your sun porch with birds twittering—and I wanted to start this morning very generally. Tell me first of all your full name and when and where you were born.

Okay, my full name is Phyllis Wiegand Tilson—Piotrow is my married name.

I was born in New York City, March 16, 1933.

Okay, and tell me a little bit about your family.

Ah, my family. Well, my father was in business, worked for a law book publisher. My mother didn’t really work until considerably later, when she got into the real estate business on and off. My mother’s parents were German. My grandfather was an artist, made his living as an artist all his life. My grandmother was a pianist, taught music, gave concerts, did things like that on that side of the family. My father’s father was a federal judge on the U.S. Customs Court. He and his family came from Tennessee, and my
grandmother came from Atlanta, where they had lived. It was always interesting to me as a child that all of my grandparents came from families of six to eight children, every single one of them, even those who lived in cities, whereas my parents were both only children—

**Sharpless**  
Aha!

**Piotrow**  
—so that was a big change. It always puzzled me. I never could understand why, when I was a child, why my grandparents had come from such big families. And then I had one sister, and we lived in New York City for about—while I was a child—about eight or nine years. Then we moved to Summit, New Jersey, in the suburbs, where I basically grew up and went through high school. And then my parents moved to a lovely little old-fashioned town in upstate New York in 1953. It’s been my connection ever since. In New York I went to private school for a while until we left New York. Then, when we moved to New Jersey, I went to public school for a while, and then my parents shifted me to private school. So, I went to a private girls’ school from seventh grade through high school, and then after that I would like to have gone, I think, to a place like Yale, but in the ’50s they were not accepting women. My mother had been to Bryn Mawr, and she felt very strongly that I should go to Bryn Mawr. We didn’t have a lot of money. It was quite a sacrifice on their part to send me and my sister to private school, and I could get a scholarship from Bryn Mawr, so I went to Bryn Mawr. So, all the way from seventh grade through college I was going to all-girls’ schools.

**Sharpless**  
Okay.
And getting a very good, rigorous kind of education. I was not even dimly aware that there was such a thing as discrimination against women because I just never saw it.

Um-hm. Um-hm. Did you consider—did you ask the question, Why can’t I go to Yale, or was that just not even an option?

It wasn’t an option at that point. I applied to Cornell because they were giving the big scholarships. When I didn’t get the big scholarship, my mother was really quite insistent. Well, she sort of expected me to go to Bryn Mawr, because that had been important to her. The idea of going to Yale as an undergraduate didn’t really occur to me. Several of my cousins had gone to Yale Law School, and that was kind of in the back of my mind.

Um-hm. That you might do that? When you started out there at Bryn Mawr, what were you thinking you might do?

Well, the subject that I liked—I think I wasn’t thinking career at that point. The subject that I liked best was history, but I did, fairly early on, have the idea that I might like to go into the Foreign Service. That was beginning to be open to women, and I guess I started thinking while I was in college—I don’t remember exactly when—that I would like either to be a lawyer, because my grandfather was a judge and there were a lot of lawyers among my cousins—be a lawyer or join the Foreign Service. So, by the time I had finished Bryn Mawr, I was thinking of those two possibilities. I didn’t think about college teaching. When I was a child I thought about medicine, but it was obvious I was so bad at science (laughs) that it was not the sort of a field that I should be getting into. And I was good at things like history and
writing and that sort of thing, so—but remember I graduated from college in 1954, and at that point the thing was, you got married. As soon as you got out of college you got married, so it was more of the question who do you want to marry than what do you want to be yourself.

Sharpless

Right, right. Well, thinking about marriage, when you were growing up there in the ’40s and the ’50s, how much discussion was there about birth control and about population? Was that in the air at all?

Piotrow

There was a little bit, it seems to me, there was. Of course, my parents never really gave me any lectures or anything about sex, but I do remember one episode very clearly. When I told my friends at college about it they were horrified. Before I went off to college my mother said to me, “Now I understand about these biological urges and things like that, and if you want to yield to biological urges, that’s okay, but mind you use some sort of birth control so you don’t get pregnant.” And when I repeated that to my college friends, they were absolutely astounded. How could she say a thing like that? Of course, I wasn’t sexually active in college because I was (laughs) so terrified of the whole idea, and I certainly didn’t want to get pregnant (Sharpless laughs), but she told me that. My mother had gone to Bryn Mawr, and there was a whole Bryn Mawr tradition of being women leaders in all these different fields. The story of Margaret Sanger and her problems and how she’d been treated and all that was something I knew about. I don’t know exactly how I knew it, but, you know, I was aware of Margaret Sanger and how controversial all that was.

Sharpless

Um-hm, um-hm. Interesting, interesting. So, did you find somebody to
Phyllis Piotrow, interviewed by Rebecca Sharpless

Interview 1 of 2

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marry while you were in Bryn Mawr?

Piotrow

No, no. (laughter) I met my husband when I was at Oxford. He was a Rhodes Scholar, and after I graduated from Bryn Mawr, I got a Marshall Scholarship. I applied for a Fulbright and Marshall. Again, the Peace Corps didn’t exist. If you wanted to go overseas, the only way you really could do it was on something like a Fulbright. The Marshall Scholarships just began that year. I had a cousin by the name of Cate [Catherine] Tilson, who was one of the first women graduates of Yale Law School. She was a lawyer in New Haven, and at some point about then, she was the executive assistant to the president of Yale. I was very much influenced by her—my family has been quite connected with Yale over the years—as a lawyer who’d had her own career all her life and now had this important job. Cate told me about the Marshall Scholarships. She encouraged me, and although I didn’t really know her well, in some ways I think she was kind of a role model for me because I saw her career and what she’d done. Nobody in my family that I knew well was a doctor or successful businessman. My grandfather was a federal judge. My great-uncle was a member of Congress for twenty-some years. Law and public policy were in the family, and it was the kind of thing I was sort of good at in school. My father was in business, but it was in publishing law books, so he was connected with law, too, so I think I was really thinking I would be a lawyer, go to Yale Law School eventually.

Sharpless

Okay, so you got the Marshall and packed up and moved to England.

Piotrow

Packed up and moved to Oxford for two years, right. And in the application what I had said was I wanted to study English constitutional law, because
that was the basis for our Constitution and American law and so on. And I
guess I said I wanted a career as a lawyer or a diplomat. Probably I was
emphasizing more law and lawyer at that point. So I went to England and
studied English history, which indeed, turned out to be quite (laughs) full of
the English Constitution and that type of thing. But after I’d been there two
years and finished my degree, I had met Jack Piotrow, who was a Rhodes
Scholar, and we’d gotten engaged, and I was going to be married right after I
got back from England. He had a commission in the Naval Reserve, so we
were going to come down to Washington for two years. Washington wasn’t a
place where I wanted to go to law school, so when I came to Washington
with him after finishing Oxford, I started looking for a job. And the first job
I got, after considerable searching, was at the Legislative Reference Service in
the Library of Congress. It’s now called the Congressional Research Service.
It was where people did research and speech writing for members of
Congress. The head of that had also been a Rhodes Scholar. When he saw
my record and that I’d done well at Oxford, he helped me get a job there. So,
I worked there for a year. That was 1956, which was the year the first Civil
Rights Bill passed. There was a big debate on civil rights, and I would be
writing speeches on both sides of the issue. You would have people in favor
of the legislation wanting a speech in favor of civil rights, but then a
southerner would want a speech against the Civil Rights Bill, so I spent a lot
of time there working on various aspects of that civil rights debate. After that
a colleague of mine—his name was Bill [William] McIntire. He later worked
for USAID. He and I were working side by side. He got a job the next year
with Congressional Quarterly *Editorial Research Reports* writing editorial research reports on specific subjects. They had a vacancy, so he encouraged me to apply. So, after a year in the Library of Congress, I went to *Editorial Research Reports*, part of Congressional Quarterly, and worked there for a year.

**Sharpless** What kinds of things were you researching at CQ?

**Piotrow** I was writing the papers on foreign policy, so I would write about the Palestinian refugees, Indonesia—I don’t know. I’ve got a whole book of all the things I wrote at that point, but that was difficult. I didn’t find it easy writing those things, even though I’d had goodness knows how many years of writing papers that I was good at. Did that for a year. When my husband finished his Navy tour, he got a Ford Fellowship to go back to Oxford to finish his doctorate, which he wanted to do. Then he was planning to go in the Foreign Service. He’d passed the Foreign Service exam, so I was basically looking to a career of being a Foreign Service wife. He got the Ford Fellowship to go back to Oxford for a year or two to finish his doctorate, so I went along. I got a sort of teaching fellowship/tutor part-time position at my college at Oxford, which was St. Anne’s. He worked on his dissertation, and I would say got maybe half, two-thirds of the way through. Then, the Foreign Service people said, No, we can’t defer you any longer. You either take up your appointment at this point or go through all the exams again. So, we decided we would come back to the United States and he would take the Foreign Service job—this was January 1960—he would take the Foreign Service job, ask to be located in Washington, and try to finish his dissertation evenings and weekends on the side, which I guess we thought was possible.
By that point I was also pregnant. I was going to have a baby in March. At Oxford that last year I had started working on my own dissertation, which would have been in diplomatic history. I was more and more interested in diplomatic history, how we got into the Second World War, but I spent less and less time on that and more and more time teaching and tutoring myself. Gradually, I gave up the idea of pursuing a doctorate. I was having a baby, and he was going to be in the Foreign Service. That was going to be not exactly typical, but I was going to see what I could do around the world. The baby was born in March. Then all of a sudden my husband got diabetes, just out of the blue. And they told him he couldn’t stay in the Foreign Service. So, at that point, it became imperative that he finish his Ph.D. and go into academic teaching, which would have been his second-choice career, so I had to get a full-time job for him to do that.

**Sharpless**
So that he could finish his dissertation?

**Piotrow**
So he could finish his dissertation. We had the baby, and he got diabetes about three or four months before the Civil Service medical insurance came into effect, so (laughs) we had to pay for my baby and his hospitalization both from our own funds.

**Sharpless**
Oh, no.

**Piotrow**
All out of our own money. Then the Foreign Service billed him because he had taken more sick leave than he was entitled to. So (laughs) it was not a happy time. I had to go to work. So I looked and looked around, and then through a friend of his, Steve [Stephen] May, who later became mayor of Rochester, New York, found a job. Senator Kenneth Keating from
Rochester, New York, who had been a Congressman who played a key role in the Civil Rights Bill, had gotten elected to the Senate. I had followed that, being a New Yorker at that point, and I guess I voted for him. I thought he was a good guy and all that. He ran against Harriman and Carmine Desapio of Tammany Hall fame, and got elected to the Senate. He was looking for someone. So with the help of Steve May, I got first a part-time and then a full-time job working for Senator Keating as his legislative assistant for foreign policy issues. That began in 1960, because Diana was born in March 1960, and I began working there full time about July or August 1960. So, I was regularly involved in I guess what they now would call policy analysis in foreign policy. We were concerned about the foreign aid appropriation and stuff like that, so I was working on international issues with him.

**Sharpless**

How much were you involved in discussions of Vietnam when you were on Keating’s staff?

**Piotrow**

On Keating’s staff not at all, because Keating did not get re-elected in ’64, and Vietnam didn’t begin to be an issue until after that. So, on Keating’s staff I wasn’t involved in that at all. I would say the major foreign policy issue was the Near East and Israel, and of course, the senator from New York has to be completely supportive of anything Israel does. So, there was a lot of work on the Near East. There were some things about Indonesia—we were giving military assistance to them to do things that maybe they shouldn’t have been doing, and there was some of that. And of course, Russia—we were in the Cold War. The big issue was the Cuban Missile Crisis. Keating getting the information about the missiles being there and McNamara and others denied
Kennedy, remember, denied there were any missiles in Cuba because they didn’t have the photographs of them. McNamara was the kind of person who wouldn’t believe anything until he saw a photograph.

**Sharpless**

But Keating had information?

**Piotrow**

We had information that there were missiles there. The administration kept saying no, and of course they later admitted that they were lying. They didn’t really know. I guess that experience caused me to have a great deal of skepticism about McNamara and the Defense Department and the so-called whiz kids and experts—all men, who knew everything, but unless it was in a photograph or hard evidence, it just couldn’t be true. That, I think, made some impression on me.

**Sharpless**

Must have been disillusioning.

**Piotrow**

Somewhat, yes, definitely, yes. Because at first they were more interested in making their case and proving they were right than actually getting the truth out. Of course, they all jumped on Keating as hard as they could: We shouldn’t have been doing this, and so on and so forth, and—

**Sharpless**

What was it he shouldn’t have been doing?

**Piotrow**

Oh, he shouldn’t have been speaking out. He should have been following the president. If the president said something, it had to be right. If the secretary of defense said something, it had to be right. How dare you question the secretary of defense and the president when they say there are no missiles in Cuba? How dare you say that there are missiles in Cuba? It was that sort of thing—sort of an atmosphere. Of course, Keating was right and I think Keating emerged from that overall much stronger. But then, Kennedy was
assassinated, and Robert Kennedy decided to run for the Senate from New York. Goldwater was running for the presidency. There was no way, in New York State, the majority was going to vote for Goldwater with all the Kennedy sentiment as well, so Bobby Kennedy got elected senator from New York in ’64.

And defeated Keating.

And defeated Keating.

So, you were—

So that was the end of that phase (laughs) of my career.

In addition to the disillusionment with the high public officials, what were the other valuable lessons that you learned working for Keating?

Well, one thing that I didn’t learn was about discrimination against women. It was interesting working with Keating, a Republican that did not discriminate against women. The atmosphere on Capitol Hill in the 1960s was kind of a male-dominated atmosphere, but if you were a female and legislative assistant or a professional staff person to an important senator, you were pretty much treated as an equal. And Senator Case had—his top assistant was female, another Republican. In a sense it was a man’s world, but Keating within his office always treated all his professional staff equally. The administrative assistant was a man. When he was going to step down to be campaign director, they asked did I want to be administrative assistant. Well, I had a child at that point, and I said no, I didn’t want to be.

The hours were too long?

Oh, yeah. Saturdays, and you know, just total, complete—but I still had no
perception in my own mind of women being discriminated against, because
Keating didn’t.

**Sharpless**  
And you had grown up in this insulated world of women’s schools?

**Piotrow**  
Yes. Now, Oxford was not an insulated world of women’s schools, and we knew, of course, that the men’s colleges at Oxford, which dated back to the twelfth century, had these wonderful, sumptuous quarters, and the women’s colleges—at least the one I was in—were latecomers and didn’t have the money and were not as elegant. So, being in a women’s college, one had fewer perks and things. I wasn’t eager to live in a great big, huge, cold, old medieval place with no heat. That didn’t bother me so much because on an academic level, you know, everybody was equal. I had tutors in the men’s colleges because they were the people who were in diplomatic history. Iris Murdoch was one of my tutors, which was interesting, and Jennifer Hart, who later turned out, in some way, involved with the communists. It was a very interesting experience, but never, even through working for Keating, had I really experienced any discrimination against me because I was a woman. Maybe a little bit harder here and there, and I might have had slightly different ambitions, but I never perceived it as a problem. Then, when Keating was defeated and I started applying for jobs, I remember writing to Brookings [Institution] where some legislative assistants had gotten jobs as research people and so on. So, I wrote to Brookings to see what sort of job I might get, and I got a letter back from Brookings saying I could be somebody’s secretary or research assistant. And here I was with essentially a master’s degree from Oxford, four years as a legislative assistant
to an active senator and so on, and they were telling me I could be a
secretary. I mean, that was when I really became aware of gender
discrimination. Other women were applying for jobs, and a good friend of
mine, Patricia Shakow, who later became an editorial writer for the
*Washington Post* on legal issues, had an interesting time. Pat Shakow, who
graduated from Yale Law School, which I much admired, needless to say,
was looking around for a job. She had various offers, and eventually went to
work for Senator Javits, but she had an interview with Senator Cooper—
Kentucky. He was a very highly respected person, and he said, No, he
wouldn’t hire her because he didn’t like women lawyers. I had a job offer
from him, too, but I said to myself, If he doesn’t like women lawyers, I’m
not going to work for him even though he’s a very highly respected
Republican. I also had a job offer from Senator McGovern, who was a
person who was always nice to staff people. And I had talked to him and
knew him, and I had worked together with him and his staff on some
legislation. It was to help provide funding for localities when military bases
moved out. There had previously been legislation to provide extra money for
planning when a military base moved in, but communities really sometimes
needed it more when bases were closing down. So, I had worked with him
when there were some upstate New York military bases that were closing
down, so he offered me a job to work on that kind of an issue. It isn’t done
much to shift from the Republican side to the Democratic side, but I needed
a job. My husband had a job working for Senator Humphrey for a while, so
we had been in this funny situation. I was doing foreign policy work for
Keating, and he was doing foreign policy work for Humphrey. So, I went to work for McGovern in January of 1965. The connection was really working on military bases—what do you do about closing military bases? So, after Keating was defeated alas, I went to work for McGovern. That’s when I got involved in Vietnam, because he felt quite strongly that if we got involved in Vietnam at that point, it would be a disaster and we shouldn’t do it. As soon as we got involved, it would be the American war, not an internal civil war in that country. So, one of the first things I did was write a long speech for McGovern about why we shouldn’t go into Vietnam, and I think it was published in *The Nation* or *The Progressive* or somewhere. He liked what I had written, edited it somewhat, was very pleased with it, and I think he probably made a speech along those lines. We were talking about other things that I should work on. He didn’t want me to work on South Dakota things because I had never been to South Dakota. He didn’t think that having a woman from New York—fairly well paid by South Dakota standards—as his legislative assistant would go down very well with South Dakota constituents. But, I was going to work on international interests, which is what he was really interested in, so it was interesting. He was a very nice man and a very good person to work for. Having been a college professor, he created a very congenial sort of atmosphere for me in working with him. There were some very left-wing people who would come in and I couldn’t quite agree with what some of them were thinking. I’m not sure that he did either, but it was somewhat of a shift from Keating.

**Sharpless** Let me take just a second and flip the tape.
Tape 1, side 1, ends; side 2 begins.

Sharpless

Please go ahead.

Piotrow

At some point then that spring, I wrote some speeches about Food for Peace. He was very much interested in the food issue and Food for Peace and getting the surplus grain from South Dakota out to people around the world who needed food. So, he was very internationally oriented, especially around food issues. Sometime that spring, the idea came up—and I don’t remember exactly who initiated it—but the idea came up that maybe he should give a talk about birth control. There aren’t very many Catholics in South Dakota. He was a Methodist, and he didn’t think it was an issue that was really causing much harm at that point. He saw that people were beginning to be, at that point, quite concerned about population growth and population and food. Norman Borlaug and Lester Brown, and other food people were saying, Help, help. This was before the Green Revolution, really.

Sharpless

When our starvation was a real possibility.

Piotrow

Yes. Population growth was very rapid. Food production was not very rapid. He was interested in that subject. He suggested—I think he suggested it—that maybe I might want to look into the birth control issue. Maybe there was something he could say and do usefully on that. I think we were thinking about using some of the Food for Peace money, the soft currencies that would come back as a result of the food sales to support programs that included birth control. So he said, “Well, why don’t you do some research and write up something.”

Sharpless

Did he know what arena he was going to give this speech in?
Oh, on the Senate floor was where he would give his speech.

Okay, okay.

About that point, the Population Council was beginning to promote the IUD. This was a sort of three-cent plastic device that was going to solve the world’s population problems. This was beginning to get coverage. At just about the same time Senator Gruening from Alaska, who was the only physician in the Senate, decided he was going to take the little bull by the horns. He really wanted to do something about birth control. McGovern was a little bit ambivalent but thought it was worth exploring. Senator Gruening, on the other hand, really decided to go for it in a big way. He wanted to have an assistant secretary in USAID and an assistant secretary in domestic HHS or whatever it was at that point, who would be responsible for making birth control services available. Gruening was a very smart man. He had been a journalist before he became a doctor. He knew how to generate publicity and things like that. So, I don’t remember exactly which came first. I think McGovern actually wanted me to write the speech first, but just about the same time Senator Gruening and one of his staff members got really interested in the birth control issue. They wanted to hold hearings on the subject and make this a big issue, which it had never been before. As I recollect, the last year or so when I was with Keating, Senator Fulbright had offered some sort of an amendment to allow the Food for Peace money to be used for birth control. And Keating had said, “I’ve got to vote against that. I can’t offend the Catholics in New York.” But it had not gone anywhere or generated any particular attention. But, there were more and
more controversies coming up. There was a big controversy in Albany involving Planned Parenthood, and what kind of money they could get from the United Way. There were beginning to be more and more controversies about denying birth control to poor women. That was how I got introduced to the issue, and I wrote a speech for McGovern.

**Sharpless**

What was the gist of the speech?

**Piotrow**

You know, I really don’t quite remember. (truck drives by) It must have been about how population growth was a problem and that we needed to address it. Women needed to choose. I just remember reading about Margaret Sanger and getting involved in Margaret Sanger’s issues and her story. I don’t think McGovern actually ever gave the speech in public (laughs). My recollection is perhaps he didn’t, but while I was in the middle of that process, or involved in it one way or another, I got a call from Senator Keating, who had been approached by Hugh Moore. Has his name come up in the discussion before?

**Sharpless**

A little bit, yes, ma’am.

**Piotrow**

Yes. Hugh Moore really took the lead on it. Hugh Moore had been the inventor of Dixie Cups as a public health measure. The people who were traveling up to tuberculosis sanitaria up in Upstate New York had been on trains where they had all drunk from the same glass of water. He thought something like paper cups would be a good public health measure. So, he basically invented paper cups, Dixie Cups, which were a great success, needless to say. He sold out to Continental Can Company and was very much a millionaire. He had a foundation and he decided that world peace
and particularly population were what he was going to focus on. He decided that the time had come to set up an organization in Washington to lobby for, and insist upon, use of some of this foreign aid money for family planning. And, he approached Senator Keating to be the national chairman of such an organization, and essentially to talk to his fellow senators and members of Congress. Keating was on good terms with all of them—everybody liked him—and could try and win support for it.

**Sharpless**

Now was he thinking domestic or international or both?

**Piotrow**

Both.

**Sharpless**

Both. Okay.

**Piotrow**

I think he was aiming mainly international. He was on the board of the International Planned Parenthood Federation, I think. He had taken the lead, sometime before, on the issue of sterilization. He went to the organization that was promoting sterilization—it was called the Society for Human Betterment, or something like that—and he said, “If you change your name and come right out and say you are the Association for Voluntary Sterilization, I'll give you money.” So, they did. So, he was very active with them, but he thought an organization was needed in Washington to change the law to get family planning into the foreign aid program. So, Keating thought about that, and the idea of doing something in a public service sort of way appealed to him. He was with a law firm at that point, but he didn't want to do legal work, so he came to me and said he would do it if I would be the full-time executive director of this organization and develop the program. Then, he would go on and talk to his former colleagues. I'd begun
to get into the issue and he offered the job to me. I was not all that happy working for McGovern as a Democratic. It wasn’t the same as working for a senator from one’s own state who believed in all the same issues basically that I did. So, in April of ’65 I left McGovern and went with Keating and Hugh Moore to set up the Population Crisis Committee. So, that was technically how I got into the issue—because of the invitation to Keating to head up this organization and his approaching me to be the executive director.

**Sharpless**
Okay. When you started there in March 1965?

**Piotrow**
April 1965.

**Sharpless**
April 1965, okay. What was kind of the baseline? Where did things stand with family planning in the U.S. government?

**Piotrow**
Nobody talked about it. It wasn’t an issue. I mean nobody dared say anything about it.

**Sharpless**
Because?

**Piotrow**
Of Catholic opposition and it was, I think, perceived as just Catholic. I don’t think we were worried about fundamentalists or anything like that at that point. I think it was just Catholic opposition.

**Sharpless**
Power of the Church.

**Piotrow**
Yes, the power of the Church, and—

**Sharpless**
Oral contraceptives had been out for five years, is that—?

**Piotrow**
Since 1960, yes. Oral contraceptives made it easier to talk about birth control, but oral contraceptives were not provided to poor women on welfare. It was really Senator Gruening and the hearings that Senator
Gruening organized, starting—I think they started in ’65 and went on for maybe seven or eight years. That got family planning on the public agenda. There was a huge library full of those hearings. Those hearings really brought the issue out of the closet and into public attention. Because it was a controversial issue and had not been discussed before, he got tremendous publicity with it. He was such a shrewd, savvy guy. He (laughs) really was. I hand it to him. He knew how to influence public opinion and get things done one way or another. Lyndon Johnson was president then. He at one point said, “Five dollars spent on family planning is worth a hundred dollars spent on other forms of development,” because people were beginning to worry that the money spent on development was not effective. That was beginning of sharp cut downs in foreign aid development assistance. People were thinking it wouldn’t accomplish anything, so for President Johnson to say, “Well, we’ll do something we can reduce population growth, and then it will accomplish more,” was something new. That offended a lot of people, but it still got the idea across. So that was how I got into it, through Hugh Moore approaching Keating and Gruening starting his hearings. Senator Keating was head of the Population Crisis committee for maybe a year or so, and he was not terribly active. Jeannie Rosoff with Planned Parenthood and Nan McEvoy with the Population Council and I were planning things to do in Washington. Then Hugh Moore persuaded General William H. Draper, Jr., to come and be a replacement for Keating. Draper had been very much involved in raising more money for the International Planned Parenthood Federation on a challenge-grant basis. He had just about completed the
fundraising, which he called the Victor Fund after Victor, who was a friend of Margaret Sanger’s husband. He agreed to come to Washington and become the national chairman of the committee and be really, really active, using all of his multiple connections, and so on. When he came, I must say, that ginned things up considerably. He did a tremendous amount. I continued working as his assistant and helper. He got another former old friend—someone who’d worked for him previously—now in the Customs Bureau, Arthur Sittel, who was a PR media person to come and work. He and I together put out various publications and worked on the public relations side of it. I also worked up on Capitol Hill side of it. And, the Population Crisis Committee got going. He worked on a lot of different things, so from 1965 to 1969 I was working there with him, and that was a wonderful learning experience in how to get things done in the world. Wow.

Let me ask you a couple of—

Okay.

—follow-up questions, if I might.

What was the stated purpose of the Population Crisis Committee that Hugh Moore set up? Did it have like a mission statement?

The Population Crisis Committee started out as a lobbying organization. The stated purpose was to get the U.S. government involved and to use foreign aid money and domestic money for family planning purposes. We quickly discovered, however, that a lobbying organization—Hugh Moore’s contributions to it—were taxed. It didn’t really make economic sense. In fact, most of what we were doing was not so much legislation specific as it
was general education. So, with the help of various other people on the board and staff, we incorporated and got tax deductible status as an educational organization rather than a lobbying organization. Then, with Hugh Moore’s connections and General Draper’s connections, they were able to raise sufficient funds to keep the Committee going and growing over the years. So, also the purpose shifted somewhat from being designed particularly to influence Congress to provide approval and funding for this, to getting the administration to develop good, sound, strong programs because USAID—which was feeling less and less popular at that point—didn’t want to embark on something that the top people thought would be potentially unpopular in certain quarters. USAID officials, while giving some lip service to the idea, were very resistant to setting up a substantial program. So, a lot of our work was with people at AID and with the United Nations. General Draper was really influential in getting the UN Population Fund established, UNFPA. A lot of our work was international with the UNFPA and traveling around to U.S. aid missions. General Draper took missions of Japanese parliamentarians, German parliamentarians around the world to look at population problems to generate German and Japanese funding. So, he did a great many different things. General Draper had been, among other things, Under Secretary of the Army. He was General MacArthur’s boss in the occupation of Japan, so he knew all the top Japanese people, who felt very indebted to him, because he had really supported business interests during the occupation. In Germany, he was head of the Marshall Plan after Harriman. He was one of the people responsible for defeating the
Morgenthau Plan of making Germany a rural country. It wouldn’t have worked, but anyway. He was economic advisor to General Clay at first, and then head of the Marshall Plan in Europe. The key European leaders knew him and were very much indebted to him. Many of them felt that he had saved their countries right after the war. So, when he went to those people and said, “Come around with me. Let’s look at this population issue. Why don’t you put up some money?” I think there probably was no one else in the world they would have listened to more. He also knew Senator Fulbright quite well from those early post-war years. So when he went to Senator Fulbright and said, “Let’s do this,” Fulbright (laughs) was all for it. He had incredible connections—I mean almost no one else in the world would have had the kind of connections that he had. Paul Hoffman, who had been head of UNDP had worked for him. He’d brought Paul Hoffman in as a consultant for the Japanese reconstruction. So, when he went to Paul Hoffman and said, “Why don’t you set up a voluntary fund under UNDP to support population and family planning?” Hoffman listened to him. He could go to Hoffman and suggest it, and Paul Hoffman wouldn’t think he was crazy. It was amazing—his connections. I heard him once in a discussion with an air force general, an old friend. They just met in the lobby in the Army/Navy Club. They got into this discussion about how they had organized the Berlin airlift (Sharpless laughs). It was their idea. They had figured out how it would work. They sold it to General Clay. They made it work. I was standing there beside them, and I was thinking, My gosh. These people were making history. (laughs) But he was so modest. He never wrote
anything. He never claimed credit for things himself. I think most people—the public at large—had no idea what he accomplished, but anyway, he contributed a lot to the Population Crisis Committee. I was certainly very lucky and very fortunate to be able to work with him. And again, he treated me perfectly well as an equal. Whenever he went anywhere, if he possibly could, he took me with him. I was sitting there while he talked to these people. I was totally involved from beginning to end. And, I had some Capitol Hill connections that he didn’t have, and I could work things and arrange things for him, and so on. So, I was executive director, but I was really in many ways more of his assistant. He was going places and doing things that nobody would have thought possible, actually, at that point. So much was accomplished so fast. That was a very exciting time.

**Sharpless**

Tell me a little bit more about General Draper—obviously a high energy. What else was he like?

**Piotrow**

I think the most important thing about him was he had big visions about what should be done and how it should be accomplished. He was not trying to do little things. He was trying to do big things. He wanted a big program in the U.S. government. He wanted, like Senator Gruening, an assistant secretary in charge of things. He wanted a UN agency supporting population funding, as UNFPA became. He started wanting the International Planned Parenthood Federation to expand. It had started out, you know, as just a group of Planned Parenthood offices around the world. It was a bit of a debating society. It didn’t have much money. Each group did its own thing. The Europeans were very much oriented towards working in their own countries.
He started there by saying, “This is no way to deal with such a large problem. You can’t handle things with a budget of fifty thousand dollars or so. You’ve got to be a big organization and do this all around the world.” And, he said, “Your objective has to be to get governments all around the world to take over your work.” This was quite a staggering thought to many people in the International Planned Parenthood Federation. They just didn’t see it that way. Margaret Sanger would have, but many of them didn’t. He visualized the International Planned Parenthood Federation as this great big organization supporting family planning around the world in the private sector, and the UN Population Fund, some way or other, supporting government and the private sector, and the U.S. government devoting a substantial portion of its foreign assistance budget to this issue. He was thinking big, really big, and making these far-reaching proposals and going to the top people.

**Sharpless**  
Because he had entrée to them.

**Piotrow**  
Yes. U Thant, I think, was the UN secretary general for at least a part of this. He asked U Thant to hold a luncheon and invite Paul Hoffman and some of the other key people who supported the idea of a UN Population Fund—things like that. I mean, he thought on a grand scale. I have heard—although this I don’t know—that his venture capital firm, Draper, Gaither & Anderson, was the first group to support the development of technology in Silicon Valley, in California after the war, that they provided the first venture capital to get it started. He was that kind of a visionary, and he never gave up. He never, ever gave up. He worked almost twenty-four hours a day,
seven days a week, but it was mainly the thinking. He was always thinking,
What can we do now?—the ideas that he had and then pursuing them. He
was a wonderful man. He really was.

Sharpless   So you said (both speaking). Yeah, go ahead.

Piotrow    It was just such an experience being able to work with somebody like that
because I was quite young and inexperienced. As a legislative assistant in the
Senate, I met a lot of important people. So I was not foreign to meeting
people like that, but he was, in many ways, more impressive than any of
them. I mean, he was more like Lyndon Johnson. He got an idea he was
going to get something done, and he went out and got it done (laughs).

Sharpless    Yeah, you said a few minutes ago that it was a great lesson in getting things
done. What all did you learn from Bill Draper?

Piotrow    Well, I sort of digested—consolidated—for Bill Draper what I felt were the
main lessons that I got from him, which I then developed into a slogan
which I shared first with CEDPA, the Centre for Development and
Population Activities, and then Population Action and actually now, the
Center for Communication Programs. What I learned from Bill Draper, I
distilled in these five points: think big, start small, act now. Those were the
three big ones, and they're on our t-shirts. They're what we give to people in
workshops. That's what we put all over everywhere. This is the way to get
things done. Think big, start small, act now. Then the other two—which
specifically were Draper—were: never wait to be invited to do something.
(Sharpless laughs) Invite yourself and go because people didn’t—family
planning people didn’t get invited to things. We weren’t part of the
mainstream. In fact, they wanted to keep us out, but when somebody like Bill Draper showed up or was there or said, “Can I do this?” it was (laughs) almost impossible to turn him down. So, don’t wait to be invited, just go, get there, get yourself into whatever it is. Don’t wait until somebody asks you.

Then, the fifth point was, Share credit lavishly. Give all the credit to somebody else so other people think they have done this. They will buy into it, and indeed they do play a part in it. So, I sort of distilled my experience with him into those five points, which as I say, I think I successfully transferred to CEDPA to PAI to some degree, and certainly to the Center for Communication Programs. Those are our slogans, and when we do workshops, everybody comes up to me. Think big. Start small. Act now.

(both laugh) They see me coming and they practically say that. Some people thought he pushed too hard—John D. Rockefeller III, who was a very modest person and didn’t push—of course, coming from a totally different position—always thought Draper pushed too hard, should be more modest and so on. But you know, when you’re John D. Rockefeller you can be modest and still get things done. When you’re somebody like Draper, who is a self-made person, you have to be more aggressive to get things done.

**Sharpless**

Interesting. Let me change tapes.

**Piotrow**

Okay.

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

**Sharpless**

This is the second tape of the first interview with Phyllis Piotrow on September 14. Okay, tell me about getting the funding for population in USAID.
Phyllis Piotrow, interviewed by Rebecca Sharpless

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Piotrow

Oh, well, that story is written up at great length and in great detail and probably more accurately than I can remember, in my book *World Population Crisis: The United States Response*. I hope there's a copy of it in the Smith Archives.

Sharpless


Piotrow

Nineteen seventy-two, and then a second edition was 1974, I think, with a new chapter added about UNFPA. I also have a copy on disk myself because it's out of print if you want a copy. I think the details of it are all probably more accurately told there than I could now, but basically I give a lot of the credit to General Draper. He went to Senator Fulbright. At that point, the chairman of the House Foreign Affairs Committee, as it then was, was Dr. Thomas Morgan, the only MD in the House of Representatives. He came from western Pennsylvania where he went home weekends to practice medicine (telephone rings).

Sharpless

Do you want to get the phone?

(pause in recording)

Sharpless

Okay, so Representative Morgan?

Piotrow

Representative Morgan was Chairman of the Foreign Affairs Committee. Next in seniority was Congressman Clement Zablocki, from Wisconsin, who was Catholic and very much opposed, but Dr. Morgan, being the chairman, and being a doctor, when he said he thought it was important, others listened. And, as long as all these programs were totally voluntary, that was acceptable. So he put language in the foreign aid appropriation appropriating funding for family planning. An earlier effort to use soft currency, Food for
Peace loans, had been inserted in a bill, but it was just too awkward using the Food for Peace money. It was too much bureaucracy, too difficult, hard to do, so he put the money in as U.S. dollars. I don’t remember how much it was initially, probably twenty-five million dollars. Then the appropriation went over to the Senate. They were busy saving money. So, what Fulbright did was change it from an appropriation line item to an earmark that stated, of all the money appropriated in the bill, twenty-five million could be used only for population. That kept the total amount from being increased. At the same time it meant that if AID didn’t spend it on population, they would not be able to spend it on something else. There were violent objections from AID. They couldn’t possibly spend the money and so on, and so forth. But, they got the money. Then under Dr. Ravenholt’s leadership, and aggressive pushing from inside the agency, and General Draper’s and my working outside the agency, it got it spent. Thereafter for four or five years, the money would increase from twenty-five million, then it was thirty-five million, then it was fifty million, then it was seventy-five million, and then I guess it was one-hundred million, 135 million dollars, and so on. It increased each year, and the money was spent. Top AID officials objected all the time and raised all kinds of difficulties. But in the end the Office of Population was able to do it. The money was spent. The programs got started. And of course, over time, they improved as people learned. It turned out not to be quite as easy a job as we had originally thought, but it’s well underway now. I think that the declines in birth rates in many developing countries have really been one of the success stories of international development. But
development, like improving the quality of life in the United States, is never over. When you have one challenge half-way resolved, then another challenge comes up. Nothing is ever 100 percent resolved, but when you get about half-way, three-quarters of the way through, something else comes up related to it that’s equally important, so the task goes on.

**Sharpless**

And how did you and General Draper push from outside to get the money spent?

**Piotrow**

Well, General Draper, because he was involved with IPPF, negotiated so that a substantial amount initially was given to IPPF. There were a number of other organizations at that point operating on a very small scale, the Pathfinder Fund, the Association for Voluntary Surgical Contraception, universities that were training people. There was the organization that later became Family Health International. There were population centers that were beginning to be supported by the Ford Foundation and the National Institutes of Health around the country. U.S. Planned Parenthood also decided to set up an international program. So, there were a fair number of non-governmental organizations that were ready to receive money. General Draper and I went and visited a number of U.S. aid missions around the world to try to persuade them that they could indeed use the money. Many countries, like Egypt, Turkey, as I recall, India, to start with, Pakistan, then Bangladesh were ready to start programs of one kind or another, so our role both encouraging U.S. aid missions and helping to promote funding for private, non-governmental organizations made a big difference. These programs all grew over time.
Sharpless  When did you start traveling internationally?

Piotrow  I think the first trip I took was in 1967. The International Planned Parenthood Federation had a big conference in Chile, and Latin America was, indeed, one of the first places to move forward. Dr. Edgar Berman, later from Johns Hopkins, then working for AID, was very useful in promoting programs in Latin America that usually combined maternal and child health with family planning. So, that was the first time I went overseas. I later went to Indonesia and Thailand and India, and later on all over, but those were the first places that I went to.

Sharpless  And how were you received?

Piotrow  Well, we would talk to the people in the population offices. It was very idiosyncratic. There were not population officers in every mission, although AID was supposed to have somebody designated as a population officer in each country. Some of them were very interested, very creative, very imaginative, had good ideas, were ready to go. They often had to fight with their mission directors, who mostly came out of the field of agriculture because that had been the largest AID program. Agriculture programs were closing down a bit. Family planning programs were increasing, so there was a certain amount of competition. But, some of them were interested and very good and ready to go ahead and started programs. Others wouldn’t touch it with a ten-foot pole. (Sharpless laughs) It would often depend, not always on the situation in the country, but simply on the individual population officer and persons out there and how good and imaginative and creative and willing to move he or she—mostly he in those days—was.
 uh-hm. Now you had worked in several different aspects of international work, international relations to this point. What was it about the population work that caught your attention and made you stay with it?

Well, to be perfectly honest with you, from the very beginning, I think my interest in family planning was not to start with, at all, from a public health standpoint. I didn’t know anything about public health. I wasn’t into public health. We weren’t talking a lot about how many women died for the lack of family planning or things like that. We were talking about numbers—numbers and how this was a problem. But, I think, part of my own personal motivation was that I very much resented the fact that an organization like the Catholic Church, which was very much of a hierarchy, consisting of celibate, old men—supposedly celibate men—was making rules that women around the world were supposed to follow, even to their own death or detriment. I’ve always been a bit of a rebel all my life. When I was in high school, I think I accumulated more demerits than anybody else ever in the history of the school. I was a bit of a rebel. I resented the fact that an organization like this, that actually only represented a certain proportion of the population, could dictate to the whole country and the whole world how women should behave and condemn women to doing without family planning. That really outraged me. It was very much an anti-authoritarian reaction—that was my emotional motivation for dealing with it. I thought this was absolutely outrageous. As I looked into it and learned things, for instance, that the Catholic Church opposed anesthesia for women in labor up until sometime in the twentieth century because the Bible said women are
supposed to suffer in labor. It was things like that that really, really made me quite furious. Here I saw this genuine problem. The Church was refusing to address it. Even more it was that this type of organization, that was so, so discriminatory toward women in every aspect of its work, should be dictating something so important to women as family planning. It really outraged me. That was, I think, the emotional force and push that got me into it.

Sharpless
Um-hm. What about the intellectual challenge?

Piotrow
Well, there was that, too. Initially, the intellectual challenge was, as I said, tied around the issue of population growth: size, numbers. How many people can the earth support? What is going to happen with all these people? They’re going to starve to death. They’re going to all go to war with one another. How can the earth possibly support—how can the world possible sustain this many people? That was the way it all started intellectually. We didn’t, at first, I think, have any sort of clear conception about what one had to do to overcome cultural barriers or how much the fact of male domination in most of these societies worked against women and family planning in so many different ways. I was not aware of that at first, I will certainly say. It was really the pressure of numbers and what’s this going to do to the world, and of course, population growth in the United States. Population was growing very fast, and so the impact on highways and crowding was very visible. It was so much worse in all of these countries, so at first, it was the numbers, undoubtedly the numbers. Then gradually, over time, the women’s movement really got stronger and started pointing out how individual women did suffer and how the cultural norms that establish women’s status...
were responsible for some of these conditions that even women who wanted
to get out from under couldn’t. I began to be much more aware of that later
on, and to try to build more of that sort of element into programs. But, the
initial impact was that this was this utterly unreasonable, outrageous
opposition to something that’s so natural and normal that people really
should be doing it. We needed to get around this because this really is a big
problem that we’re facing.

**Sharpless**

I don’t remember where I read it or who told me that the assumption in
those days generally was if you give a woman a chance to control her fertility
she will.

**Piotrow**

Yes, there was a lot to it at first. The issue as Dr. Ravenholt undoubtedly
said, was that the main theme of the early AID population program was
availability. Make these methods, these contraceptives available. Some people
caricatured that as dropping condoms from helicopters, but making available
really meant to have a reasonable service where a woman could go and get
the information she needed and the supplies without too much hassle,
without risk to life and limb or something like that. Without dangers to her
health she could get this in a comfortable surrounding and keep supplied.
She wouldn’t have to take a day’s walk every month to get a supply of pills or
whatever it was or if there were problems or something like that. Initially, the
concept of availability really made the big difference because there were
enough women out there—not by any means everybody—but enough
women out there who would take advantage of family planning if it were
available to start the ball rolling. This is Everett Rogers’ theory of diffusion
of innovation. The early initiators start, and then you get the early adopters who see that it works, and then the majority begins to do it. After a while, it becomes the social norm, so you have a changing environment. Clearly, if you start out trying to get the hardest-to-reach people first you won’t succeed, but if you make a service available for those who will see the point and will use it if they can, then you get the ball rolling, and it builds up a certain momentum. I think that was definitely the way to start. There really was no other way to start that made a whole lot of sense to begin with. Then, over time, as we perceived all the other problems and the question of women’s status and logistics and needed good, simple methods that were not too complicated, other aspects of the program were expanded.

**Sharpless**
The difficulties with the IUD in India and things like that.

**Piotrow**
Well, yes, the problem with the IUD in India, among other things, was that the providers were not well enough trained to begin with. The IUD’s perhaps were not all that good. And the concept of providing good service to a consumer, especially if the consumer was a poor woman, didn’t exist. Just grab them and stick the IUD in (Sharpless laughs) them and send them home kind of thing. The concept of high-quality services didn’t exist. Family planning was one of the first medical programs where the emphasis really was on the fact that the individual had to make—should make—an informed choice of what to do on the basis of a lot of accurate information. Up until then, across the board, the medicine was the doctor. He’s the expert. He tells you what to do, you do it. There was that to go against, too. At first, family planning was the doctor telling you what’s the best method for you. Then
you take it and go. That was perfectly in tune with the way the rest of medicine was practiced at this point. So, I think family planning programs led the way with the concept of informed choice and informed consent. It was, at first, much more honored in the breech than carried out, but I think that’s the way those concepts developed. They didn’t come from how you treat tuberculosis or how you treat malaria or something like that. They came out of family planning and reproductive health.

**Sharpless**

And why?

**Piotrow**

Because you were basically dealing with healthy populations. These people were not sick. Most people go to doctors because they’re sick. But, these were well people who just wanted to stay well. So, they were not willing to try risky remedies. They wanted to be sure what they were trying would keep them well, not make them sick or make them sicker. So, I think that’s one of the reasons. The other reason is of course reproduction is such a personal, sensitive kind of thing that people want to make their own decisions even though everyone is influenced by the social norms around them. They still think they’re making a personal decision, even if it’s much influenced by the situation and society.

**Sharpless**

What about your being a woman lobbying on the Hill at this point?

**Piotrow**

That wasn’t so much of a problem. Lobbying was different in the ’60s from what it is now. We didn’t have so many millionaires, Gucci-loafer lobbyists, for every business under the sun. There were many, many fewer. One of the best-known lobbyists on the Hill then was Evelyn Dubrow, lobbyist for the ILGWU. Unions had lobbyists. Some of them were women, and the League
of Women Voters was lobbying, so in some ways, you might say there were more women lobbyists interested in women’s causes and so on then than now. Now, it’s corporate. It’s all corporate stuff. It’s all the big money and so on. I think there was much more issue lobbying—like the Friends Committee for National Legislation, that sort of organization. I mean, maybe my perspective is wrong, because that was the sort of issues I was working on, but there were lots of women lobbyists working on social issues. And sometimes, the women lobbyists were considered the best.

**Sharpless**

You said it was you, Jeannie Rosoff, and—

**Piotrow**

Nan McEvoy with the Population Council. But there was a whole community of NGO lobbyists. The Methodist Church with their headquarters on Capitol Hill was often a gathering place for that sort of group. Some of the churches were quite active. This was right after the Vietnamese War. There was this women’s group against the Vietnam War. The first lobbying against the Vietnam War was by this rather left-wing women’s group. At first, people didn’t pay much attention to it, but then it got bigger and bigger and bigger and bigger, and in the end they were recognized as having really been quite influential. So, being a woman lobbyist didn’t strike me, at that point, as being such an unusual sort of thing.

**Sharpless**

And you were—again, how were you received as when you would make your calls?

**Piotrow**

You would identify who were your friends and who weren’t your friends. You would cultivate the staffers and the offices of members of Congress that were your supporters. What I found most aggravating over time was that
every two or three years there’d be a whole set of new people. They’d be brand new people. They didn’t know anything about the issue at all, but some of them had preconceived ideas about it. You had to always be starting over, re-educating, reorienting, building your contacts, making new relationships. There’s a great deal of mobility in many Hill jobs. People go and work on the Hill for a few years in order to get themselves a better job in the administration or somewhere else. At first, it was more you went to work for a senator and you worked for him for twenty, thirty, forty years. There were a lot of older men and even older women who had worked for their senators for a long time when I was there working for Keating. It’s changed completely since then, but what became increasingly apparent was this constant turnover. But, you would try to find who were the sympathetic people and work with them. Obviously, you didn’t visit the people that weren’t going to listen to you or pay any attention. The sympathetic people on committees or wherever, you’d sit down and talk with them and tell them the new information—suggest legislation, suggest the reasons for it and all that sort of thing, so that was part of the job.

**Sharpless**

I’m sorry. My notes aren’t clear on this. At what point did you go back to school?

**Piotrow**

Fall of 1969, I guess. We were working away on these issues, and I began to be interviewed by students who were coming along and saying, Oh, this is very interesting. I’m going to do my Ph.D. dissertation on population policy. There was, at that point training in the population field, which was perceived as a new field where you had to train people. These students were coming
along to get their training. I said to myself, Here I am sitting with a master’s degree in English history. These people are going to have Ph.D.s in something else or other, and where am I going to be in ten years, and where are they going to be, and I’d probably better do something to advance myself. So, just at that point the Ford Foundation offered what they called mid-career fellowships for three years. They awarded mid-career fellowships to people who were working either in international relations or for non-governmental organizations, or whatever to get training in population and demography and family planning, so that people like this could move into the field. It was a very good idea and a very successful program. Basically it worked, so at that point I thought to myself, Gee, this is an opportunity. (laughs) I’d better take it. So, I applied. By that time we had two children, and my husband being in academic work wasn’t making a lot of money, so—

**Sharpless** Where did he teach?

**Piotrow** American University.

**Sharpless** Okay.

**Piotrow** I decided to apply for one. I did apply for one, and I got it, but they only gave me half of what they gave the men because they said, Well you’re a woman, and you don’t need the full amount of money. That made me so furious I almost turned it down. But then, I figured you don’t cut off your own nose to spite your face, so I took the half. But this was the Ford Foundation, this great liberal bastion of women’s rights. They offered me half of what they would offer the men because they said I didn’t need it. So, the first examples of discrimination that really made me angry were these
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bastions of liberal thinking, the Brookings Institution and the Ford Foundation. But the Republican senator that I had been working for, and General Draper, who was a conservative Republican on financial issues—these people, they did not discriminate. But, the liberals in these institutions that counted themselves as being liberal, forward-thinking institutions, they did discriminate. It (laughs) really made me mad at that point, but anyway I took it. I was figuring it would take three years to get a Ph.D., but I worked very hard. My advisor, it turned out, was going to be gone the third year, anyway, so I managed to get it all done in two years, and got the book out a year later.

Sharpless
And was the book your dissertation?

Piotrow
Yeah, I took an extra year to get it in book form.

Sharpless
So you did your dissertation on American—?

Piotrow
Well, I saw these people coming to interview me on how policy changed. So I thought, why should I be the source of their Ph.D.’s and not have one myself? I said I wanted to tell the story myself. So, it all worked out very well. I remember at one point General Draper was invited to the University of North Carolina to the Carolina Population Center to give a talk. I went down there with him. That was such a stimulating occasion. Moye Freyman—are you interviewing him? Is he going to be interviewed?

Sharpless
Not that I know of.

Piotrow
He worked for the Population Council. He was head of the Carolina Population Center and active at the Ford Foundation. General Draper went down there and made a speech. We were in seminars and things like that,
and I thought that was so intellectually exciting and interesting that it also stimulated me. I thought, Well, this is the time to do it. Moye Freyman was such a nice man. I would have liked to go to University of North Carolina which was a little less medical and more social sciences than Johns Hopkins, but I couldn’t live in Washington with two kids and do that, so I applied to Johns Hopkins. As it happened (laughs), the president of Johns Hopkins, Lincoln Gordon, was one of General Draper’s best friends, and my family knew his family for many years from New Hampshire because they have a place near ours in New Hampshire. And, the head of the political science department was a friend of mine who’d gone to Oxford at the same time I went to Oxford. He was a Rhodes Scholar the same year I was a Marshall Scholar, so I knew him fairly well. He was head of the department. So with Lincoln Gordon and Milton Cummings and Hopkins being close and so on, I got the fellowship and applied to Hopkins. And, of course, they were happy to take me because I was bringing my own money and qualifications. I decided I would get the degree in political science—thought of history, but I thought, You know, I’m getting old, and that’s too much to remember (laughter). I’d rather get into the more theoretical side of it. Political science seemed the right area for policy and advocacy, with a minor in population and public health. I didn’t know anything about public health at all, so the idea of going to the School of Public Health and getting a Dr.P.H. in public health or concentrating exclusively in public health didn’t really occur to me. It was just as well, because it would have taken me a lot longer. It would have been much more quantitative. I probably would have learned more, but
I couldn’t have done it in two years. It would have taken three or four years.

**Sharpless**

At least.

**Piotrow**

By the time I got to the end of the second year, the kids were in school, son hadn’t learned to read, the daughter wasn’t doing well. She was in private school. Anyway, the public school, which was one of the better ones in the district, just was not doing right by my son. They were not good teachers. We decided we had to put the kids in private school and we needed the money, so I had to get through fast. I did. And, I learned a lot. It was a very good experience for me. I enjoyed it very much and worked very hard. It was certainly a pivotal thing and a very good thing to do.

**Sharpless**

Let me turn the tape.

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

**Piotrow**

I always want to mention another person who was involved in this who got one of these Ford mid-career fellowships was Phil Harvey. Is he someone you’re interviewing?

**Sharpless**

Maybe.

**Piotrow**

He founded what’s now Population Services International. He set up another organization called DKT, named after a friend of his in India, but he was a key figure in starting social marketing. I think he worked for CARE, and he went to the University of North Carolina, but he and I were two of the people who very much benefited from this Ford Foundation mid-career fellowship and went on to build careers and programs as a result of it. So, even though I only got half the money that they gave the men, it still was very important to me and made a big difference. I couldn’t have done it
You said that this was—getting the Ph.D.—was a valuable experience for you. What did you learn?

I learned a lot about political science theory and advocacy and so on, which I had not been aware of. When I was in college, political science was comparative government. You studied the Constitution of the United States, Britain, France, Germany, and compared them, plus it was election stuff. There was political theory, you know Hobbes and Rousseau, and that kind of thing. And, it didn’t appeal to me very much. That was in the 1950s. By the time I went back in the 1970s, political science had been totally transformed. There was a whole field which was exactly what I was interested in, the sociology of bureaucracy, how bureaucracies worked. Having done as much work as I had with AID and seen an absolutely model bureaucracy (laughs)—a perfect example, I should say—of a bureaucracy at work, I fell right into it and said, “Wow, this is fascinating. Yes, this is exactly what happened.” Having worked on Capitol Hill for four or five years or so I enjoyed reading the books about the role of Congress. It was fascinating because I knew all these things from what I had seen, but I hadn’t put it into a conceptual framework. I hadn’t read any of the political science people like Dahl, for instance, who I guess has written a very important new book about problems with the U.S. Constitution. I hadn’t read any of their work. They weren’t writing when I was in college, so it was interesting. The political science was intellectually very stimulating, very interesting, and really important for the book. In public health, I knew some of the programmatic
material. I did not get as deeply into the quantitative skills as I probably
should have, and sometimes now I regret it. It would have taken a lot longer.
I learned in theory how to make a life table—but (laughs) I can’t say as I ever
could do it, but even the demography was interesting. I learned a lot of
basics. I never took and did not learn much epidemiology and biostatistics,
which are really the basis of public health. I did take demography and the
family planning courses. If I had it to do over, I suppose I would try to take
more of those courses, but they would be from 8:30 to 10:30 in the morning,
and getting from Washington to there and doing it would have been difficult.
Also, I would have found those courses very difficult. I probably couldn’t
have gotten through with two years of classes.

Sharpless

And getting two children up and off to school.

Piotrow

Two children. I had a maid at home, but still it was and is an hour’s drive
there and back. And also a good friend of mine named Susan Hammond that
I went to Bryn Mawr with and who also went to England to study was
getting a Ph.D. at Johns Hopkins in political science. So, the fact that the two
of us were doing this together was also very nice. But, it was a great
experience. The interesting thing was the political science was education. It
was theory. It was thinking. It was critiquing and questioning. The public
health was more training. You were supposed to learn specific techniques
and how to apply them. You were not asked, Well, how would you design a
program, sort of thing. You had to learn certain fundamentals. So, it was
interesting to perceive this distinction between what I considered the ivory
tower intellectual academic stimulation of a school of arts and sciences in a
Phyllis Piotrow, interviewed by Rebecca Sharpless

Interview 1 of 2

The political science department and the more rigorous type of training that you got in a School of Public Health where you weren’t supposed to question so much as you were supposed to learn. This is how you do this, and this is how you do that, and this is how you do the other. So, it was a very interesting experience, and I made contacts at Johns Hopkins that would eventually prove to be very, very valuable.

Sharpless How did you decide on your dissertation topic?

Piotrow I decided on the dissertation topic before I even decided to go to school. I was going to write the history of how U.S. government policy toward population programs overseas developed. That was, from the beginning, what I really wanted, was to get this book out. I kind of thought, you know, at that point, well, I knew everything. I didn’t need to learn that much more. I knew it. I just wanted a chance to get it down on paper. Well, I found I didn’t know everything, and I learned a great deal through it. I did get it down on paper.

Sharpless With a more fully conceptualized—

Piotrow Yes, much more conceptualized than it would have been otherwise.

Sharpless What happened as a result of the book?

Piotrow What happened? I finally got the Ph.D. I came back to the Population Crisis Committee, and what did I do? I stayed and I did a summer consultancy for the United Nations helping prepare for 1974, which was going to be the World Population Year and Conference that got me more in the UN picture. I worked for the Population Crisis Committee from 1965 to 1969. Then from ’69 to ’71, I was working on my dissertation. I finished it in June, got
the degree in June, 1971, spent the summer as a consultant to the UN, went back to the Population Crisis Committee for a bit. But you know, I was sort of thinking, This was kind of more of the same, and I wasn’t quite sure whether I wanted to keep on doing it or not. Then an opportunity came up. I think it was proposed or suggested by people in AID that they really needed a better source of information. The information coming out of the field was coming from the Population Council mainly, and various other organizations that were telling their version of things. And the Pop Council had decided virtually to wage war against oral contraceptives. They were saying oral contraceptives were unsafe. You can’t use oral contraceptives. You need a doctor’s prescription for oral contraceptives. They’re not safe in developing countries. Everybody ought to use IUDs instead. The Office of Population was saying, No, no, it’s much simpler to get the oral contraceptives out there and get people to take them, and anyway you need to give people a choice.

**Sharpless**
The USAID office?

**Piotrow**
Yes, yes. Pop Council didn’t want people to have choice. They wanted them to use the IUD because they thought it was cheaper and better and lasted longer. Dr. Ravenholt particularly, with AID, said, No, it isn’t. At one point, the Population Council even sent a message out to all of the AID population officers telling them to beware of pills because they were dangerous. So, the people at AID, especially Dr. Ravenholt, said, We can’t let this continue. We need to have other sources of information reaching them that are more balanced. So, they said, Maybe we should set up something. George Washington University had a program at Airlie House. They made films for
Latin America and trained doctors, and it was a sort of an information program. So they said to me, Well, why don’t you meet with the people at George Washington University, and maybe we can set up something that would provide reports about different contraceptive methods, different things available. Get this information out to the field. Dr. Joseph Speidel, who had been director of research, said, “Well, it’s getting to be the computer age. This has got to be computerized. You need to develop a computerized source of information.” I had been thinking, Well, we’ll get some graduate students to make cards and things. “No, this has got to be computerized.” That was Joe Speidel’s—who’s now at Hewlett’s—contribution. It had to be a computerized system. It had to be bigger, systematic, more organized. I’d been thinking of a small-scale thing. He was right. So I put together a proposal. It was only about a ten- or twelve-page proposal. We would put out these publications, and we would have this computerized information database that it would be based on. The database was going to exist in order to support the publications, which we would then mail out all over the world. So we applied for the money. It was easier in those days. In those days everything didn’t have to be competitive. Lots of organizations would put in proposals to try something new. Do this, do that, do the other, and there were not so many good proposals. In AID, spending the money sometimes was more of a problem than getting it. So, we applied and set up the Population Information Program at George Washington University and started putting out population reports. We got the money in July of 1972 and started putting out the reports by the beginning of ’73, if not sooner. The
idea of a database and index terms was spreading. The National Library of Medicine had set up Medline and was just trying to make it work better. So we worked very much with them, in tandem with them, and saw what they were doing and tried to keep up with all that. It was really the right time to get one’s foot into the door on developing computerized databases. But, our special focus was that since our database was hopefully going to be used by people in developing countries, we were not just going to have author, title, and so on. We were going to have an abstract of articles that the content would be accessible to people around the world. It was with encouragement from AID really. While I’d been working for Pop Crisis, we’d put out publications regularly, and so I was really into publications. So, putting out publications seemed to make sense and writing and doing that sort of thing was my strength. I obviously wasn’t going to run a clinic, couldn’t do that, and I wasn’t going to be an epidemiologist or a demographer, so communication was the way to go. It was an area where AID, at that point, felt there was a real need to get messages out more and not just promoting what the Pop Council wanted to promote.

**Sharpless**

Okay. So, what was the database of?

**Piotrow**

It was all published and significant unpublished literature related to contraception.

**Sharpless**

Okay. That’s what became POPLINE?

**Piotrow**

Yes.

**Sharpless**

Okay, and then beside that you then had the Population Reports.

**Piotrow**

Yes, Population Reports was the big thing, and POPLINE was going to be
the backup for Population Reports.

**Sharpless**  Okay, got you.

**Piotrow**  We would be able to do Population Reports in an authoritative way because we had access to all the world’s literature on contraceptives and all the research on it.

**Sharpless**  So it was a chicken and egg sort of—they fed into each other.

**Piotrow**  Yes. The Population Reports was a visible thing that got out all over the world. In 1972, when they started, you know, people weren’t searching databases. I mean, librarians in medical libraries were using Medline, but who else was? The UN was struggling to set up some sort of agriculture database and having terrible difficulties. They could never agree on it because a database needs to be centralized. You have to have one organization in control saying, This is how you index, and this is the way it goes. You can’t have every country saying, Well, why is this, why, what, whine, whine, which is the way the UN was operating their agriculture database. Wasn’t it called Agricola?

**Sharpless**  Uh-huh. Yeah.

**Piotrow**  That was also an early pioneer in the field, but we had a lot of trouble taking off with it, because there were too many different plans.

**Sharpless**  When I used it in the late ’80s, I think it was on CD-ROM. It’s probably online now.

**Piotrow**  At first POPLINE was made available through a private company, Informatics, and it was called POPINFORM, and they were unable to generate much business—some in the U.S., but virtually none overseas.
But hadn’t it been in print by then?

We’d print out things and mail them overseas, so that wasn’t doing well.

Then as Medline got bigger and better, we said, Well, we want to be a part of Medline. While we were at GW we initiated the process of moving to Medline, and then when we got to Johns Hopkins, we were incorporated as part of Medline and as POPLINE, but it was still an online service. Then, over the next twenty years, it was with Medline. We decided very early we had to get this database on CDs, and nobody had done that before. I think we were among the first. People said, Well, we can’t do this. We can’t get this and master it on a disk. We didn’t know how to do that. It took several years of effort—we had some experts on our staff. Helen Kolbe and Anne Compton worked very hard with them and private firms to figure out how do you get this database off these computers of NLM [National Library of Medicine] and onto a disk that we could mail out to people in developing countries. If we did, would they be able to read it? So, that was quite a long process. But, I remember back in the early ’80s, I kept saying, We’ve got to do that. It’s not going to be used in developing countries if they have to pay telephone costs and get online and pay twenty dollars a minute. It’s never going to work. We’ve got to get it on CD-ROM and get it out to them. So we struggled and struggled over that and finally succeeded. For the last—oh, maybe five or ten years—we’ve been sending it out on CD—sending out by mail—on CDs. And that worked better and better. And now of course, in many cases today POPLINE is available online. It was a real transition. But, we were in it at the right time. We had good people. We had the right long-
term vision of making this really available. Every time there was some new technology that could make it more available, we would go for it.

**Sharpless** How did you decide what to include in Population Reports? What was your vision for the content?

**Piotrow** For Population Reports, we would meet with USAID every year or two years, and make a selection of what were the topics. At first it was types of contraceptives—sterilization, IUDs, pills, and so on. It focused heavily on contraceptives. We were going to try to do one on each—get it out every month or every two months.

**Sharpless** Pros and cons.

**Piotrow** The latest research. Latest research findings and the latest agreed-upon instructions for use, and program experience—what you would want to know if you were a program manager thinking of putting this in your program.

**Sharpless** Now who was your target audience?

**Piotrow** The target audience was policymakers, program managers, and to some degree providers in developing countries.

**Sharpless** Not consumers.

**Piotrow** No, no, it was not for the public at large. It was also for all the PVOs, private sector organizations, that were working in the field that needed to be updated on contraception. These people could not subscribe to all the American medical journals and all the specialized journals, so the idea was we’d pull it together. This is the latest on oral contraceptives. This is the latest on IUDs. This is the latest on this. This is the latest on that. It’s all
here, and it’s all referenced. So, if you want to get more information you
know where to find it, but you don’t have to subscribe to twenty journals,
which they couldn’t afford and which wouldn’t reach them in time, anyway.
Population Reports are summaries of subjects, which nobody was doing, at
that point. In the ’70s, medical journals were printing research results.
Somebody did some sort of research and wrote it up, and that was it.
Nothing was pulling it together. Organizations put out newsletters about we
did this project, we did that, we did the other, but between the newsletters
about this is what we did and the scholarly articles—this is the result of the
research project—there was nothing else. Now if you look at the
publications and the field of population—you know, FHI and PATH and
MSH [Management Sciences for Health] put out the same kind of thing as
Pop Reports, which are summaries of the field. But we got the idea first, and
we were doing it first. They said, Oh, what it this? Is this a scholarly
publication? Can we cite it in our articles? It’s all secondary sources, but in
fact, people used them extensively. So, we were really I think the first—we
were the first to say this is the kind of publication people in developing
countries really need.

Sharpless

Who is the “we” in this group that was putting this together?

Piotrow

Well, me, I guess, mainly, together with Joe Spiedel. I don’t know whose idea
this was, Joe’s or mine or Rei’s, or all of ours together. We would have these
things reviewed by expert reviewers. At first maybe we had four or five.
Now, we have as many as twenty or thirty expert reviewers, and they would
always suggest things to add. They never wanted anything cut out. They were
always suggesting, Add this, add this, so, and of course we gradually moved
away from doing just contraceptives or even mainly contraceptives and are
dealing with—

**Sharpless** I’m sorry. You were telling about the staff—of the Pop staff report—Pop
Report staff.

**Piotrow** Yeah. We got a couple of very good writers to begin with who, instead of
writing two- or three-page summaries (laughs) wrote fairly extensive, long
detailed reports and interviewed all the experts in the field and so on. They
came out with publications that were quite good and detailed.

**Sharpless** How did you decide on your page count—how big your publication would
be?

**Piotrow** We were looking to do things cheaply mail-wise, so you have to go four,
eight, sixteen or thirty-two pages—

**Sharpless** In signatures, yeah.

**Piotrow** —so now we’re absolutely set at no larger than thirty-two pages because that
fits together, but some of those were sixteen or eight. We changed it a little
bit, not terribly much. Now they’re saying, Oh, you have to change it more.
Maybe we should, but you know, you establish an identity, like a brand, and
you don’t want to change it too much. You have your corporate image in
there. If it’s well accepted and authoritative, you have to be careful how to
change it. Of course, AID doesn’t always follow that concept.

**Sharpless** Hm. How did you develop your early mailing list?

**Piotrow** We got lists from AID and asked all the other organizations for lists and
International Planned Parenthood. We just kept trying every time—
meetings—people would go to meetings. We’d get their names and addresses. We’d just systematically add every way we could. Ask people for suggestions. So, it got to be a very big mailing list, and then we decided we had to save money by using second-class mail. That means we’re committed to a schedule. We cut back from six issues a year to four a year. So, it means we absolutely have to get out one issue every quarter. That’s kind of tough, but that’s what we’re doing now. (Telephone rings)

Sharpless

Do you want to get the phone? (pause in recording) Well, when you started sending out Population Reports, what kind of feedback did you get?

Piotrow

Ah, it was very good. One thing happened which should have been repeated but never has been. After about a year somebody came to visit us. It was Lois Bradshaw. She was a doctoral student at Tulane University. She was doing her doctoral dissertation on information and what publications had the biggest impact. She had funding to go to four or five countries and show them a list of about twenty publications and ask them which of these publications did they get, and which one did they like best, and did they read and so on. This was completely impartial, objective—we really had nothing to do with it. It was for her research. Afterward she came back and found the Population Reports, which at the time of the survey was only eighteen months old, was the second most widely received and authoritative publication in the whole field around the world.

Sharpless

And this was only eighteen months after it was published?

Piotrow

Yes, right. We had probably—may have gotten as many as three to six issues. They probably hadn’t gotten many more, so I think IPPF was number one,
but they had been around twenty years or so and we were just beginning. The Pop Council was there, too, but we were number two. So, that helped a lot. And, of course, as far as AID was concerned, we were getting out the message they wanted to get out—availability, a choice of methods, do this, do that, do the other and so on, whereas the Pop Council was usually reporting the results of individual, specific research projects in individual, specific countries, which was interesting. And, we would cite their reports, but people setting up programs and population officers wanted to know more. So, it worked. It was again the right thing to do at the right time, and AID was very supportive at that point. Rei was very much interested in it. He would often, of course, try to dictate specifically what we would say and others would agree and disagree. We would have to try to balance conflicting views on things. But, we tried to be as balanced and objective and authoritative as we could, all the way along. For the first few years—I’d say the first three years, two or three years—we did have a hard time getting the kind of writers we needed who could do a really good job. We had two or three good ones but a number of ones that were not so good. It was really a lot of work getting it written, but then Ward Rinehart—is he on your list?

**Sharpless**

Not that I know of.

**Piotrow**

Ward Rinehart came to work for us at about the second or third year at Population Reports and started (laughs) just out of college practically. He had a year working at a newspaper. He came to work for us as a writer for Population Reports. He did a really good job. He is wonderful. He understands the issues. He’s a great writer. He was just terrific, so he came as
a writer at George Washington, and then when we moved to Johns Hopkins in '78, he became the editor. And now, he’s the director of the whole Population Information Program. But, I would say after the first three years, I really attribute credit for most of the content of Population Reports and the quality to Ward Rinehart. He does a fantastic job. He has made a huge amount of difference. And he’s been there, you see, from 1973—there was a period of a year or two when I wasn’t there and he wasn’t there. But, he and I both started at Johns Hopkins in the summer of '78, and he’s been there ever since. That’s almost twenty-four years. He really deserves practically all the credit for Pop Reports and how that’s gone over this time. I’ve made contributions, but he’s gotten it done and really well.

**Sharpless** Neat. Well, let’s change tapes or take a break.

**Piotrow** Okay.

*end Interview 1*
Interview 2

Sharpless    This is the second oral history interview with Phyllis Tilson Piotrow on September the sixteenth, 2002. My name is Rebecca Sharpless. We are at her home, 6221 Bradley Boulevard, in Bethesda, Maryland. Okay, thank you for that lunch. That was delightful.

Piotrow    Mmm. Good, good. Yes, it was good.

Sharpless    And when we left—when we stopped for lunch, we were talking about your time as—your first stint, I think, with the Population and Information program at George Washington.

Piotrow    Um-hm.

Sharpless    Okay, you were there three years, is that correct?

Piotrow    Three years. We had a three year grant. We got it going. It was going along beautifully, and then I found it very difficult to get along with the person who was my ultimate boss. His name was Murdoch Head. He was a dentist, a doctor, and a lawyer, and he was the head of the Department of Medical and Public Affairs. And he was (both talking) an operator if ever there was one. He also ran Airlie House in Virginia. He had various aid grants. He was very well connected to Melvin Laird and various people in Congress, and he’d been somewhat helpful in lobbying for some of the population money, and he wanted his share of it. And there were various things going. He was a difficult man to deal with. There were various things going on, and after two and a half years or so, I just decided that this was not the place where I wanted to be or stay. So, at the end of the three years, I left and went back to the Population Crisis Committee. He, meanwhile, Murdoch Head, was
indicted and convicted of bribing a congressman. He gave a congressman forty thousand dollars to get some funding for some project he had.

**Sharpless**
At George Washington?

**Piotrow**
Yes.

**Sharpless**
Oh, gee.

**Piotrow**
And he got into a fight with an assistant administrator at AID, over something called the Red Meat Project, which was in a Caribbean country. He was going to make money or do something that way, and that turned out not to be a good project. That hit the front page of *The Washington Post*—this big fight with an AID assistant administrator, but finally a congressional assistant was the one who confessed to the fact that Dr. Head had given him forty thousand dollars wrapped up in Kleenex to give to the congressman. This was—it had to have been a member of the Appropriations Committee, someone who was going to see that this money was earmarked for his project. So, he was that kind of guy, and I just did not get along very well with that kind of a person, so I left. Later, I had to testify against him. Actually, I had to testify twice against him because the first time was a mistrial. He was convicted—spent a year in one of these luxury, middle-class prisons, went back, and I guess his sons and heirs are still running Airlie House in Virginia, but I did not feel comfortable working for him, so I left. And they got someone else to, Werner Fornos, to take over as head of the Population Information Program, and fairly quickly got into a fair amount of trouble. Ravenholt was beginning to have trouble in AID with his bosses there. I was not at the Population Information Program from 1975 to 1978,
but some of the same people stayed on, and some didn’t, and that sort of limped along.

**Sharpless**

What was going on with—at Population Crisis during that three years you were there?

**Piotrow**

Well, General Draper had died in 1974. I went back, I guess, in ’75. I guess it was pretty much ’75, and he had died in the end of ’74, so they were quite happy to have me come back. In fact, they needed me to come back, so that worked out pretty well all the way around. And I recruited Sharon Camp. At that point, Robert Wallace also joined PAI as national chairman. He was the son of former vice president Henry Wallace, very well-off, and provided some financial support. And there were various national chairmen—Jimmy Riddleberger, who had been head of AID, and we recruited Bill Gaud, the former head of AID to come and be national director, but he had cancer, and really wasn’t well. And then, who else? Fred Pinkham was one of the different national chairmen—just that they were not as strong as Draper, really, any of them. But I was there during that period, and Fred Pinkham came. And he was okay, and things seemed to be on a reasonably even keel at Pop Crisis.

Then at that point, AID getting quite fed up with what was going on with the Population Information Program, which was going down hill, put it out for competitive bids. I had finished at Johns Hopkins; I knew the people at Johns Hopkins. I said, Well, why don’t we try to move this to Johns Hopkins? I went to Johns Hopkins, met with the key people at Johns Hopkins. The key people at that point were Dr. Ted King, who was then the
head of JHPIEGO. He died about a month ago, over the summer. Ted King was head of the JHPIEGO program at Johns Hopkins. D.A. Henderson was the dean. Jack Kantner was the head of the Population Dynamics Department, and he'd been one of my advisors when I was there. So, they all got together with me and met with, I guess, the provost and decided, Yes, we would bid on it, and this would be a project for D.A. Henderson and the School of Public Health. Bless his heart, that’s a wonderful man. He saw the importance of information and communication early, early on, of course, from his first field experience in the eradication of polio. Is it polio? No. What did he eradicate?

**Sharpless**

Smallpox.

**Piotrow**

Smallpox, of course, smallpox. Yes, with the eradication of smallpox, and from that field experience he saw how important communication was. The program was mainly putting out publications, but the Hopkins people recognized some of the writers who'd worked for us. And they saw that these were fine, high caliber people. This was not just a propaganda shop. This was really a very worthwhile effort. So we bid on it, and Joe was then head of the Office of Population.

**Sharpless**

Joe Speidel?

**Piotrow**

Yes. And of course, he couldn’t intervene in a competitive procurement. On the other hand, I think he recognized which of the bids was the more powerful and more in AID’s interest. So in the end, we won the bid. And our competitor was Werner Fornos who had been running it, and he—they picketed. He and his employees picketed in front of the State Department...
saying that their human rights had been violated because they didn’t win the bid. There was a big picture in the paper and all that, but anyway, we won. Johns Hopkins won. So, in ’78, the Population Information Program moved to Johns Hopkins, and I had recruited Helen Kolbe as co-director, and she’d handled POPLINE, the database and the library side of things. And Ward Rinehart became editor of *Population Reports*, and he handled that, so I had two really good people there each doing their sort of special thing.

We started off at Johns Hopkins in 1978, and things went very well there from the very beginning. It was a wonderful place to be in, a much better atmosphere. We had space. We had even better access to more knowledgeable people. We didn’t have micro-management interference with everything we did all the time. So, that was a wonderful, wonderful, workplace, made a huge amount of difference. And, I think, had I not gone to Johns Hopkins as a student and known Jack Kantner and known these other Hopkins people, and had I not had a Ph.D., that would not have been possible. So, getting the Ph.D. made a big difference in being able to make that move.

We ran the Population Information Program from ’78 to ’82, just going along, doing very well, and being very happy with no problems and so on. And then, AID had been trying, ever since we were really at George Washington, to develop a program that would provide information and communication not just to the professionals, but to the users, material that could be used in the clinic. And, of course, every time anybody went out into a clinic to see what was there, they never found any pamphlets or brochures
because there never were any. So, this was a project they tried to fund, staring in '85, but after all this trouble with Murdoch Head and his going to jail, they kept putting it off. But now, they were back to it, and they wanted a project that would really serve clients. So they put out their competitive bids for what became the Population Communication Services Project, and we linked up with the Academy for Educational Development, which had done some work in this area—

**Sharpless**

And that was where?

**Piotrow**

—and PATH—that’s a separate organization in Washington.

**Sharpless**

And PATH?

**Piotrow**

And PATH, which I think at that point it was called PIAC, with headquarters in Seattle, we linked up with the two of them and with Bill Novelli. He’s now at AARP, but he was then with Porter-Novelli. So, we had a good team. We bid; we won that Population Communication Services Project in ’82, and being at Johns Hopkins, we were able to recruit first rate people from all over the world, and gradually build up a really terrific staff. And we continued—the project was funded for a certain amount—for five years. Well, the first three times, we would spend the money in four years. And they would say, Wow, this is great, and then they’d renew it for another four years. So, it got renewed three times without competition. Then by that time, it had gotten so big that various other organizations were greedily looking at it and submitting proposals and saying, We can do communication too. So, it was competitively bid in ’94, and then again just this last summer. But it’s proved a very challenging, and I think, ultimately, a
very successful, trail-blazing project.

**Sharpless**  
Now, when you all submitted your bid, what did you say—what all did you include in it. I mean obviously it was to include—for information, but what were the various components?

**Piotrow**  
Well, we were going to do—let me try to think about the first bid for PCS. We were going to be developing materials—print materials, picture materials for illiterate people, and from the very beginning, we put a heavy emphasis on mass media, especially radio. Because you think this is what reaches people. We can’t reach these people individually. You can improve counseling. You can give a healthcare provider a brochure or a cue card and things like that. They can do a better job of that. But most people are going to learn about family planning, and decide whether to do it or not before they get into a clinic, and the mass media are crucial. From the very start, we wanted to reach a lot of people through the mass media, and from the very start there was a certain emphasis on using entertainment to do it. We couldn’t—you can’t lecture to these people on the radio or television or whatever. You have to make it entertaining and interesting. So fairly early on, we were trying to do things like soap operas, or dramas, or songs, or things like that. So, I think—

**Sharpless**  
How did you come up with—how did you arrive at that conclusion to use mass media?

**Piotrow**  
The first head of that project, the first project director was Cynthia Green, who had a master’s degree in communication, and I certainly give her a lot of credit for insisting on the importance of mass media. Then, we recruited
Jose Rimon from the Philippines who had been head of the Philippine Outreach Project, and he too was a very strong mass media advocate. He'd done an outreach project in the Philippines which was a huge amount of work, a lot of community workers, and all that. He said, “Well, you still got to go mass media, because that's the way you reach people.” We weren’t using the term community norms at that point, but we were thinking that’s the way you reach people and let them know what’s acceptable and what isn’t acceptable. So, from the very start, there was a certain emphasis on mass media. Some of our competitors and other people would criticize us for that all the way through the history of the project. Too much mass media, not enough community. You have to get to the community to get to the grass roots, and so on. Well, you do, but you’re thinking of cost effectiveness, and what it costs to reach people, and how you really establish social norms. Today, mass media play a huge role in doing that. You don’t want to do mass media alone, but you want the mass media, and the community work, and the clinic work, and the group work, you want all these things related. So, I think the first big contributions that we made—I mean, AID, you can give them the credit. They said, We need a communication project. It was small. It was only going to be ten million dollars for five years. It was really quite tiny. But, you have to give AID credit for saying, We need this kind of a project, and it was pretty broad and open-ended—developing materials, and media, and all kinds of stuff. So, you have to give them credit for saying it had to be done, and for emphasizing pre-testing and making sure all material was suitable for the audience.
Our first major contribution, I think, was the concept that communication is a process not a product, and that you had to go through certain steps to get there. So, we developed something we called the “P process” which is the different steps you go through to develop projects. They’re pretty self-evident analysis, strategic design, development and pre-testing, management and implementation, monitoring and evaluation, and planning for sustainability. It’s not, you know, rocket science to say these are the steps you use in designing a project, but up to then, there had been a sense that communication was a poster and a brochure. It was a product. We kept emphasizing over and over again, no, it’s not a product, it’s a process you have to go through, and you have to do the first stage, the research, the pre-testing, the audience analysis, you have to do that very carefully. And then secondly, and this was something we came to emphasize later, but more and more, strategy. You have to have a strategy. You have to have a plan. You have to have a basic thrust for a communication program. You’re promoting family planning because it’s a health measure, or because it’s an economic measure, or because it’s a women’s measure. You can’t go out and say there are ten different reasons to support family planning. You have to, as with good advertising, you have to have your basic thrust. It’s really, this is what it’s for, and then all your material have to keep repeating that message. You can’t be all over the place.

*Sharpless* And yet it is a complicated message, so how do you decide which aspect of it to emphasize?

*Piotrow* Well, that depends on the country and the local people at the program. If the
ministry of health is leading the way, and they insist it’s a health measure, then you’ve got to go with health. Maybe it’s a finance ministry, or it’s the president of the country because he wants a strong military or economic development or whatever it is. You have to do research to see what’s compelling within each country. And then, we also found that instead of saying, Do family planning in general, the social marketing programs started picking up on specific products. So, they were promoting oral contraceptives, condoms, whatever. They were doing a very specific product promotion, so we started fairly early getting into the idea of promoting the service providers. Go to your trusted family planning advisors, they care. So, instead of going on and on about the merits of family planning or of one method, trying on the media or wherever to argue that one method is better than others, we would say, Go to your advisor. Go to the family planning providers, they’ve been trained, they know, they care, they’ll listen to you. Well, of course, we have to train them first to make sure they did care, and that’s an ongoing effort that never ends, but that was one way to get—

**Sharpless**

So, you did—you were doing provider training, too?

**Piotrow**

Provider training in counseling and communication. Not on how to insert an IUD, because there were plenty of other organizations doing that clinical training—JHPIEGO, and Intrah and AVSC, and Pathfinder and all sorts of other organizations, but we were putting the focus on training in communication. Because after all, the average person, you can’t tell if the doctor’s giving you the right technical advice, but you can tell very well whether the doctor, or whoever, is a good communicator, listens to you,
pays attention to you, is polite to you, is respectful, seems to care about you. That is something that anyone, including illiterate village women, can perceive fairly quickly. So we put a lot of emphasis on that side.

I think we’ve done a very good job in our innovations, emphasizing the media, emphasizing having a strategy, emphasizing that communication is a process instead of a product, emphasizing evaluation, emphasizing that as part of the strategy, you really need a behavior change model. You need an understanding of why do people change their behavior. You need a conceptual model.

**Sharpless**

It’s getting dark out here.

**Piotrow**

Yes, it is. We may have a storm this afternoon. I think there was one predicted. So, I think we had a model, steps to behavior change, that we would evaluate. It wasn’t just do people change their behavior, but do they change their knowledge? Did they change their attitudes? Did they change their perception of what other people thought? Did they change their willingness to advocate for an issue with other people? So, through the almost twenty year history of the project so far, I think we’ve innovated in those areas.

Also in using and working quite extensively with advertising agencies. How you work with an advertising agency? We’ve even written a textbook on how to work with ad agencies. We’ve hired a couple of people from ad agencies to work for us, which is very good.

All of our projects tend to have some sort of community component, working with people in the community. We’ve been criticized for not doing
enough with the community, not having enough community participation
and so on, but, I think, actually, all of our projects have had elements of
community participation, but that’s not conspicuous. It’s the media that
people actually are aware of it, and then they say, Why do you concentrate so
much on the media. Well, it’s obvious why you do, because that’s what
creates your environment.

**Sharpless**  
Now, how did you target the first company—the first countries that you
would work in?

**Piotrow**  
Let me think, what were the first countries to do? Nigeria was one of the
first countries. Generally, it would be AID and the mission inviting us to
come in. So, in Nigeria, there was a really good strong Pop officer. I don’t
know if a person on your list to interview is Keys McManus? She on your
list, maybe? She was a senior person at AID, and she was the Pop officer in
Nigeria, and she was very much in favor of communication. She said, Come
in, and help us do that. So, some of the first things we did were just picture
books. Picture books of different contraceptives, not language, but picture
book on condoms, a picture book on oral contraceptives. A picture book on
condoms in Nigeria in the mid-’70s was—you know, that was pretty far out.
Then, they got some radio shows, some comedy, some variety shows.

**Sharpless**  
How would those—how would you get those done and paid—did you pay
for their production or—

**Piotrow**  
We would pay for the production. We’d go to a local station, a local
television station, for instance, in this one place, and say, We will help you
put on a show. And we would help people develop the scripts, and so on.
We usually would try—we would always try to avoid paying for the air time, but we would help them try to develop something interesting and lively, and the idea—and they didn’t have dramas. In the ’70s in Nigeria, they didn’t have dramas. It was news and sports and political figures making speeches. So, when we came in, and let’s have a little story about this family and help them put it together. They’d put it on; people would watch, and then they’d go to the—go—there was a model clinic we were promoting—they would go to the model clinic that we promoted. We would start it out in just one town or city—television was pretty limited, anyway. And, we would just start it out in one area, and go on from there. Some of our very first programs, they were in Nigeria, (laughs) and when you look back at the quality of some of the products, it was not what we would consider great today, but it was a first time ever, and it invoked a reaction.

Then we developed a logo. We decided these programs needed a logo, so we started. Wherever we went, there’d be a family planning logo, and they often had these very old fashioned seals or family planning association symbols that were so complicated you couldn’t figure it out. Well, we would try to get them to do a bright exciting interesting logo like a flower on a yellow background or a rainbow or Indian red triangles—the first, I guess, way back when. So, that you would have a logo to identify family planning and where it was available. Then you could show the logo on television, and you could talk about it on the radio. So, we started introducing all these things that are a normal part of commercial advertising. I mean, every firm, market, every business has its logo. So, we would start doing things like that.
We were really basically trying to professionalize, very much professionalize, the field of health communication and train people to do it better. Then we moved into training and started doing training in a big way. We moved into working with ad agencies and working with them. We moved in to the, what we call enter-educate, the entertainment education field. Patrick Coleman played a major role. He was—after Cynthia Green left PCS, he was the next project director. He and Jose Rimon were responsible for six music videos that were really big hits. There were two in Mexico sung by Tatiana and Johnny, “When We’re Together,” (“Cuando Estamos Juntos”) and “Détente” were the first two. They were in Mexico. Big hits—got to right at the top of the charts. They were telling kids to wait and not get involved with sex, and parents would buy the songs for their children. Then the next ones were in Nigeria. We got King Sunny Ade and Onyeka, a female star, to do music videos called “Choices” and “Wait for me.” Those went all over everywhere, and people listened to them and paid attention to them, and we linked it to the logo and the promotion and all of that. And then, in the Philippines, we recruited Lea Salonga, who later was in Miss Saigon and all that, but we got her first. We did the first international things with her, and she used the tapes she had done for the songs with us as her audition for Miss Saigon. She got the Miss Saigon role and has been a star in London on the stage and won an Emmy in the U.S. and all that ever since, but we found her—we discovered her first. And actually, the songs we did—we did two songs with her in the Philippines. She was very good and went to schools and went around, and she was a great role model. And the other one that
also was involved with her at that point, and this was back, I think, in ’86, was—what’s his name? Ricky—

**Sharpless** Ricky Martin?

**Piotrow** Ricky Martin. We had Ricky Martin doing family planning songs for us in the ’80s, before almost anybody else had ever heard of him. He was in a video—in a—in one of these music videos with Lea Salonga in the Philippines in 1986. So—

**Sharpless** So, real talent.

**Piotrow** Oh, real, first-rate international talent. Absolutely first-rate stuff, commercial quality. We got someone to help us who worked—Patrick got someone to help. Patrick really was responsible. He got someone—Javier de Cuevas, who did stuff for Coca-Cola. He got him to help put this together. These are truly professional-quality stuff, music videos—up to any commercial standard. And they were big hits, made a big impression. We got a front-page story in the *Baltimore Sun*. At that point, the deputy director of AID, even in—this was the Reagan administration, the deputy director was a guy who liked to sing. He’d go around evenings sometimes and sing in bars. He was impressed by this, so AID gave these people awards. So, we really pioneered the use of major songs and music videos to get health messages, family planning health messages across. Now, since then, of course, with HIV/AIDS, there are a lot of HIV/AIDS songs, and we’ve continued to do it. We’ve done over half a dozen or more HIV/AIDS songs in Africa and other places around. It’s caught on, and everybody’s doing it now. But I think we demonstrated that you can do this entertainment education in the
music field on a commercial world class level, and it makes a difference. So, that kind of put us on the map.

**Sharpless**  Indeed.

**Piotrow**  Patrick Coleman really deserves the credit for that. I did nothing to speak of except to say, Go ahead, Patrick. Go ahead, Patrick. And Maura Brackett in AID was in the Latin America bureau and had provided the funding for him. She really encouraged him to go ahead. Some of our biggest successes would be where there were individuals in AID who would say, ah, that’s a bright idea, or I have a bright idea, you go carry out. And Maura didn’t tell Patrick how to do it. She just said, “Do something. You know how to do it. This is what we want to achieve.” Then he went out and did it. And that was good. We spent, I think, something like thirty thousand, forty thousand dollars on the songs and performers and several hundred on the promotion, because in the commercial media entertainment field, you often have to spend as much or more money on the promotion of it as on the product itself.

**Sharpless**  Yeah, getting the stations to play it.

**Piotrow**  Yes, and getting the entertainment magazines to write stories about it and all that kind of thing. We got Tatiana and Johnny in Mexico—we got them on one of the leading talk show interview shows, and of course, immediately, there it was. But it was a lot of that sort of thing in the entertainment field. You don’t just do a good job and let it sit. Promoting is—as I say—almost as important as the thing itself.

**Sharpless**  Interesting. Let me turn the tape.
Patrick Coleman deserves a lot of credit—all the credit for the Mexican ones, and together with Jose Rimon, the Nigerian and Philippine ones, and that really put the Population Communication Services on the map.

How could you measure your results?

Well, in Latin America, we did surveys. The best way to measure the results on these, if you can measure how many things are sold, that’s good, but the entertainment industry is quite corrupt, and (laughs) a lot of stuff under the table. And, you can’t always measure exactly what happens, but in Mexico, the Latin American ones were easily measured because there is a hit parade, and when the songs are number one on the hit parade, that’s easy enough. And then, we did some surveys—did people understand songs? Did they get the message? We couldn’t—we didn’t do before and after, but we did after. Did they get the message? Did they understand it? Did they say they were going to do anything? And then, in a number of these countries we would ask—Nigeria, have you heard these songs? So, you get 30 percent of the population saying yes, and in a country where, at that point, there weren’t that many television sets. So, mainly, where possible, they’re the omnibus surveys, you know, like Gallup. You can buy two or three questions on somebody else’s survey, which generally reaches cash consumers in urban areas because that’s what the commercial people will pay for. So, we would get questions on omnibus surveys. We would sometimes go out and do surveys of our own where there was a media rating system. We would look to that.
Later, increasingly, there are Demographic and Health Surveys in all these countries. We try to get questions into those surveys about communication. So, in Tanzania, for instance, there were four or five different types of communication activities going on. We got the DHS specifically to ask Did you see this soap opera? Did you see that soap opera? Did you see the campaign logo? Then you could measure that way how many people were exposed. Finally, you can see if there’s a difference in behavior afterwards between people who were exposed and not exposed, or you could try to measure differences in behavior before and after your campaign.

If we had to do the surveys ourselves, alone, we would try to get a baseline. How many people know this or that or the other, and intend to practice, kind of thing, or go to a clinic or whatever before and then, six months later, had they seen such-and-such? What did they think were the main lessons? What did they do and so on. We evaluate mainly on the basis of survey research. Using the behavior change model, steps to behavior change, we would try to measure not just going to the clinic and using a contraceptive, but increases in knowledge, more favorable attitudes, talking to people.

More recently, we’ve refined that. Larry Kincaid, on our staff, has done an excellent job in operationalizing the concept of ideation. Ideation is the ideas that people have in their heads, and people’s ideas about what the other people around them are doing. Do they think that their friends and neighbors approve of family planning? Do they think that a majority of
people in their village are using family planning? It’s been a real struggle getting demographers to put that kind of attitudinal question on demographic surveys, because they want to know just how many children you had, and when you had them, and when you started using this method, and when you started and stopped. So these kind of soft, self-reported questions about attitudes and knowledge, they’re not all that eager about. It’s been a constant effort to get these kind of questions on the surveys. We made a big effort to get a question on most of the surveys do you approve of mass media talking about family planning? And huge majorities—80, 90 percent of populations would say, Oh, yes. The leaders were still cutting them off. So we would—mainly, we would evaluate these one way or another through surveys. But, we’ve also, as I say, developed our own conceptual models that are increasingly sophisticated. We’re trying to—how are we better going to measure community norms, and community mobilization, and community attitudes? So now, that’s the kind of thing we’re working on. We’ve already done something with the Rockefeller Foundation on measuring community mobilization.

**Sharpless**

Now, you mentioned very early on the opposition of the Roman Catholic Church to family planning. How much was that a factor in Population Communication Services work?

**Piotrow**

Um, quite a bit—differently in different countries. In Latin America, the family planning really always had to be linked with maternal and child health. In Bolivia, where we had quite a big program, maternal mortality is extremely high. It’s the highest in Latin America, apart from—except for
Haiti, second highest in Latin America, in that continent. So, we’d link family planning with maternal mortality. There were some negotiations back and forth with the Church and so on, but generally, often, as long as we would make it clear that natural family planning was also a method that was acceptable. We’d often accept that there was quite a lot of careful politicking done in Bolivia on the issue. But, step by step, we got the Church to, if not to support it, at least to agree not to oppose it. Every now and then they’d come up and object to something and then we would modify that something a little bit sometimes to—we’d compromise with them. Still, a big problem in the Philippines where the Cardinal Sin is still determined to oppose family planning, and so long as the government depends on the support of the Catholic hierarchy, the government is very reluctant, and the Philippine people, often the women, I think, have guilt feelings about doing it. But—

**Sharpless**

About family planning?

**Piotrow**

Family planning. Yeah. So, the program has been much slower for example, in the Philippines than it might have been in Indonesia or a non-Catholic country, so it’s still a problem. Catholic opposition in the Ukraine and parts of the former Soviet Union has been strong. And in Africa two things have happened to change that, I think. One is HIV/AIDS. With the coming of HIV/AIDS, the Church is very much on the defensive as far as condoms are concerned—very, very much. But, the other thing is the fundamentalists, so that the opposition is now not just Catholics, but fundamentalists. And really, some of the biggest problems we face, the whole field faces now are in the United States, in the U.S. Congress, in the House of Representatives.
(both talking)

**Sharpless**

Constant—

**Piotrow**

(laughs) Rather than in these countries that—countries around the world.

**Sharpless**

Yeah. Constantly facing the risk of defending—

**Piotrow**

Yes. Yeah. I mean, there are things in—there are advertisements, promotion, health promotion, all kinds of things going on all over the world that we couldn’t do here in the United States. So, we are far behind the rest of the world in the extent to which we discuss these things on the media and promote them. Of course we don’t really need it that much, because we’ve got family planning available, and people use it. Sixty-something percent of the U.S. population is using family planning. So, it’s not—it’s not basically that much of a problem, but there are different things in different countries. In Zambia, for instance, we had a whole series HIV/AIDS and Family Planning, but we had a whole series on the air on condom use with little stories about young guys talking together about condoms and how important it was to use them. That was fine on television, but when we went a step further and had a group of girls talking about how it’s important that the guys should use condoms so they’ll be protected, that was when some of the religious groups objected. And, well, it’s all right to talk about boys having sex and using condoms, but girls don’t have sex so you can’t talk about girls who talk about it. So, you know, there’s always something, but—

**Sharpless**

Different mores, yeah.

**Piotrow**

Now, the big thrust in communication and family planning around the world is really particularly to reach the young people. So you have not only the
issues involved with contraception, but also the issue who talks to my children about sex, and everything. So, that’s another kind of controversy.

There’s always something. There’s always a challenge, but the fact that we’re moving beyond just, you know, family planning for married women of thirty-five who want to space their children to getting adolescents at, and even before, the beginning of sexual activity is really a major advance.

**Sharpless**

What about policy such as the Mexico City Policy?

**Piotrow**

Big problem.

**Sharpless**

Tell me—

**Piotrow**

Big problem because the Mexico City Policy which was designed to make the right wing happy, is supposed to cut off all funding for any organizations that do virtually anything, research, discussion, advocacy, anything related to abortion, even if they’re doing it with non-U.S. money. And unfortunately, it’s rather complicated, so the press keeps saying you can’t use money to advocate for abortion. That is, the press almost always gets it wrong. It’s not you can’t use USAID money for abortion or abortion advocacy, because you never could. It’s that if you get money from another source to do this, you can’t get any USAID money at all, because according to the right wing members of the Congress the money’s fungible. I think the IPPF has turned down USAID funding now for that reason. That’s been a big problem, and something we’re constantly struggling with in Congress. But of course with this administration, it’s much more difficult because when a small core group of these right wing Republicans, thirty, thirty, forty, whatever, say they won’t vote for something unless they get their way on abortion, then the
Republican leadership listens to them, pays attention to them. Same as they’re doing now on the abortion provision of the bankruptcy bill. So—

**Sharpless**

How does that affect your work on a daily basis?

**Piotrow**

On a daily basis, not very much, but there might be specific instances, certain countries. There’s one country that I can’t name that said they didn’t want to accept money from us because they didn’t want to sign the language that they would have to—any grantee has to sign this language saying they won’t accept money for anything to do with abortion. And, they didn’t want to sign, and not because they were doing anything, but they just didn’t want their name on any sort of document. They didn’t want to be noticed. So, it has a chilling affect on various programs.

**Sharpless**

Now, there was something I was looking at that cited Indonesia, Egypt, and Bangladesh as particularly effective—particular success stories. Perhaps that was in your most recent book?

**Piotrow**

Well, Indonesia—Indonesia has had a pretty successful program until this economic collapse, and now it’s kind of hard to figure out what’s happening there. We do have a program there that seems to be working pretty well, but Indonesia got to a certain state and is sort of plateauing. In Egypt, there has been a big increase in contraceptive use to over 55 percent, and we give most of the credit for that to the mass media, various surveys and studies have shown that, but since everybody in Egypt, virtually, they live along the Nile, and they are reachable by television, and they watch television. And we’ve done work with the State Information Service in Egypt to develop some pretty good credible drama serials, whatever, so that works. Bolivia
saw a big increase in contraceptive use after we got involved there. Latin America contraceptive use is really coming right up. Some African countries have not done as well as one would like, partly because there’s so much war and disorder and civil confusion going on.

In some countries AID programs simply haven’t been very well designed. There is now a tendency within AID, and this is unfortunate, that they are so results oriented. Every Pop officer, health nutrition officer wants to show an improvement in conditions during his or her tenure, so that means when the new guy comes in, or the new woman, often, they want to present a picture that things are very bad. This is terrible, everything’s awful, and then, when they leave, oh, it’s wonderful. Well, the next guy comes in and says, Oh, this is terrible. So, it makes it hard to work on a continuous basis, at this point, under those conditions. And development being what it is, people in developing countries are naturally somewhat suspicious of all these well-heeled foreigners coming in and telling them what to do. You have to work in a country for a fairly long period of time to establish your credibility and to have people listen to what you say and be willing to try what you want them to try. You can’t just walk in and say, This is how to do it; I’ll be gone in three years. So, in some ways, it’s becoming more difficult with the way AID works now, to develop and continue effective long-term programming. It’s too bad, and there’s a much greater degree of micro management there than there ever was before. It’s just all so—too bad. I think I have probably offended some people by suggesting that the new women that come into AID often tend very much to be micro managers.
The men, the older generation, the first generation, the second generation of AID people, and the men seem to be a little more laid back. They would say, This is the result we want to achieve; you go out there and achieve it. But today, I guess they feel under pressure from Congress and whatever to produce results and produce them immediately so they—quite a few out there wanted to dictate exactly what you do even though they are not as knowledgeable about the field of communication, or even the country, as some of the private voluntary organizations and NGO’s working in the countries. So, in some ways, there are always new problems, in other words. You think you have one set of problems solved, and another set comes along. I don’t think AID staff are really well-trained in how to recognize who are real experts in an area and delegate responsibility to them. It’s part of being in a distrusting bureaucracy, I guess, that they feel they have to check every piece of paper, everything personally, directly, and so on. It, I think, doesn’t really help their program. I think it holds them back, but there is certainly a trend in that direction these days.

**Sharpless** Well, we’ve talked about the edu—

**Piotrow** Entertainment—

**Sharpless** Enter-edu—yes.

**Piotrow** (both talking) Entertainment education.

**Sharpless** Entertainment education.

**Piotrow** Entertainment comes first. Some people try to call it edu-tainment just to be different. Others call it info-tainment, but we think it’s really utterly crucial that the entertainment component has to be the strongest in order to carry it.
So we insisted that we say entertainment education, and I think that is the most widely used term.

**Sharpless**
Yeah. What other parts of the PCS do you think have been the most successful?

**Piotrow**
The emphasis on research. Donors have finally come to recognize that research is vitally important to good communication. More community participation, getting communities involved one way or another, and more participatory—even media can be participatory. We’ve done, recently, in the last decade, I’d say, a lot of youth variety shows where the young people themselves develop the show and work on it and the content of it. Participation is especially important in the youth programs, and we’ve done a lot of that. I think we really have been a pioneer in getting extended youth participation in these things. I mean, we have a program called *Africa Alive*, which is to mobilize concert performers, singers, and musicians and whatever throughout Africa to do the AIDS songs and get involved with that and get the young people involved, and so on. So that’s something we’ve done with the—the concept of strategic communication—

**Sharpless** (both speak at once) Tell me about that.

**Piotrow**—we plan. I think we’ve really been very much in the lead on that, and you have to get that across. Evaluation, really looking in different ways for the output. Developing conceptual models like First Steps to Behavior Change and now, what I call, ideation. Demographic research, Ansley Coale’s group at Princeton, and others, have shown that the changes in the demographic transition in Europe probably took place less as a result of economic factors
and economic conditions, and more the result of communication and social factors. Now, within a certain language community, mothers would pass information on to their daughters. This is what you do; this is how you take care of these things. That was more important than whether they were rich or poor. And so, we’re looking for what are good indicators of ideation. How do you measure what people think everyone else in the community’s doing? And, of course, mass media plays a major effort in ideation. Private sector, we’ve—promoting services. We call it the pro approach, promoting professional services. So promoting the service providers as opposed to the methods or—

Sharpless: Okay. The choice to your service provider sort of thing?

Piotrow: Yes. Yeah. We call it the pro approach.

Sharpless: Uh-huh. Do you have these people in your town who you can talk to kind of thing?

Piotrow: Yeah. Yes. Yeah, yeah. Urge your family—your family—go to this symbol, they care.

Sharpless: Yeah.

Piotrow: Yes. Go to where you’re provided good care. Young people’s involvement—entertainment in all levels and all sorts of this—training. Oh, we have really innovated an exciting training program in how to develop communication programs. It’s a computer program. It’s like a computer game. You follow the steps through the computer program in how you develop a communication campaign. We’ve been doing this in our workshops now for more than ten years.
Wow.

And, the people who come to our workshops honestly say these are the best workshops they had ever been to, and the most participatory because they sit in groups of three at a computer, and they answer these questions. What is the strength of your program? What is the weakness of it? What do people think? And here’s data from focus groups and so on for this country. This is the how they feel about this, that, and the other. Then they have to develop a program around a strategy. You should practice family planning because, and they have to say what the strategy is. What are the support funds, and what media they’re going to use. And how much, and where, and how and how evaluated and all this follows a program software on a computer which we call SCOPE. So, our workshops end up with people developing these programs through SCOPE and then presenting them. So, that’s been a real innovation in how you run workshops. We have a wonderful, wonderful person, Ben Lozare who was a professor in the Philippines, and at one point, Minister of Information. He runs our training program, and he is a miraculous, born teacher. So, our training workshops are really, really state of the art. And our training workshops that we developed with SCOPE for PCS have made a very substantial contribution to the leadership institute programs that the Gates Institute at Johns Hopkins is now doing. This is a key part of the Gates Institute program at Johns Hopkins. Our leadership institute’s based on these computer programs. We adapted it so the leadership one’s called STARGuide, and it includes management principles as well as program development principles, and that’s working very well, too.
So, we have been real innovative in that area, so—

**Sharpless**  
Anything else about the Population Communication Services?

**Piotrow**  
I—well, I think we have really very much led the way in professionalizing communication, creating a big field out of it, and of course, when you do that, you’re immediately under fire from your competitors. (laughs) They’re not going to join you, so we had this big competition which we’ve just won to continue the program.

**Sharpless**  
The—for the AID funding?

**Piotrow**  
Yeah.

**Sharpless**  
Yeah.

**Piotrow**  
But we’ve just won, so we’ll continue it. So, I think we really have carved out a niche and established a field that wasn’t there before, made it respectable. Health communication is now ever so—well, communication is now ever so much more important in schools of public health, and health communication is becoming a subject of itself in schools of communication. So, I think we’ve contributed substantially to that. The social marketing people have also—I certainly give them credit for doing it, too. And of course, we’re sort of always moving closer together. They started out selling products. Now they say, oh, social marketing is to sell ideas, too. We can social market breast feeding, which I think to some people seems a little strange. I don’t think health professionals are not too happy with the concept of marketing. Promote it in a different way. Don’t say its marketing, if you are approaching ministries of health. But we certainly have led the way in setting a professional standard for health communication that didn’t exist
twenty years ago at all.

**Sharpless**

Well, are you okay to go on for a little while longer?

**Piotrow**

Okay, yeah.

**Sharpless**

Okay.

**Piotrow**

How much more do you—

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

**Sharpless**

This is the second tape of the second interview with Phyllis Piotrow on September sixteenth. Okay. We’ve been talking about the Population Communication Services at Johns Hopkins, but in 1988, you were made director of something called the Center for Communication Programs at Hopkins. Tell me about that.

**Piotrow**

Well, that was interesting. We had the Population Information Program, of course, initially. Then came Population Communication Services, and then we started applying for, or getting funding or grants from other organizations or other countries or other sources, so it was getting bigger and bigger. We really were a center, but we didn’t know what to call ourselves exactly, so we were thinking, well, we’ve got to put all this together in a center, and this would solidify our position in the university which was a little bit anomalous. And just about that point, I learned that the dean, D.A. Henderson, wanted us to move out of the building we were in because it was crowded already. They wanted to put teaching departments in, wanted us to move somewhere else. So, he called me into a meeting with him, so I had cleared this all and worked it out with our department chair, and I said, “Well, D.A., I can understand you need the space, but it’s going to look as if..."
you’re downgrading our work and not thinking it’s really important. If we have to move out, I think we should establish this as a center so people will realize that it’s not that you’re downgrading us. We’re going to be upgraded in fact, by making it a center if we move outside of the immediate complex.”

Being a far sighted person, and understanding the value of communication, he agreed to that. So, in 1988, ’89, I guess, the Center for Communication Programs was established as the unit within our department that would carry out whatever grants or contracts or whatever we would get. We had been kind of operating as a center before, but this made it easier to keep all our finances together and keep track of who was in charge of what and to get enough financial administrative staff to look after all these programs. And we were organized by geographic division, rather than by specific projects so being in a center helped to do that, but—

Sharpless
Okay, so you have, like, your center for Africa that does all those things.

Piotrow
No, we have the Center for Communication Programs and within that we have an Africa division.

Sharpless
Right.

Piotrow
And everything in Africa is dealt with by that division. They also deal with the financial issues. The same financial and administrative people deal with different countries in the Africa region, so because we’re working with USAID, and USAID is so field and mission oriented, it makes more sense to have geographic divisions than to have a mass media division, or a counseling division. Then we have a research division and a training division, but the basic geographic breakdown, I think, has worked for us. But I—we,
again, just had to seize the opportunity and turn what could have been, a
downgrading, into a big new thing. We had a launch and a party and people
came and all that sort of thing. Now I think this is the largest center in Johns
Hopkins University. Our annual budget, our expenditures last year were
fifty-four million dollars, which is by far the biggest center in the School of
Public Health. So, even though we are within a place like Hopkins’ School of
Public Health, which is very medical and quantitative, and they kind of look
down on the soft social sciences, especially communication, which isn’t even
a science, we have done well. The fact that we’re able to generate so much
funding and so much international respect is making an impression, bit by
bit, eventually. We’re not all—public health people don’t all have to be
epidemiologists and biostatisticians.

**Sharpless**

To what do you attribute Hopkins’ unusual success in this field? I mean, you
pioneered health—you pioneered this aspect of health communications—
(both talking)

**Piotrow**

Well, it—I think it was a success of the center, and of our excellent staff. We
got three quarters of the way to where we were because of D.A. Henderson
and his support. And then thereafter, we continued to generate enough
support from USAID and other sources, that I think we were able to—also
we had very strong support from Henry Mosley, who was chairman of our
department until just a few years ago.

Then, when we got a new dean and a new department chair who, I think,
at first were not basically as supportive of communication, by that time, we
had certainly built up enough momentum, and we were bringing enough
money into the university that they had to pay attention to us. And, there
was a most unfortunate report at some point by some committee headed by
a biostatistician that said the center was important if only because of its
revenues. So, I jumped on that vigorously and said, “We are more than just a
cash cow.” They—some people were rather embarrassed by that, and they
said, Oh, no. Oh, we realize that. Oh, we realize that. So, we also set up an
interdepartmental program in health communication and things like that. So,
we are beginning to get recognized—it’s an uphill battle. There is a sort of
unit called health education that thinks they’re the health communication
experts, but they have small research projects, and they don’t work overseas
much. So, I think we are increasingly recognized as doing important work,
being authoritative as we generate newspaper publicity and things like that,
so. And then, I raised several hundred thousand dollars, I mean, I guess a
total of close to half a million for scholarship money, and that helped, too.
That’s totally apart from other things; it’s just from private sources.

**Sharpless**

Yeah. At what point did you begin teaching?

**Piotrow**

I began teaching about 1986. We’d been going for four or five years.

**Sharpless**

Do you have a curricular unit there?

**Piotrow**

Well, we have this interdepartmental unit with—which lists courses in three
different departments that you can take in order to get an interdepartmental
certificate. Then our department, Population Dynamics, and Maternal and
Child Health were merged into something called Population and Family
Health Sciences. Now we have a track or a program called health
communication with certain requirements, and so on. And unfortunately,
Tom Valente, who was there and helped it really get off to a good start, left to go to USC, but we’ve recruited someone now to take his place. So, we’re building up a health communication track. Also the School of Public Health is contemplating whether they want to set up a social and behavioral sciences department, which we don’t have. And whether—what the role of communication should be, and so on. They aren’t sure, the School of Public Health, what to do about communication—that’s obvious. So, it’s still an uphill battle for recognition within the school. We are better recognized around the world, and in the government at AID and among our contemporaries, I would say, than we often are within the school, but we’re getting there. We’re getting there. Hopkins is slow at some of these things.

Hopkins was the last of the major universities to establish a sociology department because, you know, too radical. There is no communication department, and actually, it’s only mainly state universities that have communication departments, so you know, Hopkins is somewhat stodgy sometimes in some of its ways, and very medical, very data and quantitatively oriented. Communication is a little bit fuzzy.

**Sharpless**

Are there things about the Hopkins based work that we need to talk about?

**Piotrow**

Well, I guess I should say, in spite of that, in spite of a certain skepticism as to the intellectual value of what we’re doing, Hopkins has provided a wonderful setting for the administrative operations and working and so on. We really have been able to set up a very efficient, effective administrative unit and operate quite independently of some of the problems that affect the school in other ways. So really, except that they look down upon us to some
extent academically, in every other way, I think, we have done quite well.

**Sharpless**

Now, I have been looking at your vita, I see you’ve done other work with USAID over the years. Consulted with them, things like (both talking)—

**Piotrow**

Not much. Not much consultancies. No, in fact that reminds me, I’ve got a telephone call now from the group that arranges consultancies. I’m sure they want me to do a consultancy. I don’t think I’m going to—I don’t think I’m going to get much in that. I have enough to do writing articles and working with the Center and teaching and so on. I don’t want to be all that busy, I don’t think.

**Sharpless**

And you’ve written two—you’ve written two books we haven’t talked about.

How did *Six Million People* come into being?

**Piotrow**

Well, that was sort of funny. I had a friend who was working at the Council on Foreign Relations. He was wanting to put together a book on population issues, so he asked me to do a chapter on that, so I did that. I haven’t gone back and looked at that for awhile. I think at that point, I was perhaps overly optimistic about—especially about Africa and how quickly programs in Africa might catch on.

**Sharpless**

Yeah. And your more recent book on population—on communication.

**Piotrow**

Communication.

**Sharpless**

How did that book come into being?

**Piotrow**

Well, we just decided that other people were writing books about health communication and here we had—by that time we had about fifteen years of experience, and we really had a story to tell, and we wanted to tell it. So, we approached a publisher and got an agreement and put the book together to
spell out the experience of the program. So, we use it as a textbook, text for some of our classes. It’s used in other universities around the country, and it has an accompanying video which shows some of the television shows that we use to illustrate the point we’re making. But, we felt it was particularly important to emphasize this process, the concept that communication is a process not a product. You have to go through these different steps and here are some examples of how we did it. So, that’s proved very useful. I suppose we might think now my successor—I recruited Jane Bertrand, who was head of the International Health Department at Tulane University, to come and be my successor so I could retire. She’s been working on a book on HIV/AIDS in communication which will be ready soon, so that’s—be looking for that—an important—a new direction. I’m working on a chapter on entertainment education for a book on that subject.

Wonder what I’ll do next—thinking of having a seminar this fall on entertainment education, I think. The Population Information Program which is still up for competitive bids that haven’t been awarded yet, but we’re cautiously optimistic, but we might get more into advocacy. And I, last year, went to Hawaii for three weeks to help with their seminar on translating research findings into policy, which I described as advocacy, but they’re a little nervous in using that word. And I have family all up in New England a fair distance away, so I’d like to spend more time with them. I think I’d rather keep busy working on things that like that than just doing USAID consultancies. Hopkins is—on the pension side, very flexible so I can take a certain portion of my pension, and I can still work up to 50
percent of my time on the research. I am partially retired, so I think I might as well keep on doing that. Just get involved with somebody else.

**Sharpless**

Well, is there anything (both talking)—

**Piotrow**

I don’t think USAID pays that much attention to consultants either. Maybe that’s—maybe sometimes they do. I don’t know, but—

**Sharpless**

Not something you want to spend your time on.

**Piotrow**

Yeah, but you really don’t control what happens when you’re a consultant. You scrounge and worry and run around and write something up and so on, and maybe they pay attention to it, maybe they don’t. I don’t know. At the moment it doesn’t appeal to me, but something might come up.

**Sharpless**

Well, we’ve moved quickly through a wonderful career that you’ve had, and I’m wondering, are there things that you want to talk about that I haven’t thought to ask you about?

**Piotrow**

You haven’t asked me about the international conferences.

**Sharpless**

Yeah.

**Piotrow**

I’m probably one of the few people left alive who went to the Bucharest Conference in ’74, and the Mexico Conference in ’84, and the Cairo Conference in ’94.

**Sharpless**

Okay, well tell me about that.

**Piotrow**

I guess—I don’t know whether Jason Finkle and the people at the University of Michigan have written up those conferences. (both talking)

**Sharpless**

What was Bucharest like?

**Piotrow**

Um, Bucharest was—that was where John D. Rockefeller sabotaged everyone by coming in suddenly and saying, “Development is the best
contraceptive.” That didn’t help and rather threw things off track for awhile.
But what happened over the next ten years was that a lot of the developing
countries decided that they really wanted family planning programs after all.
So then, they got to Mexico City, and they were all ready to go. And then,
along came the United States and the first Bush administration, and they
wanted (both talking) to put a brake on things.

**Sharpless**

What was it like being an American at that conference?

**Piotrow**

Horrible, just absolutely horrible. If you talk to Steve Sinding as I’m sure you
would, he said it was the worst experience of his whole life. It was very
unpleasant—Bucharest wasn’t all that pleasant having John D. Rockefeller
and the guy from Egypt. His name I can’t remember—but anyway, he
definitely was a communist. He was constantly, in all these sessions and so
on, coming up with saying, “Oh, you can’t say this, you can’t say that.” But
the Bucharest conference did come up with the basic language, choosing the
number and spacing of one’s children—basic human rights of couples and
individuals to choose the number and spacing of their children—“to
determine freely and responsibly the number and spacing of their children.”
Plus that language from Phil Claxton taking into account the condition of
the community. That language survived from Bucharest and that’s the still
the core of it. So, Mexico City was a step backward.

**Sharpless**

I was trying to think who it was that was representing the administration at
Mexico City. It’s—

**Piotrow**

Um, Alan—Alan—African American who ran for office from Bethesda.

**Sharpless**

Oh, yeah.
We can look it up—I remember—

Alan Keyes. James Baker was coming up with a Mexico City language back in the White House at that time. The poor State Department guy, Richard Benedick, got fired. They claimed it was something having to do with Israel, but really it was just that they wanted to get rid of him. That was a very messy, unpleasant, sordid—could have been worse, but it was a messy, unpleasant situation. That was Mexico City.

Next Cairo, with Gore and the Clinton administration. Cairo appeared to be this great love fest, you know, isn’t this wonderful and so on. That was in September of ’94. As I recollect, we came back, and then there was the election and all the Democrats got kicked out, and all the Republicans got into Congress, and all the things that we thought we were going to do we suddenly couldn’t do. And they were trying to put the Mexico City Policy back in and all that. Bill Clinton stopped the worst of it from happening, but you know, things seemed really wonderful up to that point, and then they sort of slowly started downhill after that because of the Republican victory in Congress. The Cairo Conference—of course the big thing about the Cairo Conference was getting women’s issues really on the front of the agenda. Although I think a lot of us felt very unhappy that the feminists were criticizing family planning as if it were a movement against women, whereas in fact, the family planning movement was designed for women and did more to advance women’s agenda than any other health issue or anything else people had been concerned with.
Now, tell me a little bit more (both talking) about that.

The feminists wanted it to go even further, which is okay, but there was no reason to denounce and jump on the family planning programs as a result. I think there was a bit of a bad taste about the way that was done although I certainly think everybody would admit that women’s empowerment is a very important part. Probably not enough had been done about it so far, but the idea that the family planning movement was in any way intended to undermine women and was not a women’s movement was, I think, an inaccurate representation of what had happened before.

Did you go to Beijing to the Conference on Women?

No. I didn’t go to the—I haven’t gone to any of the women’s conferences. I haven’t gone to any of the environmental conferences. I’ve just gone to all the population conferences. I wonder if there’s going to be another conference (both talking) in 2004.

In 2004.

That will be an interesting thing, but that was a high point and then of course, there was an effort at The Hague in ’99, to take things even further, and to do a little more about abortion and to do a little more about youth. And again, that came crashing down at the General Assembly sessions in New York. New York is a very, very bad place to discuss population issues at the UN. You tend to have the standard UN mission people who are all political and not health or population people at all, so they aren’t interested in the issue, and they don’t understand it. And they think it makes trouble. You have a very strong Vatican representation there that is very, very active.
So, that’s a bad combination.

**Sharpless**

How closely have you worked with the UNFPA over the years?

**Piotrow**

Very closely. Very closely with—well, Nafis was there, and we would have UNFPA grants in various countries and so on.

**Sharpless**

To provide—

**Piotrow**

It’s hard to have a really well managed international program. So much of it is slightly pork-barrelish, you know. There are so many countries represented, and you have to spread your largesse around. There was an awful lot of population education stuff that never amounted to anything just to win over ministers of education. And all the project base stuff that never could show any results. Most of those programs were not well evaluated. So, I think the programs were not as good as they might have been. I think Nafis Sadik was very smart, very capable, did a very good job politically, and perhaps the best that could have been done programmatically. But I think the general feeling was that UNFPA programs were really not rigorous enough in terms of what they were going to achieve, and how you would measure it, and what you would do if they didn’t achieve it.

**Sharpless**

What’s been the hardest thing for you over the years?

**Piotrow**

I think, for me, what’s become increasingly hard is that the longer you work in the field, the more you have a sense that you know what needs doing. You understand the problems. You know what should be done, and yet, because we’ve been so dependent on USAID, the funding and programs end up depending often on the whims and notions of relatively new, inexperienced, untrained people coming in. And this business of trying to prove that you’ve
achieved great results in three years can—I mean, sometimes it might be helpful, but it in various ways, I think that it really has been quite unhelpful ever since—and this was—it was actually part of the Carter administration. That guy, Larry Byrne, that they brought in as a management expert wanted to take the initiative, and some degree of control, and so on away from the non-government organizations working in the field and put it into a rather rigid USAID results oriented framework. Now, from a corporate point of view and corporate management, maybe that’s a good idea. I don’t know, but in the field of development, where you’re working in so many different countries with so many different conditions and so on, shifting everything around and looking for short term results all the time may not be the best way to achieve long term results. It’s not easy to say off the bat what would have worked everywhere. I think we do see, especially now, with some of the older staff leaving, that the degree of expertise and ability on the part of the newcomers coming into AID is not perhaps what one might want. But then why would a truly ambitious, highly able person choose a career in an agency that Congress has spent twenty years blasting, and is constantly trying to cut the funds, and that has to do so much paperwork, and so on. I mean, AID is not in a easy position to recruit truly first rate people or to give people the leeway, the freedom to go ahead and accomplish things. So, I find that very frustrating.

I think that, you know, as one gets older, one gets more and more impatient with younger people coming in thinking they know how to do everything. So, that was a reason why I thought I’d better get out, because
basically AID is our client. We have to be responsive to what they say whether they know what they’re talking about or not. So, I decided it was better for me to get out, and you know, leave this to other people coming in fresh who would be more accommodating. And, some of the ideas coming out of AID are interesting new ideas, and they may or may not work. You just can’t reject all new ideas. I think the world is always constantly changing, but as I find myself getting more impatient and more frustrated with the way things are working, I decided it was time to get out and give someone else a chance.

Sharpless
I understand.

Piotrow
And, I’m almost seventy years old, so why shouldn’t I get out? I mean, you know, codger young people to get involved. And the field of family planning and reproductive health is more and more a field for young people. I mean, the young people have got to make the decisions now, that is, the young people in the developing countries, not necessarily those in AID or government agencies of one kind or another.

Sharpless
Anything else you want—that I haven’t asked you about?

Piotrow
Okay, um—well, I think the issue of corruption is an interesting issue. It’s just come up. The issue of corruption versus the control. How tightly do you try to control things in order to avoid corruption?

Sharpless
You’re talking about in other countries primarily?

Piotrow
Yes. Yeah. I suppose it’s here, too, but you don’t see it so much here. We’ve seen lots of things that shouldn’t be going on with World Bank programs and with UN programs. AID, I will say, for the degree of control that AID
maintains, I haven’t seen much corruption in new AID programs. But how do you balance the desire to create sustainability, to let these people run their own programs with the assurance that the money isn’t leaking out in all directions? Especially in these medical programs. I mean, you supply the drugs. You supply the contraceptives that run the government clinics. These are clinics where all the doctors leave at noon or one or two o’clock and go into their own private practice with a bag full of the drugs that they’ve gotten from the health clinics that they sell to their private patients. And this happens all over because everybody’s so poor, and they don’t have the supplies. So, that’s another area that—

Sharpless

How have you dealt with that over the years?

Piotrow

Well, we are quite—we aren’t dealing with clinical supplies and things like that. We’re dealing with ad agencies and people like that. And, we are real tough negotiators and really strict and really tight with these things, but that’s sort of the opposite of handing over control to local people. So, there’s a continuing tension between how strict controls you want to keep over things to make sure things are done properly versus the basic responsibility of handing over control to the local people.

And then, there’s the issue of community participation. How do you get it? How important—which is more important, to have the whole community participating in a program, or to, in a health program, to actually achieve results and get everybody immunized? So, there’s a lot of discussion about it. I mean, if your goal is democracy, then participation, per se, is a good thing. If your goal is improving health status, how do you evaluate the relative
importance of participation versus having the right technology delivered by competent people at the right times and places?

**Sharpless**

Now, who has been the most vocal in their criticism of you all for not getting community participation?

**Piotrow**

A lot of Latin American people, the kind of people who promoted the New International Information Order. When was that? Back in the ’70s? UNESCO—people working for UNESCO think that cultural imperialism is terrible, get the United States out of everywhere. Everybody has to do these things themselves, independently, you know. Yankee, go home, kind of thing. It’s Pablo Freire, you know, focusing on the oppressed. That kind of approach, which there’s certainly some validity to, but the notion that the community—that these communities, somehow, are the source of virtue and the outsiders are the enemy when in many cases, it’s the communities who are the source of oppression and the outsiders are the change agents. On the other hand, if the change agents are going to be successful, they have to change the community. So, that’s a continuing debate, and we are sometimes criticized. We have been criticized sometimes for not getting communities involved enough. But, getting communities involved, you don’t do that on a two year project or a three year project. I mean, that’s a life work practically.

**Sharpless**

And it’s messy when you do.

**Piotrow**

Yeah. It’s not—it doesn’t appear to be cost effective in the short run—doesn’t appear to be effective in the short run. Costs or no costs. So, how to evaluate that, how to assess it, and you know, how to influence it is becoming more and more of an issue.
The other issue, of course, in the field of health is decentralization worldwide.

**Sharpless**

Just a second, let me turn the tape.

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

**Piotrow**

Ministries of health around the world have decided that they can’t run these programs centrally, out of the capital, which is true enough, and that therefore the programs must all be decentralized. Local communities must take responsibility for their own healthcare. But, it’s also a way to escape the fact that the central authorities don’t have enough money to give to the local authorities to carry out the work, so by saying, It’s your responsibility, they also escape blame. They also think they escape blame for not being able to do it.

**Sharpless**

Well, it’s just like in the United States turning things over to the state. Sure.

**Piotrow**

Yeah, only many developing countries were very, very highly centralized, you know, socialized planned economies and all that. So, they had federal ministries of health. We don’t really have a federal ministry of health here. We never did. But they did, and now they’ve split these federal ministries of health apart. In Zambia, for instance, at one point I was told now that the federal ministry of health has only sixty-nine employees. Everybody else is a local employee. So, the local doctor who went to school, got all his degrees and so on, now finds himself reporting to the local mayor who didn’t go to school, didn’t get any degrees. He’s the one who maybe gets elected and has the friends, but how do you make a local health facility even moderately self-supporting? I mean, these facilities can’t support themselves. Even without
the cost of HIV drugs and things that people have wanted, where do you get the antibiotics?

Where do you get the penicillin treatment? Where do you get the malaria treatment? Even at the cheapest possible prices these drugs cost something. Where are they going to get the money to do that? Most people don’t have that kind of money, so the challenge is how to make a decentralized health program work better than a centralized program with no additional resources. What do you do about communication to promote these centers? Say, Go to the health center to get taken care of, when there aren’t any drugs there? What do you tell people to do? You have to move in the direction more of saying, you know, Take care of yourself. Wash your hands is probably still the best health advice you can give, anywhere, wash your hands. But they don’t even always have water, not to mention soap, you know. So, but I think practical advice has to be to do the simplest, most locally available, accessible sort of things you possibly can.

**Sharpless**

Have there been times when you’ve gotten discouraged over the years?

**Piotrow**

Oh, definitely. Definitely, but the most discouraging thing I have found is when I felt things were moving along in a proper direction, and then for policy reasons, there’s a complete shift. In Nigeria, take Nigeria for example, we started out working diligently in Nigeria with local governments there—started out with seventeen out of thirty-some, so everybody can take their hand-out. But anyway, the local government units are the ones that supposedly run things. So, we were working with these local government units. Well, all of a sudden, out of the blue, there’s a drug certification ruling.
Somebody had to certify that Nigeria was not participating in the international drug trade. Well, they didn’t certify it. Nigeria is participating in the international drug trade. So, bang! At that point, we could no longer provide any funding for any government institutions in Nigeria. We could fund private organizations, not government. So, they cut off all the funding for the government clinics that we’d been trying to build up. So, try to find some sort of private organizations that could do something or other, not too much. In Nigeria, the broadcast stations were government, so you—mass media—you couldn’t use it. So, we shift over to try to work—four or five years we worked with these big private NGOs and the chiefs. Well, we don’t quite go backwards, but we surely didn’t go forwards. Another change. Now, we’re going to work with the federal government. So, forget about the local or rather, now let’s go to the federal government and start working with the federal. So, there’s another shift.

Pakistan, we had a good program going in Pakistan. Pakistan was making nuclear weapons. Anti-proliferation issues. Whoops! Stop all the aid to Pakistan because they’re making nuclear weapons. Then Ghana—these were external to AID, these decisions, but then in Ghana, AID decided that they were going to have conditionality. Instead of giving money for projects so the money would be allocated by project, they’d give a big blob of money to the finance ministry if they did various things like remove tariffs, and so on. So, it was big, big pot of money going to the government on the basis of conditionality, doing certain major big policy things. Well, they were supposed to do health things. The finance ministry got the money. We went
out and trained the health people to do their campaigns and so on. The money never got to the health ministry. They built two buildings in Accra that nobody has really fully utilized. One of them isn’t even finished yet, and the campaigns and things like that never happened in the field because the finance ministry never transferred the money to the ministry of health which was not an important enough ministry to be able to flex their muscle and get the money. So USAID shift from project oriented aid to program plus conditionality kind of—I would say it lost five years in the Ghana family planning program because of that shift.

In Francophone Africa, there’s a program that covers about five or—supposed to cover fourteen Francophone countries, but there are four key countries. Well, the U.S. ambassador in Mali decided he wanted Mali to get a bigger share. I think it was Mali, maybe it was Burkino Faso, one of those two—decided he wanted more, so the whole plan has to be reorganized so that one can give more to this one country whose ambassador is complaining he wants more. And you know, he probably does want more. Maybe he needs more. But the whole thing had to be reorganized, and so on to satisfy that. So, it’s that kind of changes that I personally regret. Another similar sort of change took place in Turkey, where there had been a very good mass media program. And then, they put people in charge who said, Sorry, we’re not going to do any more mass media. The Turkey program is one of the few in the world that has gone nowhere over the past ten years, but nowhere. All we’ve done is trained post-abortion providers in Istanbul. So, it’s that kind of policy change happening either within AID or at the top
that I have found most frustrating after you get something going.

I could give you several other examples, but I won’t. You get something going. It’s about to take off. You really feel you’re on the right track. Maybe one particular Pop officer has gotten these started, supports that, and so on. He leaves, or some other policy change happens and—plunk! The work you’ve done for the last three or four years is down the drain. That to me is really the most frustrating. And of course, with AID being the agency it is, we don’t like to complain too loudly about those kind of changes. You know, we don’t run around telling members of Congress about that. Personally I have found that to be the most frustrating part of the whole task.

**Sharpless**

How have you kept your staff motivated in those kinds of circumstances?

**Piotrow**

Well, things go badly in one country, they go well in another. If one person were dealing with half a dozen countries where everything went badly, it would be difficult, but it’s such a mixed bag. Some countries do well for awhile and then badly. Up and down, up and down. And when things don’t go well in a certain country, you lose out there, then you focus on another country. So, it’s ups and downs like that, but I guess we have found if you persist long enough, if you just hang in there long enough even when things go wrong, then maybe you’re there to help put it back together again when it comes back together again. So that—just be there. Hang in there, stay there, and be there so when things go back to where you think they ought to be—or maybe the shift is good, and you can adapt to it. Just persist, and you can make what looks at first like a very bad situation perhaps into a better one. I
would say the quality of our staff and the quality of our work are really fundamentally so good that nine times out of ten over time it gets recognized. So, I guess that’s why we—that’s why we continue to hang on.

But for some people, like maybe you get old and crotchety, and you say, Life’s too short to fuss with these people anymore—it’s somebody else’s turn.

**Sharpless** Yeah. Yeah.

**Piotrow** So, I have enjoyed talking to you.

**Sharpless** It’s been wonderful. Thank you very much.

**Piotrow** Interesting for me.

**Sharpless** Well, let’s leave the door open that if either one of us thinks of something that we didn’t ask about or didn’t say that we can get back together.

**Piotrow** Yes. One further thought. Seeing what you want to get out of this particularly is lessons learned. So, have we addressed that enough? I told you about the five things from General Draper. I think that’s crucial. What I was saying about just persist. Persist. If you know the quality of your work is good, if you know you’re doing the right thing, if you know you’re working in the right direction, your setbacks—whether it’s a coup in the country or a shift in USAID personnel—may be temporary. I mean, in the Philippines, we had a president who supported family planning. He got overthrown. Now we have one who doesn’t fight, you know. That happens all the time.

But if you just hang in there and persist—

**Sharpless** And you can just maintain some kind of presence (both talking)—is that what you do?
Try to, one way or another, and do good quality work. Sooner or later, somebody’s going to come along who’s going to recognize it and say, Aha, we should do more of this. So, I guess the important thing is that there are going to be a lot of temporary setbacks, but if you hang in there, you can still move ahead.

Now, I’m saying this from the point of view of one relatively small organization, doing one certain kind of work. Look at the big picture—you know, I don’t know where Africa’s going. It certainly hasn’t moved ahead. I don’t know what’s going to happen with HIV/AIDS in the long run, but the continent, as a whole, is not moving ahead. And the richest country, Botswana, has the highest prevalence of HIV/AIDS—practically the richest country. So, you know, from the big picture—I’m not sure what the lesson is, but from the organizational picture the lesson is, Do good work, do the best quality work you possibly can, identify the people, identify the best people to work with that you possibly can, create an environment where they can do the best they can, and hang in there. And there will be setbacks. There will be disappointments. There will be problems. There will be shifts, but you have a chance to get back on it. But it takes a lot of patience and so on. So that’s a lesson—I guess that’s the lesson that it’s a very—I wouldn’t even say it was long term. I would say it’s never ending. I mean, do we have a perfect situation here in this country? Are we going to stop and say, everything’s perfect now, we’re not going to do anymore of anything? Nothing’s ever perfect. You always have to keep working at it. I think Congress and many people as far as foreign aid are concerned expect a
product and expect to achieve sustainable development. And sustainability is not a product, it is all a process, and so you just have to measure it step by step as you go along.

**Sharpless**

Well, thank you so much, and we'll get back together if either one of us thinks about it.

**Piotrow**

Okay.

*end Interview 2*