Population and Reproductive Health Oral History Project

Sophia Smith Collection, Smith College
Northampton, MA

Jeannie Isabelle Rosoff

Interviewed by
Rebecca Sharpless

July 20–21, 2001
Washington, D.C.

Oral history interviews with Jeannie Rosoff were funded by the American Public Health Association in cooperation with the Alan Guttmacher Institute. The interview was transcribed by Nancy Swint, edited by Kathryn Blakeman and Rebecca Sharpless. The tapes and transcripts of these interviews were processed in the offices of the Institute for Oral History, Baylor University, Waco, Texas, and later deposited in the Sophia Smith Collection, Smith College in 2005 as part of the Populations and Reproductive Rights oral History Project.

© Sophia Smith Collection 2006
Abstract

Jeannie Isabelle Rosoff was president of the Alan Guttmacher Institute (AGI); immigration to the United States; work in Civil Rights movement, Durham, North Carolina; work for labor unions and tenants’ rights, New York City; reform of New York state birth control laws; opposition to birth control; merger of New York City Planned Parenthood chapters; creation of Planned Parenthood Federation (PPF) Washington office; technical assistance to local providers; separation of AGI from PPF; creation of Title X of Public Health Services Act; coercion in birth control; breadth of Roe v. Wade; tracking abortion statistics; work with family planning organizations; attempts to amend U.S. Constitution; arguments over abortion funding; class issues in birth control; AGI interest in international population affairs; “squeal rule”; sexual activity among teenagers; U.S. government opposition to abortion; “gag rule”; controversy over mifepristone; national health insurance; sterilization.

Topics:

ABORTION
CONTRACEPTION
FAMILY PLANNING
GOVERNMENT
POLITICS
POPULATION CONTROL
PUBLIC HEALTH
REPRODUCTIVE HEALTH
TEENAGE PREGNANCY
WOMEN’S HEALTH

Narrator

Jeannie I. Rosoff, J.D. (b. 1924) was president of the Alan Guttmacher Institute (AGI) for more than twenty years. An attorney, she emigrated from France and worked in New York City as a labor organizer. Rosoff was hired in the late 1960s by Alan Guttmacher to set up AGI's Washington, D.C., office, which published the influential Washington Memo for thirty years.

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

Three 60-minute audiocassettes.

Transcript

Transcribed, audited and edited at Baylor University; final editing completed by Rebecca Sharpless. 75 pages, plus index, 4 pages.

Bibliography and Footnote Citation Forms

Audio Recording


Transcript

REBECCA SHARPLESS: Today is July 20, 2001, and my name is Rebecca Sharpless. This is the first oral history interview with Jeannie Rosoff. The interview is taking place at her home at 4437 MacArthur Boulevard in Washington, D.C. The interview is being sponsored by the American Public Health Association in conjunction with the Baylor University Institute for Oral History, and we’re going to be talking with Ms. Rosoff about any number of things but primarily her time as president of the Alan Guttmacher Institute. And so thank you for letting me come this morning.

JEANNIE ROSOFF: You’re welcome.

SHARPLESS: I’m delighted to be here. Let’s start off. If you would, tell me your full name and when and where you were born.

ROSOFF: My full name is Jeannie, my middle name is Isabelle, Rosoff. I was born in a small town, a small village actually, right outside of Paris in 1924.

SHARPLESS: Okay, all right. Now, you went to school, college, and had a law degree from—

ROSOFF:—University of Paris.

SHARPLESS:—University of Paris, okay. How is that you came to the United States?
ROSOFF: Well, I married my husband. (laughter) I was still in school and he was working in an army—the American army hospital at the end of the Second World War. And though I never went to dances, I did go to one dance and met him. And we were married in 1945, at the end of ’45. And then he stayed in France. Was demobilized in Paris. Worked for the Pasteur Institute for a while. But he wanted to go back to school and get his Ph.D. And at that time under the GI Bill you had to go to the American university. So he applied to Duke to get his Ph.D. in physics and came back to the U.S., and then I joined him. And of course, the moment I was here, the government changed its mind and opened the GI Bill to universities outside of the country. So it was kind of an accident of fate. I think if that hadn’t have happened, I probably would have never come to the United States. My husband spoke French very well and was very happy in France. I had no desire to come here, but there we were.

SHARPLESS: Uh-huh. So you moved to Durham.

ROSOFF: Moved to Durham.

SHARPLESS: Okay, and what did you do while you were in Durham?

ROSOFF: I wasn’t really—I wasn’t really employable in any way. My law degree was meaningless. I didn’t work for a while. Mostly went and began to get involved in sort of local civic activities. In retrospect, I think I was very innocent. I didn’t realize how strange it must have—there were virtually no foreigners in North Carolina at that time, you know, and it was odd for me to sort of get involved in community activities and get involved politically. I wasn’t even a citizen. But I didn’t know any better. And everybody, I suppose, was too polite to tell me otherwise. (laughs) So I got quite involved. And it was the beginning of the real stirrings of the Civil Rights movement. And I wouldn’t want to give the impression that there is no prejudice in France. Believe me, there is. But the kind of discrimination—certainly segregation the way it was—even in North Carolina, which was a fairly liberal state as states went, was such a shock to me. I think that to a great extent it gave me this real sense of injustice, which I think has been
carried on into other types of activities. So in a sense it was formative for me. If I had stayed in New York, for example, I probably would have never had that feeling. And it was also kind of adventurous to be a white woman particularly, and a foreigner to boot, who would be involved in certain kinds of activities.

SHARPLESS: What kinds of activities were going on in Durham then?

ROSOFF: Well, Durham was very interesting. It’s true that Duke dominated the scene, but Duke was at that time a very conservative institution. But the town was interesting because it had North Carolina College for Negroes and it had—it was at that time the center of black banking and insurance, which later moved to Atlanta. So there was a very well-educated upper-middle-class black elite. Quite wealthy, very often in coloring very white. It had the two very large tobacco unions, which were still segregated. And it had a weekly paper, a labor paper, which was also very unusual for a town that size. So there was a lot of material, if you will, to organize. And this was a period when Durham elected its first Jewish mayor, which was a big deal, you know, in the early fifties, and the first black member of the board of education, the first black member of the city council—there was a lot of stirrings before the student movement came on. Durham County also sent the first anti-Dixiecrat delegation in the South to the Democratic convention in 1952, and it was very visible because there were some blacks in the delegation. And we, just by accident, were all sitting all the way in the back of the hall. So before, really, things kind of exploded, there was a lot of agitation but still very genteel: ministers were involved; social agencies, unions were involved.

SHARPLESS: What were you doing?

ROSOFF: Well, I was a full-time volunteer, basically. I served on the board of local organizations, worked for political campaigns, and so on. I said I didn’t know any better as to my “proper” place, and I was not really employable as my French law degree was pretty useless. But it was a wonderful experience.

SHARPLESS: Uh-huh. So when did you move to New York?
ROSOFF: Probably 1955. Let’s see. My daughter was born in ’56. Probably ’54.

SHARPLESS: Okay, so right after the Brown v. Board decision.

ROSOFF: That’s right. And then what’s interesting—after the Brown decision, all of these coalitions fell apart. Everything went back five years. Because everybody was being tactful about not offending the white population too much. After the Supreme Court decision, this became impossible. You had to take sides, and all of these organizations fell apart. All the officeholders that had been elected lost. There was a real, real setback. And of course, momentum caught up again, but the immediate effect was kind of a disaster. Which is really what happened with the setbacks on the abortion issue many years later, because then people who hadn’t cared that much or didn’t think anything was going to happen suddenly got mobilized.

SHARPLESS: Uh-huh. There’s a period of retrenchment.

ROSOFF: Yeah, it’s—I’m glad I experienced it the first time because I went through it with the abortion issue later on, you know, where there is a line of progress up to the time of the Supreme Court decision, and then all hell breaks loose.

SHARPLESS: Okay, so you moved to New York in ’54, and what did you turn your hand to then?

ROSOFF: Well, again, I was not very employable. But in North Carolina, I had learned dress pattern making, by mail, from a mail order firm in Paris. And I was always interested in fashion, even when I was in law school. And so when I came to New York, I decided I didn’t want to be a secretary, and I loved making clothes. So a friend of mine got me a job in his father’s shop making dresses, the kind which now would sell between three and five hundred dollars. It was the fairly high end of the business. Of course, I didn’t know much of anything. I didn’t even know how to thread an industrial machine. But the union was, I think, very interested in recruiting—the union was getting old, and they were really interested in finding younger people who’d be activated. So I got a lot of help. I would go to one shop, and I would get fired at the end of the day because I
really didn’t know anything. The next day the union would send me to another shop. I would get fired after two days, and then the next day they would send me to yet another shop. After months of this, I finally knew what I was doing.

SHARPLESS: This is the International Ladies’ Garment Workers Union.

ROSOFF: Yeah, it was the dressmakers’ local, which was the largest local in the union. So I did this, getting more and more involved in the union, until my daughter was born in 1956. But in the meantime, I had gotten involved in other political activities.

And right after my daughter was born, I became the co-chair of a citizen’s campaign for a congressman by the name of Alfred Santangelo, who represented—the district that had been held—I don’t know if you know about New York history—by Mark Antonio, a well-known liberal/radical and, more recently, by an ultraconservative member of Congress. The district combined East Harlem and Yorkville. East Harlem was being transformed at the time because almost all of the old tenements, which housed a large Italian population, had been razed, and all these big public housing projects were rising up, and the neighborhood was becoming very heavily black and Puerto Rican. And Yorkville was still the old German stronghold, so it was a very strange district to straddle. Santangelo is dead now, so I think I can say that everybody in East Harlem, including the church, had longtime ties with the Mafia. All the well-known Mafias of the day had gone to parochial schools in either St. Lucy’s or Mount Carmel or Our Lady Queen of Angels and were still giving donations. You know, I mean—they were “the boys.” So I think the settlement houses in East Harlem, in particular, were very concerned about Santangelo. They thought he was an improvement over his predecessor, a man by the name of Donovan, who I think was a Republican, from Yorkville. But they were kind of nervous about Santangelo’s judgment, particularly with social issues. So they encouraged him to establish sort of a permanent advisory council of citizens and so on, which he took with good grace.
And from that I was asked to work for one of the settlement houses, organizing tenants in these new public housing projects, particularly with the idea of keeping them integrated, keeping the white tenement population from moving out, basically. Since there were two very strong parochial schools, supported heavily by the Italian community, there was really something to work with. And this was really my job, not only to help the public housing associations to defend tenants’ rights but really to try to find ways to keep anchoring that population. Which was successful for a while, but then it failed inevitably. People moved out, a little bit at a time, as their economic situation improved. But it was successful for maybe containing this process for ten, fifteen years.

SHARPLESS: Okay, so what were you doing on a daily basis?

ROSOFF: Well, finding leaders for these tenants’ associations. At that time there were still men in the projects, and a very good friend of mine was to organize the same thing with PTAs [parent-teacher associations], with mostly women leadership. And she was, you know, working—well, all of her chums and so on were women. In my case they were all guys, because that was a man’s—still a man’s activity to worry about housing and security and the lawn and the plumbing. And they were very activist and it was petitioning the housing authority about this, that, and the other. Holding tenants’ meetings. Trying to keep down gang wars.

SHAPRLESS: Even then.

ROSOFF: Oh god, yeah. As a matter of fact, we—my office in Union Settlement was a—I don’t know if it was symbolic, but I had this little office, which I had to vacate on Wednesdays because they ran a birth control clinic there in that office. And they had a big metal cabinet that was locked, full of diaphragms. And the office was broken into so regularly, not only mine but the whole office, that we never repaired a typewriter or any office equipment. We waited until the next robbery and then we’d get a new machine from the insurance company. And I would come in the day after the birth control clinic and somebody, kids usually, had broken the locks on this closet and opened all these
boxes and thrown all these diaphragms. I used to say my office is wall-to-wall diaphragm. (laughter) It was really very funny.

Let’s see, where did we go from here? Where did I go from here? Well then, while I was there, one of my colleagues in the Yorkville Democratic Club—I think they undertook to run a polio drive to get—I suppose at that time it wasn’t vaccination; I think it was sugar cube or whatever—and enlisted me to be the co-chair of that campaign. And in the process of this, broached the fact that he was married to Alan Guttmacher’s daughter. Dr. Guttmacher was one of the leaders, as it turned out, but I didn’t know that then, of the birth control movement. And Planned Parenthood, according to my friend, was looking for recommendations for someone to “do something” about public policy in the city of New York. At that time, even if you had twelve children, the city hospital doctors could not provide birth control to you even if you asked for it. So the job description, in effect, was to reverse that policy. I eventually took the job myself although I wasn’t, particularly, frankly interested in the subject matter. But it did seem to be very unjust and wrong. And I thought, “Oh well, okay, I’ll spend a year and straighten that out,” not having any idea what, again, I was getting involved into. And I was reasonably successful and was actually quite successful in persuading the commissioner of welfare, a man by the name of James Dumpson, who was not only black but Catholic and very practicing Catholic, to issue a memorandum to welfare recipients, which was included in all the checks that went to welfare recipients in the city of New York, that if you were interested in family planning services and spacing your children and so on, the city would pay for it but please consult your minister, priest, or rabbi. And this went into about 200,000 checks.

And suddenly all hell broke loose because there apparently was a law on the books of the state of New York that made it a crime to tell anybody where to get those things. So my poor friend Jim Dumpson essentially said, “You got me into this. You go over to the state legislature and do something about it.” So I did. And that eventually led
to the repeal of that particular legislation and I think indirectly broke the ground for reforming, first, the New York state divorce laws and then the abortion laws. Because it made clear that you could defeat the Catholic Church on something that they had fought so hard. The day the final vote was taken, there was a letter from the cardinal on every member’s desk essentially saying, “You will be excommunicated if you vote for this. And what’s more, your vote will be publicized from your parish’s pulpit so that everybody will know about it.” So once the birth control laws were repealed, then I think everybody figured out that there were lots of other things that needed to be done and one need not to be so afraid of the church. So this step was important beyond that little single law.

SHAPLESS: Okay, so you were working in New York with the tenement people.

ROSOFF: Well, not anymore. I then worked for the reform wing of the Democratic Party and from that was recruited by Planned Parenthood.

SHARPRESS: Okay, by Alan Guttmacher’s son-in-law?

ROSOFF: Yeah.

SHARPRESS: Is that right?

ROSOFF: That’s right. Yeah.

SHARPRESS: Okay.

ROSOFF: And—

SHARPRESS: How did you educate yourself about the state of family planning in New York?

ROSOFF: I think the moment I was hired, nobody could figure out what to do with me.

SHARPRESS: Who actually hired—what organization actually hired you?

ROSOFF: (speaking at the same time) Well, it was Planned Parenthood. Planned Parenthood headed by Alan Guttmacher and two men, one in charge of public relations and one in charge of program development, whatever that meant. And the latter, Fred Jaffe, is the person who hired me, because, I think, he was a former journalist and so had
a political background; had known Albany—you know, knew some of the same milieu I knew. But once I was recruited, he clearly didn’t have any idea where to start. And I was thinking that I had made a terrible mistake in taking that job. I went home every night and cried, and had this small child I had to support. This was—what was I doing there? Well, I was there only ten days, and Alan Guttmacher passed by my desk one day and he said, “Aren’t you French?” And I said, “Yeah.” He said, “Then you know Latin, don’t you?” and said, “Well, why don’t you translate this for me?” And handed me a—I don’t remember how many—thirteen pages by Cardinal Suenens of the Netherlands essentially arguing with the pope about birth control. So, so much for my job description. This was not exactly what I had anticipated. But little by little I began to— and I had to really pretty much formulate a plan of action. There was no road map. But I knew a lot of people in the reform Democratic movement in Albany, and I knew a lot of local politicians. So if I didn’t know family planning or those particular politics, I knew a lot of people in positions of influence.

SHARPLESS: Okay, so when you started that job, no public health official could talk to a woman about birth control in New York no matter how many children she had.

ROSOFF: How many she children had. And that was true for the rest of the state as well, which is generally more conservative than New York City.

SHARPLESS: And so you went to work getting that policy changed. How did you do that?

ROSOFF: It turned out that hospitals in fact were more or less breaking the rules, but they were doing it very, very quietly. This was really just when the pill was coming into the market, so there was a lot of money from pharmaceutical companies going to ob-gyn divisions in the city hospitals, which were usually also associated with a university. But they were all extremely timid. There was never a sign that said, Family planning clinic on Wednesdays. So, you know, if you walked into the hospital, you would never have known where to go or whom to ask. So I think the first thing I did, which was simple,
retrospect, was put—really get those people to agree, one, to put a shingle on the door and, two, to let me publish a little booklet that showed various places and times where, at least for medical reasons, you could get birth control. In reality, obviously, doctors did it for nonmedical reasons as well. But that kind of made it kosher. Everybody decided maybe it’s not so terrible.

SHARPLESS: Yeah, what group was it that had been doing the Wednesday diaphragms in the settlement houses?

ROSOFF: You know, I don’t know. I never—because this was two separate pieces of my life, and now it seems very funny but because—but I really don’t know who—

SHARPLESS: But somebody was—

ROSOFF: Yeah, somebody was obviously doing it.

SHARPLESS: —quietly.

ROSOFF: Quietly doing it. And so it turned out there were maybe fourteen or fifteen clinics more or less in existence. And once the directory was published with a nice cover, it began to look okay. I don’t remember all of the details. Then I sort of persuaded my friend Jim Dumpson, the commissioner of welfare, that publicizing the availability of services would be an important thing to do. But it was difficult for him both because of the genocide issue but also because of his religious affiliations and the fact that he had taught at Fordham before becoming welfare commissioner. Very well known in the social worker field. And then that got me and him into trouble. And then it was clear that I had to go to Albany and try to do something.

Planned Parenthood’s new initiative was supported financially by an individual who turned out to be a real birth controller and who hated the Catholic Church with a passion. So I could never have told her I was Catholic because she would have just jumped out of the window, and that brought an additional complication to the situation. Also, Planned Parenthood, as an organization, was not really involved. Planned Parenthood in New York City had five chapters that didn’t speak to each other and were
very—I don’t know how to put it—class oriented. There was a chapter on the east side of Manhattan that had all the money, and it was heavily Protestant. And then there was a big chapter in Brooklyn that was heavily Jewish. They didn’t talk to each other. They didn’t go to the same charity balls, you know. And then there three small chapters in Queens. In addition, all these chapters were apolitical. They viewed their job solely as providing medical and educational services. Thus, it became clear to me at the end of this dramatic bout in Albany that if policy was going to evolve, that had to change. So I spent then several months working out a merger between those five Planned Parenthood chapters, which was probably as difficult to get as the state legislature to vote against the objections of the Catholic Church. But it ended happily. They did eventually merge, and then they hired a very charismatic guy by the name of Alfred Moran, who continued as director of Planned Parenthood New York City for the next twenty-five years. And big Irish Catholic guy. Looked like a big retired cop and was very political so that whether the rest of Planned Parenthood was political or not, he was. And he knew how to pull the strings and really dragged not only in New York City but the rest of New York state into quite activist political positions for many, many years.

SHARPLESS: Tell me what you mean by—when you say he was very political, what do you mean?

ROSOFF: Well, I don’t know—organizations that serve people, clients or patients—their orientation is, “Will I have enough nurses at five o’clock tonight?” What’s happening in the big world is very remote and to some degree kind of incomprehensible. So certainly for Planned Parenthood, with its very heavily clinical caseload, until recently the main question has always tended to be, you know, “Can we raise enough money to serve enough patients and provide them with good services? And can we add some labs and can we do this, and”—

SHARPLESS: “Do I have enough money to buy my supplies?”
ROSOFF: “Do I have enough money to buy my supplies?” And to some degree anything that touches legislation or politics is dangerous because it may alienate your donors. It will attract attention to the services including the fact that you may not be following the law too closely, which was generally the case. So the orientation is certainly inward. Somebody like Al Moran was, on the contrary, a big type thinker: thought about big studies, how to get the governor to do this or to do that or to jump off the roof or whatever, and knowing how to raise money to do those things. Speaking to the New York Times and getting to the editorial page and moving those levers which, in those days, was certainly not the Planned Parenthood way.

SHARPLESS: Let me turn the tape over.

ROSOFF: Okay.

(tape 1, side 1 ends; side 2 begins)

SHARPLESS: Okay, I want to pick up on a couple of things that you mentioned on the first tape. You mentioned that part of the concern with family planning was the concern with genocide. Could you say more about that, please?

ROSOFF: Well, the opposition to family planning services in the 1960s still came primarily from the Catholic Church and particularly from the perceived power of the Catholic Church, which was not as real as everybody thought it was. But that was the assumption: Catholics believe this; Catholics don’t do that—birth control. Of course, it wasn’t true.

There were always some preachers, black preachers, who kind of thought that the practice of family planning would encourage immorality somehow. That was one small strand. And then there were a lot of, I think, activist black men—and some women—who essentially thought, “The more of us, the better. The way to improve the racial situation is by numbers. So that it’s fine to have all these babies.” And when things began to spoil in the late sixties, with the Martin Luther King assassination, the Black Panthers, and the Black Power movement, then it sort of just went from, “We should
have all the babies with guns on the street,” to, “Anybody who tries to stop us from having babies is genocide.” So that was another element of the opposition. And it was not easy for a group like Planned Parenthood, a basically all-white group, very upper-middle class, to deal with this and to deal with this and argue at public meetings and essentially say, “Can it. It’s not right and it’s not true.” Planned Parenthood at that time hired a sort of ambassador to the black community on the assumption that nobody could argue with blacks except blacks. So they had to find somebody black to rebut this. You know, my feeling was that if you feel sure of your ground, then you should be able to argue the case even though it’s very uncomfortable.

SHARPLESS: Okay, Dr. Guttmacher dropped a document on your desk that was from a Dutch bishop.

ROSOFF: Cardinal, Cardinal Su—

SHARPLESS: A cardinal.

ROSOFF: Cardinal Suenens I think is his name, S-u-e-n-e-n-s.

SHARPLESS: Was that a contemporary document or a historic document?

ROSOFF: It was contemporary. I can’t remember my numbering of the pope, but when Vatican II was taking place—

SHARPLESS: That was John XXIII.

ROSOFF: The XXIII. —there was a lot of agitation in the Catholic Church—not so much in the United States. The Catholic Church in the United States is almost—was almost as conservative as the Catholic Church in Poland or Ireland. But among French bishops and cardinals and people in the Netherlands, people in Germany, there was a lot of internal agitation over that issue. Pope John XXIII appointed some kind of papal advisory group. I don’t remember exactly what it was called. But that included both prelates and laypersons, including some women, which essentially recommended that the church—the church never changes its position but—refine its position to—basically to allow the pill to be okay religiously. But so the cardinal’s letter was part of that whole
internal movement towards reform in the church which almost got there, and then the pope died.

SHARPLESS: Paul VI came in.

ROSOFF: Came in and immediately dismissed the recommendation of this advisory group and reinstated the same inflexible position. And of course it’s continued to be reinstated ever more, now tied to the whole abortion issue and so on.

SHARPLESS: Were you a practicing Catholic at this point?

ROSOFF: No. I was like a lot of the French Catholics or Europeans; religion isn’t big in Europe. And I was brought up religiously. It was the thing to do. When you had children, you got them baptized and then you sent them to parochial schools because it was good for them in general. And then you kind of dropped off. You got married in the church and then you got buried in the church. But in between, well, I really sort of dropped out in my late teens.

SHARPLESS: Uh-huh, but in New York how many people were following the edicts of the church because the church said they should?

ROSOFF: Very few. Yeah, this is where the politicians did not—polling was not as extensive as it is now. And also people had attitudes about Catholics which—I mean—most of the public thought all Catholics were Irish and uneducated and would surely obey church edicts. There was a lot of outright prejudice: “So, those people don’t think the way we do.” “They all want big families like blacks all want big families”—in short, the received wisdom. Politicians have received the same wisdom and they are not about to test its validity on their own hide.

SHARPLESS: So how was it—how did you get the change through the state legislature? How did you do that?

ROSOFF: Essentially organizing a coalition of very high-minded Protestant leaders in the senate with a very large contingent of black legislators. And that was already this very strange—for most people, very, very strange alliance. The chief sponsor of the
legislation was a man who was at the highest position—I don’t remember exactly what—that you can get as a layman in the Episcopal church. You know, very high-minded, what we would call now a moderate Republican. But really above the fray. And then this very large groups of blacks, all men, in the state legislature, was disconcerting to everybody, particularly since, even now, a disproportionate number of black members of state legislatures and Congress tend to be Catholic. Mostly because the Catholic Church had been somewhat better in its attitude toward segregation than most Protestant sects, and so a lot of these guys had gone to Catholic schools. Many were Catholics—maybe nominally but at least they were Catholics, and they were black. And they were allied with these very highfalutin Republican types. And that really was the main basis of the alliance.

SHARPLESS: But how did you actually do it? How did you get this group to come together?

ROSOFF: I don’t remember. I tend to think strategically. I mean, I think, “Okay, who could be the most helpful, and who could give us the most grief and who do you need to neutralize?” One of the things that was a problem for me was that all my friends in the state legislature were all liberals from New York. And I couldn’t be seen with them, and they couldn’t be seen with me. I mean literally. We would pass each other in the hall and not even recognize each other, because this couldn’t be viewed as a movement from Greenwich Village to take over Albany. You really had to take these Republicans from upstate with church credentials and so on who could mobilize and so on. And you had to take the blacks, who presumably were the most likely to aggrieve and isolate the rest.

SHARPLESS: Uh-huh, and it worked.

ROSOFF: It worked. But one of the enormous assets I had—and I don’t remember how this came about—is that the chief lobbyist for the teamsters, who was very powerful in Albany and who made regular open payoffs—I mean, he would get in the back of the assembly, for example, and the speaker would be on the dais, speaking. And he would
look at the speaker and pat his (patting noise) his wallet. And the speaker would come and get his envelope. And this guy—I can’t remember his last name; Nick something or the other—decided that I was like a lamb in the slaughter. There I was with all the cardinals, and everybody’s sort of dumping on me. And he decided in his own mysterious way—I’m sure he agreed with me, but I think it was a way of twisting the knife into some of these guys. He would take me in the evening on a round of bars in Albany where these guys usually had a girlfriend in town. And he would say, “I think you would like to meet this lady. She really has some goods that I think you certainly will find very useful.” And the guy would be very entwined on a bar stool with a lady not his wife! And so he was tremendously helpful. Some of it was luck. I don’t remember exactly even how I had met him or why he took an interest in this cause, but he was very helpful.

SHARPLESS: So he took you around to meet the legislators in the evening at the bars.

(Roof) (laughter)

ROSFF: In the bars. That is one way to do it. I think there was an element of blackmail in that. I think he was kind of saying, “Look, guys, I know what you’re doing. We all know what you’re doing. Just shape up.” And in the end, the mayor of New York City sort of rallied around, and it was Wagner and he was also Catholic, and sort of appealed to the state legislature. So the law was repealed, I think, the day before the legislature adjourned for the year. It seems amazing now that there’s such a big to-do about this little bill which had made it a misdemeanor to tell somebody where you might obtain birth control devices. But at the time it was like a little revolution in that state senate and state assembly.

SHARPLESS: Uh-huh, but you got your friend out of hot water.

ROSOFF: Yeah, yeah, that’s right. (laughs) He never let me live it down, either. I can tell you that. (laughter) I met him for years at American Public Health Association or
American Public Welfare Association. And he would say to me, “Well, I tell you, I’m not going to buy your advice again.”

SHARPLESS: Now, how did you help with the merger of the Planned Parenthood chapters? How did you make that happen?

ROSOFF: I drank a lot of martinis. I can tell you that. One of the difficulties besides the class issue, which was very strong, is that each of these affiliates had an executive director. And they all stood to lose their jobs, obviously, if there was a merger. And they were—in those days most of them had been board members of Planned Parenthood who either got widowed or eventually took a paying job. And they were fiercely attached with those jobs. Particularly the executive director of Planned Parenthood of Manhattan East Side and the Bronx and where first—where the money was. And so it was the question of trying to figure out devices by which they wouldn’t lose their jobs but they would get at least something equivalent. It meant arguing with the boards that we’re not going to get anywhere in terms of public policy if they didn’t have a single chapter for New York City where they all thought that “politics” was below them. It took a good year. And to give you an idea of the social tensions is that when Planned Parenthood Manhattan and the Bronx, the big money outfit, scheduled the board meeting in which the merger would be ratified, I discovered to my horror that it was first night of Yom Kippur, which in New York is like a national holiday. So I called the director, Helen Burke, and I said, “You may not know this, but it’s the first night of Yom Kippur. There’s no way we can have a meeting.” And she said to me, “Well, we don’t have that kind of Jews.” They had a few Jews, including the son-in-law of Alan Guttmacher, on that board, but this was really the attitude: “We don’t have these kinds of people.”

SHARPLESS: So was she saying that they were mainly secular or was she saying that they—

ROSOFF: That they were Jews that married Episcopalians and sang in the choir.

(laughs)
SHARPLESS: Okay, so really very secular. Okay, so were you on the board—I’m trying to make sure—was this before you went to work for Planned Parenthood Federation of America? This was—

ROSOFF: No, no, this was part of it. It was part of that whole period with the welfare checks and the state legislature. It’s only a period of two years, but I realized while I was going through this fight in the state legislature or even in the city—I mean you have to have some troops. You know, and the troops I had used were my self-created troops—people I knew or groups that I thought I could tap but not really Planned Parenthood. And it was clear to me that there were no stable alternatives with a vested interest in all that stuff. Planned Parenthood had to be the organization.

And also it was the beginning of the fight over abortion. Right after the victory in birth control, it became clear that maybe one could in fact defeat the Catholic Church, and then all sorts of things started moving. First it was the reform of the divorce laws. Nobody really discussed abortion, but it was coming. So it seemed to me that there was a real imperative there to unify the Planned Parenthood groups in New York City. What happened subsequently is they were lucky in terms of hiring an executive director who stayed a very long time, was a very powerful figure, and was somebody who reveled in controversy. He didn’t really care so much about clinic operations. That was for the women to worry about. Sadly, but perhaps fortunately, the woman who had given the most trouble in the merger negotiations, the head of the Manhattan chapter, developed cancer and died within a year. So it sort of removed a potential thorn in the transition. The other executive directors were really not that powerful, and I am not sure what happened to them. But she would have been continuing trouble. The reason I drank so many martinis was because she drank so many martinis. And you would get her to almost the point where she would agree to the merger. And then she would have second thoughts. So we would sit and—I don’t know if you know the Monkey Bar in New York, but we sat in the Monkey Bar and I poured martinis down her throat and mine.
Then she would be back on board again until next session. And she would cry. It was very messy.

SHARPLESS: Sounds like this kind of work requires an enormous amount of patience.
ROSOFF: Yeah, yeah. Yeah, because it’s—you can’t move things that quickly.
SHARPLESS: Okay, so after you got the merger of Planned Parenthood in New York City, what was your next challenge?
ROSOFF: Well, I had intended to leave. As I said, I had come in for one year and I ended up staying two years.
SHARPLESS: Your title was special projects coordinator. Is that right?
ROSOFF: Yeah, yeah. Nobody would mention the word lobbyist or anything. Well, the guy for whom I was—the vice president I was working for, this man Fred Jaffe, realized that things were also beginning to happen in Washington. And a couple of organizations were being formed mostly with Washington offices, mostly with an interest in international population issues but not domestically. One of the leaders, a man by the name of William H. Draper, who had been a railroad magnate and then a general during the Second World War and was a buddy of Eisenhower—Eisenhower had appointed him to study postwar Japan and its economic recovery. He had come back from this in the fifties with a report called the Draper Report, which essentially said one of the factors in the Japanese economic development was their decision to limit population. Right at the end of the war Japan had totally legalized abortion, and the birth rate began to drop radically. I’m sure economic condition had something to do with it. Well, he mentioned this in his report and lobbied Eisenhower, who said, “Birth control is a taboo subject.”

Bill Draper was one of these enormously determined human beings and very talented, who retired every five years and embarked enthusiastically on new endeavors. In one of these retirements he decided to form an organization in Washington called the Population Crisis Committee—now Population Action International. And he was also on the board of Planned Parenthood and was nudging Planned Parenthood. He didn’t have
any interest in domestic issues, but he had an interest in international issues—I mean an interest in population growth in a global sense. And he was pressing the Planned Parenthood Federation to open an office in Washington. But national Planned Parenthood wasn’t about to do that. They claimed they didn’t have the money. So Fred Jaffe, my immediate boss, went to a foundation and said, “Will you fund a Planned Parenthood Washington office?” And they said, “Gladly.”

And so then there was a question of a candidate. And Fred Jaffe’s candidate was somebody who had been associate director of the Peace Corps. And Bill Draper, the general, had oodles of retired generals in his pocket and decided that it should be a retired general. And Alan Guttmacher, who wasn’t very political but had some sense, kept saying, “This is the middle of the Vietnam War. Genocide? A retired paratrooper general as the Washington office director of Planned Parenthood? This doesn’t seem to me that it would work.” So eventually Guttmacher said, “Well, why don’t we send Jeannie down there?” As I came back for lunch after the job had been offered to me, I heard the other vice president on the telephone saying something like, “Well, Bill, I can’t deny she’s a woman, but at least she’s not Jewish.” And it was my friend Draper who was saying, “You want to send a single woman to Washington, and she’s Jewish?” But in typical Draper fashion, twenty minutes later he had taken a taxi from his office on Wall Street and was at the Planned Parenthood headquarters to congratulate me personally.

But the whole idea was that Planned Parenthood would worry—or at least what became AGI [Alan Guttmacher Institute] would worry about the domestic situation, and he, Bill Draper, would take care of the world. And that continued for many, many years, basically, with very little involvement and interaction, partially because the politics of population control and the politics of women-based family planning clinics really had different constituencies. And after abortion began to cloud the birth control issue in this country, the internationally oriented organizations in the population field made every
attempt to stay out of the abortion issue. They contended that they were only talking about the need and the right to child spacing and didn’t want to be tainted with this new controversy. For domestic and women’s rights groups, the struggle of the Vietnam War and the civil rights “revolution” were still fresh. Certainly the feminist groups looked at AID [Agency for International Development] like the CIA [Central Intelligence Agency] and didn’t want to have anything to do with those folks. So the two remained pretty separate until 1980, I think.

SHARPLESS: Okay, this might be a good time to change the tape.

(tape 1 ends; tape 2 begins)

SHARPLESS: All right. This is the second tape with Jeannie Rosoff on July 20. Okay, when we changed tapes you were talking about the move to Washington. Let’s go ahead and go with that right now. How did you feel about the prospect of moving to Washington at that point?

ROSOFF: Well, it was appealing to me at that time because of really personal history. I had separated from my husband quite early in our child’s, my daughter’s, life. Although he was a very involved father, in a sense, he was almost too involved. He was at my house twice a week, and he wouldn’t leave when he was supposed to leave. And I thought, Well, this might really stop if he got remarried, but the years passed and he did not show any sign of so doing. When he eventually did get remarried, that didn’t change. I kind of realized that I had to put some distance between us. And I thought he was almost kind of obsessively involved with our daughter.

SHARPLESS: And she was how old at this point?

ROSOFF: She was nine. And he would want to have her over the weekend, but she wanted to be with her little friends. He wanted to have her with him. And I didn’t think it was—it wasn’t good for her. So, in a sense, I think that the offer to move to Washington was a chance of creating that distance. And I thought again, a year or two, solve this problem, and move on. This was in ’64, I think.
SHARPLESS: I think that’s right.

ROSOFF: It was the beginning of the War on Poverty. And the director of the War on Poverty, Sargent Shriver, John Kennedy’s brother-in-law, who had been the first director of the Peace Corps, had just moved over to the War on Poverty. Early on he decided—which was quite courageous for him at that point—that his agency would fund family planning projects. And he was a very conservative practicing Catholic, and this was viewed as a very big deal. A very conscientious, I think, courageous decision for him. But nobody believed that he meant his decision. The poor man had to keep sending wires to his regional offices: “Contrary to what you believe, I do want to fund family planning projects.” Ostensibly, therefore, the reason for Planned Parenthood’s opening an office in Washington was that federal grants were going to be made out of Washington and therefore one should be there to kind of seize the opportunity and guide the direction of this new national program. But of course the moment I arrived here in January 1964, Sargent Shriver had decided to decentralize the funding of project awards to the OEO [Office of Economic Opportunity] regional offices. So there I was basically, again, with no job.

But what happened is that, in the early stages, mainly Planned Parenthood affiliates were the applicants for these federal funds. And they were, you know, very unsophisticated, mostly volunteer led, well-born ladies with no business experience so they would essentially write an application that said, “Dear Uncle Sam, send me $100,000 and I will serve ten thousand patients,” and the other one would say, “Send $100,000, and I will serve one thousand patients.” So Fred Jaffe and I thought, “Somebody is going to get in trouble and sent to jail.” And too, the whole imperative there is not to refinance Planned Parenthood services but to expand services nationwide and with the participation of public health agencies, hospitals, and other institutions. This is where AGI began, really, because to do that, you would really have to go proselytize at the local level to help all these agencies, as well as Planned Parenthood, develop
programs with professional standards. So Fred Jaffe went to the Ford Foundation and got a large grant essentially for the Washington office to create a technical assistance program which lasted about seven years, I think.

SHARPLESS: They would go to jail because this was before the Griswold decision?

ROSOFF: No, no, they would go to jail because they couldn’t lawfully account for their expenditures.

SHARPLESS: Oh, okay. (laughter)

ROSOFF: Many community agencies had no idea of methods of accounting or program planning. As a result, in a lot of War on Poverty programs there were a lot of scandals. Most of them were that people just didn’t know, you know—

SHARPLESS: (speaking at the same time) They didn’t have the training.

ROSOFF: You went into the petty cash box as needed or you paid for things that really government can’t pay for. I mean, it wasn’t evil. People just didn’t know any better. So anyway, we had this large, fat Ford Foundation grant to essentially help develop services throughout the country for Planned Parenthood but mostly beyond Planned Parenthood. Well, that immediately sort of ruffled Planned Parenthood. They had been a big fish in a very small pond and now they would be a smaller fish in a large pond. And—

SHARPLESS: Because of the influx of the Ford Foundation money?

ROSOFF: No, because of the influx of health departments and community action agencies and others who had not shown any previous evidence of commitment to reproductive rights. If you really want to have family planning services in hospitals, in health departments, in community action agencies, in Planned Parenthood, in—a Kiwanis Club that wanted a family planning program—if you wanted to do all this like in the city of Pittsburgh, you were never going to have federal grants going to each of them. You had to have some kind of umbrella agency that would get the money and then make a plan for the distribution of the money locally. Well, that was not only logistically complicated, but it would cut off Planned Parenthood’s direct access to the federal
government. And they would have to deal with their mayor’s office or some new agency, which became called Family Planning Council, many of which are still in existence forty years later. This is really a trade-off between the mission—we saw the mission as getting birth control to anybody who needs it, which means getting it wherever it is that people go. Planned Parenthood agreed in principle, but, in many cases, viewed its role as diminished.

SHARPLESS: We being you and Fred and others?

ROSOFF: Yeah, well, mainly the two of us, pretty much, and the foundations that became engaged in the issue. While this was going on, we all began to think about various forms of legislation and sources of funding beyond the War on Poverty that really should be amended or changed. But the foundations were also saying, Okay, if the government is going to be involved in a big way—well, there was a potential of abuse and coercion, particularly when you’re dealing mainly with services directed to poor, often minority, people. So foundations wanted to have some kind of watchdog, policy-oriented group to ride herd on the process. They did not think Planned Parenthood could be it because it was too self-involved. They also didn’t want to create a new entity because they thought, “My god,” they would have to support it forever. So the compromise was that they would give the money to Planned Parenthood but under the condition that some entity, which eventually became the Alan Guttmacher Institute, be organized within Planned Parenthood. It would have a separate name. It would have a separate address. It would have a separate national advisory board, even though the board of Planned Parenthood would still have the legal authority. And that’s what existed between maybe 1968 and 1978, when AGI became totally independent.

SHARPLESS: That would be the Center for Family Planning Program Development.

ROSOFF: (speaking at the same time) Family Planning Program Development, which was renamed for Alan Guttmacher when he was dying. But that is the same group that had both the Planned Parenthood political function, the lobbying function in
Washington—I mean writing legislation, lobbying legislation—and the AGI technical assistance function. And in New York AGI developed the beginning of journals, *Family Planning Perspectives*, and the public relations apparatus to support all these initiatives. First domestically only, and then in the mid 1970s AID came to us and said, “Would you like to do a similar journal for us but with an international orientation?” So that, too, operated out of New York and still does. The technical assistance division, which was run out of Washington, was phased out, I think, around 1972 or something like this, after the money had essentially been distributed. The Planned Parenthood political representation ended in 1980 when Planned Parenthood opened its own, separate Washington office, but AGI retains its own Washington functions not fundamentally altered.

SHARPLESS: Uh-huh. The policy has always been here in Washington. Okay, so things were, as you mentioned, beginning to come—

ROSOFF: Yeah, it became clear that the OEO money was not—

SHARPLESS: Office of Economic Opportunity?

ROSOFF: (speaking at the same time) —was not going to be sufficient and also its fate was in doubt when Nixon was elected. Nixon was very supportive of the development of family planning programs, but he wanted to do away with OEO. So that agency was going to disappear. And in what is now the Department of Health and Human Services was then—it had a different name—Department of Health, Education, and Welfare, I think—the locus of activity would have been in the maternal and child health division. But the maternal and child health division was extremely conservative. Really didn’t want to mess with family planning.

SHARPLESS: They wanted to take care of them once they were here?

ROSOFF: Yeah, and they really—even though the division was called maternal and child health, it really focused on child health.

SHARPLESS: So they wanted to do immunizations and things like that.
ROSOFF: They wanted to do immunization. They wanted to do early screening programs for children and so on. They also were run by state health departments subject to all the political pressures of state government. So we thought, “Gee, this is not going to work.” The maternity child health people really were very leery of birth control. They were very heavily dominated at that time, in personnel, by middle or older Irish Catholic women. And this was not their cup of tea. So the question became, “Well, okay, what can be done?” And so, early on, even before the end of the War on Poverty, we tried and succeeded on three fronts, in 1987, in amending the Medicaid statute to say that anybody who wants family planning services can get it under Medicaid; to amend maternal and child health legislation to earmark 6 percent of their funds for family planning; and to broaden the scope of what was then still the OEO legislation. Of course, as happens with all legislation, passing legislation and making it work are two totally different things. So there was a lot of resistance in the Medicaid program. Most Medicaid commissioners took the position that, well, yes, they could offer but they certainly were not going to provide—pay for—services. I mean, they made a sharp distinction between the two. The Medicaid folks kept saying, “Well, we’ll give them leaflets, information, but then they are on their own.” But that’s the way it always is with legislation.

SHARPLESS: Why were the Medicaid providers not wanting to provide services?

ROSOFF: For political reasons. It was a departure from the routine. Bureaucracies don’t like change. But also, birth control was still perceived as a very dangerous topic. It wasn’t until ’67, I think, that—Griswold was in ’65—that the Supreme Court said that all persons, not only married couples, have the right to decide when or whether to have children. And there was state resistance. Massachusetts and Wisconsin did not formally repeal their laws until the early seventies. In some of the states, like Wisconsin, they kept saying, “We don’t care what the Supreme Court says. We still have laws in the book. Our state legislature is not going to go for this.” Then, on the other hand, you had certain states that, if you did not watch, they were going to push birth control on every poor
person that walked. So it took ten years, really, for the dissemination of services throughout the country to gain, basically, universal acceptance.

SHARPLESS: Ten years after *Griswold*?

ROSOFF: Ten years after the beginning of the OEO.

SHARPLESS: Right, so OEO started and took ten years to—

ROSOFF: Yeah, until about 1975. I think that by then, basically every community had some family planning services and it was more or less politically acceptable. It’s still fraught with dangers because then other issues began to arrive on the scene. One was the abortion issue in 1973. And then the whole change in sexual mores generally, and particularly the change in teenage sexual mores. In the 1970s, whites’ teen behavior began to converge to what had been black sexual behavior, namely early entry in sexual activity. And at that point everybody got very agitated. These were our girls, “good girls,” who were “acting out.” So even though family planning presumably was not controversial anymore, the provision of services to teenagers was very controversial. As well as the suspicion, in some quarters, that those family planning clinics probably were all hotbeds of pro-abortion sentiment anyway. So for reasons which really didn’t have to do so much with contraception per se anymore, various controversies continued and continued and continue to this day. Every year there’s a new crop of hostile proposed legislation. It is usually proposed in the House, rejected in the Senate, and never enacted or else thrown out by the courts. So the basic legislation hasn’t changed very much.

So anyway, while this was going on after 1967, it was again clear that Medicaid wasn’t enough, maternal and child health wasn’t enough, OEO was going to go away. So we then went for a really brand-new piece of legislation which is what became Title X of the Public Health Services Act. It was totally focused on family planning, with independent funding. It was signed into law by President Nixon in 1970. And it has basically remained unchanged.
SHARPLESS: Title X, as you say, is still around, extremely important. Could you start from the beginning and tell me how the idea and the work to get Title X came about? Now, you had the OEO that came back in 1964.

ROSOFF: Well, these things kind of grow. That’s why I was always leaving the field because I always thought after we went through one chapter that, “Okay, that takes care of this.” Well, you know, after you get legislation approved, implementation is not self-executing. For example, in Milwaukee, the city council essentially barred the mayor from accepting OEO family planning funds. There was another big fight in San Antonio involving the local Catholic bishop. There were a lot of these places where there was outright opposition to even taking the money, or letting the city health department take the money. And while this was happening, it was very clear, to me at least, that OEO’s days were doomed. I mean, the government was paying people to organize against itself and that wasn’t going to last very long. Fred Jaffe and I were trying to think of, what else can one do? So we thought of Medicaid, and to some degree it worked, but it also didn’t work.

SHARPLESS: Why not?

ROSOFF: Well, commissioners of welfare, which are basically people who run Medicaid programs, don’t relish getting into a fight with their state legislatures. Their budget is always under pressure, and they didn’t think it was really that important to them. It was fraught with danger. It meant spending money on a new activity, a new activity which was unfamiliar, maybe alien, to them. New York did very well because it had somebody like Alfred Moran who helped organize the program and provide political support for it. But in many places, for example, even if Medicaid reimbursed for family planning services, it reimbursed at rates so low as to discourage providers to participate. Many have an incentive not to serve Medicaid clients because the more Medicaid clients served, the more money they lose. So there were a lot of bureaucratic impediments to the implementation of the Medicaid family planning mandates. So, for different reasons,
there was considerable resistance to the development of family planning service in the maternal and child health environment, at least in those days. So it was clear that something else was going to be needed.

And there were politicians at that time who were beginning to get interested in these issues and really looking for ideas to act upon. It wasn’t very hard to go to somebody and say, “Hey, I got this idea. Would you organize hearings? Do whatever and so on.” So in the House of Representatives, the two chief sponsors were none other than George Bush, Sr., and a congressman from New York by the name of Jim Scheuer. And in the Senate the chief sponsor was a senator from Maryland, Joseph Tydings. And again, it was, you know, very chancy. It went through the Senate, and under, I think, the consent calendar, which meant there was to be no debate. The Senate acted at eight o’clock in the morning before major issues were scheduled for consideration. Monsignor McHugh, Jim McHugh, the lobbyist for the Catholic Church, came back from vacation to find the Senate had passed this horrendous piece of legislation which he obviously thought had not a chance in hell of passing. So he obviously was shocked and distressed that he had allowed such a thing to happen. It could be read on his face. So he hotfooted it to the House, where the speaker was still John McCormack, who was sure to block the measure. McCormack said, in essence, “Even if the pope changes his mind about birth control, I’m not going to change mine.” So it looked like the legislation was as dead as a doornail when in some crazy way entered my friend General Draper, who had another general in tow. After he had decided that he was going to retire from the Population Crisis Committee, he had persuaded Andrew O’Mara, who had been the commander in chief of the NATO armed forces prior to his retirement, to take over the chairmanship of the Population Crisis Committee. And O’Mara viewed birth control as part of—I don’t know—the defense of the United States and had some crazy theory if there was an atomic holocaust, those family planning clinics could then be turned around to encourage people to have children. Even more strangely, he managed to convinced the speaker, Mr.
McCormack, to let the legislation go through the House, which it did, also without scheduled debate, under something called “suspension of the rules.”

Subsequently, Andrew O’Mara introduced me to—no, it wasn’t Andrew—one someone else at Georgetown University who introduced me to a Father Byron Collins, who was and I think still is, although he is almost retired—I think, vice president for public affairs. But he was really both the legislative liaison and the extraordinarily able fund-raiser for Georgetown. And he got it into his head in his own—he was a Jesuit—and a lot of other people at Georgetown agreed with him, that really the pope should have changed his mind. And if the pope wasn’t going to change his mind that they at least should try to be helpful, you know, by helping family planning come to the United States and so on. So Father Collins and General O’Mara and I, the three of us, made visits on the Hill, which—you imagine what this looked like with Byron Collins with his collar and General O’Mara and I from Planned Parenthood/AGI. And everybody was obviously floored by this alliance, like, “Who—how did this happen? How did this happen?” And that was that because, of course, as soon as the legislation was signed into law, there were moves immediately to repeal it. There were moves to not fund it, not to provide the appropriations. And the saga has gone on from then on.

SHARPLESS: That’s interesting. I’m going to turn the tape.

(tape 2, side 1 ends; side 2 begins)

SHARPLESS: Okay. Other things about the creation of Title X.

ROSOFF: Well, there was something which was also brewing in the background and not—and very relevant although not directly related. Senator Gruening—you know who he was? He was the first governor of Alaska when Alaska became a state, and he then became its first senator. And he was very—he had been a friend of Margaret Sanger, was very concerned about population growth, domestically and internationally. At the same time, the whole environmental movement was also beginning to be concerned about population growth. Gruening was a chairman of an obscure subcommittee on
governmental reorganization or something like that, and he decided to hold a series of hearings, well publicized, on the question of overpopulation, which attracted a lot of attention. And he called government witnesses to say, “What are you doing?” both domestically and internationally and was obviously very critical. He was also instrumental in developing a broad coalition of interest groups. For example, I was asked to put together a coalition of Catholic scientists who would come out in favor of what became the family planning legislation. So even though this was not a committee from which legislation could come, he ran something like 110 hearings. It became very clear from the hearings that there was a problem which was multifaceted, but not clear what to do about it. There were obvious program implications. So other people in the Senate began to think about, “What can we do concretely?” All of that fluff and excitement was probably very helpful. And this took place in the middle to late sixties and it provided an ongoing forum for several years. And he was a chairman of the committee, so he could call hearings pretty much at will. Joe Tydings was only a member of the committee on labor—I think it was Labor and Welfare at that time—and did not control—the chairman controlled the ability to schedule hearings and call selected witnesses. To have a hearing of what became Title X, he had to get special permission to chair—to be delegated the power from the chairman. But Gruening could do whatever he wanted, and he was in his eighties at the end of his career, plus being a most unconventional man. So the hearings were very helpful in preparing public and congressional opinion.

This was the time of the first Earth Day, so people in the environmental movement began to think, maybe, about population issues. They were mostly interested in the provision of family planning services abroad, but you couldn’t tell the “heathens” to do something that you didn’t do at home. So the environmentalists were generally supportive as long as it had nothing to do with abortion, which is still pretty much the stance of the environmental movement. They, mostly, don’t want to get into the nitty-gritty of what happens in a clinic and the female plumbing and all that stuff. They don’t
want to know about that. They want to think about big numbers and big policy issues and so on. So there were all of these things happening at the same time. There were the Supreme Court decisions; there was the pope’s tentative moves to approve of the pill. There was the ferment within both the laity and some of the hierarchy of the church. There was a beginning of really very open environmental movement. It was really—Betty Friedan and *The Feminine Mystique*. All of this was kind of—there was the anti-Vietnam War sentiment and the Civil Rights movement. All these things were kind of puddling together in the sixties, in the late sixties. It’s hard to tell which—I wouldn’t venture to say which of these things was most important. I think they were all important. SHARPRESS: How was it that the package of ideas that became Title X came together? How did that come—how did that legislature come together and say, “Okay, it will include this, it will include this, and it will include this”? ROSOFF: I actually hired a young Washington lawyer to think it through. Congressman Scheuer’s executive assistant had three children under five and a lawyer wife who apparently kept getting pregnant accidentally. And one day kiddingly this guy said to me, “Do you know, I think you really have to employ my wife. Maybe that would keep her from getting pregnant.” I kept saying, “Ed, I really don’t think anything you or I do in the office will keep her from getting pregnant.” I kept saying, “Ed, I really don’t think anything you or I do in the office will keep her from getting pregnant. You yourself got to do something about it.” Well anyway, when this happened, I thought, “Well, okay, how does one go about creating a new federal program? How much money would we need, and rationally how would you go about it? How would you organize it? What kind of administrative structure would you need to have? and so on.” So I hired her, actually, to do a position paper looking at how other people had done it. She then, you know, did some research and wrote a report, looking at the experience of various agencies and so on. Originally her proposal was for an agency that would deal with both the services and research on fertility and contraception, which was growing rapidly at NIH [National Institutes of Health]. And when the legislation passed, it was in fact the vision that it embodied. But
administratively, NIH suddenly reared its head and objected strenuously to the linking of services and research. So the research provisions were never implemented. On the basis of the recommendations formulated by our office, Senator Tydings gave the go-ahead and said, “Okay, draft something.” I mean it was that simple.

Sponsors then had to be found in the House. And by then I had hired a couple of lobbyists, who were really very good and inventive. One of the requisites for the chief Republican was that it had to be somebody who had a decent record on civil rights. We did not want any hint of coercion or excessive concern for saving welfare dollars. And Pierre du Pont of Delaware at that time was in Congress and met some of these requirements, and he was interested but he didn’t think he was going to run again. He was going to run for governor. And he pointed us toward George Bush. And George Bush was serving on the Ways and Means committee as a new congressman from Houston. And I don’t know if you know the layout in Congress, but this is one of the largest committees, so it’s like a big horseshoe. And George really literally had a chair with two feet off the end of the platform. But one day, Alan Guttmacher was testifying. I could see that he was asking questions and seemed very supportive. So I went to see him and I said, “You know, this is what we’re thinking of, and would you be interested in it?” And he said, “Yeah.” So he began to organize colleagues, do all the things that you do in terms of getting legislation, getting some cosponsors.

One thing which I thought was very important was to get the House black caucus absolutely on board on these issues, which nobody thought could be done because everybody—because of genocide issue brewing at the time. They were all men except Shirley Chisholm. I think she was there at that time. But those guys were just absolutely wonderful. I mean they all lined up. The entire black caucus signed on as cosponsors. So that meant that all Democrats didn’t have to worry about protecting their backs. And George Bush organized a lot of the Republicans. So we got more sponsors, more sponsors, more sponsors, getting close to half of the entire House membership, until the
leadership begins to think, “Oh gee, you know, they’re going to come with a discharge petition, so we have to do something.” So after support had been lined up in the Senate and the legislation had passed the Senate, we then ran into the McCormack problem. And that was another type of politics. I don’t know how familiar you are with politics or processes of legislation, but it’s always all of these moving coalitions of unlikely suspects. That’s the only way to get anything done in many cases.

SHARPLESS: Uh-huh. After Title X passed, then what were the steps in getting it—how closely did you work with the steps in getting it implemented?

ROSOFF: Oh yes, there we were again. The authorization passed. But the first thing the next year, there was no money appropriation. That was it, a financial stranglehold.

SHARPLESS: So you had to get the money in the budget.

ROSOFF: So we had to get the money in the budget.

SHARPLESS: Same process?

ROSOFF: Same process, pretty much. And when the money was in the budget, then there was a question of how to spend it. This is where our technical assistance group was essential, because if the money was appropriated and nobody asked for it, then it would be trouble. So there was work at the community level to try to develop all these umbrella agencies so the money could be absorbed while you were trying to get more money into the program. And that took us through ’72, I think it was. In that year, there were further amendments to the Social Security Act through Medicaid, to try to rectify some of the problems encountered earlier. And there were also new provisions to what is now Title XX of the Social Security Act, which is the social services counterpart to Medicaid, the thing that funds Meal on Wheels and Head Start, you know, and a lot of other things. Our strategy was essentially to “normalize” family planning services, to make them a respectable program that deals with women and men of reproductive age. And what’s more, that you had to provide to any eligible person who asked for it regardless of their
age, which was a big—as you can imagine, a big to-do. And then put some additional money in the social service part of the Social Security bill. That was in 1972.

Then in 1973 came the Supreme Court decision on abortion. At that point all hell broke loose, because it began to galvanize nationwide opposition, at that time very heavily dominated by the Catholic Church. It no longer is. It’s now, I think, a much more fundamentalist, Protestant, Bible-belt phenomenon with the Catholic Church doing its thing. But I don’t think it’s that important a factor anymore. In those days it was. The church viewed contraception, abortion, compulsory sterilization, cloning, and euthanasia as integrally linked. At the time it sounded to me bizarre: cloning! But if you allowed one—contraception—then all of the others would automatically follow. So abortion prompted a backlash on family planning and this, teamed up with the teenage issue, began to foster opposition in the middle and late seventies.

SHARPLESS: Why don’t we hold off on discussion of abortion until tomorrow and just—if I could ask you a couple of questions dealing with things that we’ve just touched on today. In looking, I notice there are some changes in reproductive technology that had to be approved by the FDA [Food and Drug Administration] and things like that. Did you work with the FDA in getting approval of things like that?

ROSOFF: Well, yes and no. FDA licenses and approves drugs and, to some degree, medical devices like IUDs [intrauterine devices].

SHARPLESS: Cervical caps.

ROSOFF: Cervical caps and things like this. Usually—well, the pill had been approved in 1960, and basically it began to take over the market. I mean middle-class women over thirty were still using diaphragms, but it was pretty much disappearing in the general and younger population. IUDs never made it big in this country, and immediately we were embroiled in a couple of scandals about coercion. There was a doctor in West Virginia who decided that there was a lot of interbreeding in West Virginia and those mountain people were all mentally retarded so that everybody who came to his clinic got an IUD,
period. And of course that eventually made news and Senator Kennedy, Ted Kennedy, had hearings on this. So that didn’t revive the genocide issue directly because his patients were whites. But it did. And there were a couple of other well-publicized instances. In the early seventies there were two black girls in Florida, one clearly mentally retarded, and the other one of the Relf sisters was probably borderline. They were like thirteen and fifteen. And one of them had gotten pregnant. And the mother obviously was terrified of it happening again so she took the kids to the clinic—it was an OEO clinic—and got the clinic to put in IUDs in both girls. And then the father discovered this and got really mad, went to the Southern Poverty Law Center in Atlanta, and filed a lawsuit against the federal government. And this was very distressing. They were black. They were thirteen and fifteen, you know. It’s clear that—I mean—they certainly had not given consent. Probably didn’t even understand. It wasn’t clear whether the mother completely understood. She knew she didn’t want her girls to get pregnant again. But that—so there were a bunch of little scandals here and there which fueled everybody’s suspicions of abuse. And every time there was a fight about FDA approval of other devices, the issue surfaced again. For example, pacemakers. It’s very hard to explain the technology of pacemakers to the public. Immediately IUDs and birth control devices would be trotted out because that’s sexy and more directly relevant to most people. So the newspapers would cover it. So even though there were not that many incidents, these incidents were extremely well publicized. Otherwise, there really wasn’t much doing with the FDA until more recently in the approval of RU-486.

And that’s where—but my experience with FDA is that they’re not awfully impressed or affected by public pressure. They are impressed by what Congress is going to do with their budget. So they’re very responsive to Congress, and indirectly that’s how public pressure comes in. But they tend to be doctors and scientists, and very often, certainly at least—I don’t like to generalize about doctors in general, but the ones in the ob-gyn field who serve as the advisory council tend to be somewhat impervious to
political considerations. They think it’s a great scientific advance, fine. They don’t really care about anything else. Yes, women should have it. Whether the women want it or whether they don’t want it is another issue. Sometimes they can be terribly wrong, because they didn’t anticipate aftereffects and so on. But anyway, because they are fairly insensitive to political considerations, they probably don’t see what somebody like me would see as, “Ooh, this is going to be trouble.” They tend not to see it, or at least not until it hits them in the face. And then they say, “Oh. How could people be so ignorant?”

SHARPLESS: Well, we’re just about at the end of our time for today so why don’t we stop and we’ll pick up tomorrow.

ROSOFF: Okay. That’s fine.

SHARPLESS: Thank you so much.

(End of interview)
REBECCA SHARPLESS:  Today is July 21, 2001. My name is Rebecca Sharpless. This is the second oral history interview with Jeannie Rosoff. The interview is taking place in Ms. Rosoff’s home at 4437 MacArthur Boulevard in Washington, D.C. It is sponsored by the American Public Health Association in conjunction with the Baylor University Institute for Oral History. Thanks for having me out again.

JEANNIE ROSOFF:  Yeah, a pleasure.

SHARPLESS:  Had a great time yesterday.

ROSOFF:  Good.

SHARPLESS:  When we stopped yesterday, we were leading up to the time when Roe v. Wade was passed, and you said everything changed dramatically at that point. Let me start us off today by just asking, how closely had you been following the developments of Roe v. Wade and Doe v. Bolton?

ROSOFF:  Again, I will say that we had—certainly the AGI [Alan Guttmacher Institute] Washington office had—for a couple of reasons. We were looking at legislation not only in the Congress but at the state level, and still do. We had a commercial retrieving system of all legislation tracking what bills were introduced, passed, and so on. And we also
were beginning to look at court decisions. So starting in 1967 when Colorado was the first state to change its abortion law, we kept an eye on the pot. We were also aware of the case that preceded *Roe v. Wade* and affected the District of Columbia, the Vuitch case. And that was, I think, a year, maybe two years, before the national situation. It was pretty clear where the Supreme Court was going. As a matter of fact it was, to me, so clear where the Court was going that I hired somebody in November 1972 on the assumption that the Court was going to make a landmark decision in January. The notion was that—whatever the outcome of the decision—and I certainly didn’t think it would be as broad as it was—but we expected that, one way or the other, there eventually was going to be a big backlash and probably a lot of litigation and that we needed to follow this up. So we—in 1972, I hired this person, who is now the director of the overall publication program, to publish a separate little journal which would report on laws and court decisions. Because at that time even the ACLU [American Civil Liberties Union] was not substantially involved. I mean this was really kind of developing, not spontaneously, but case by case. An attorney would be interested in something. There was no national organization. Colorado did its thing. New York did its thing. And the Georgia case developed because of Sarah Weddington and her interests, and so on. So my assumption was that somebody would need to kind of track those trends as they built upon each other. And so starting—I think the first issue of the publication was a month before the Supreme Court decision. It was called—I don’t remember—*The Law and Population Reporter*. And we published it for about—at the most ten years. By then the ACLU was actively involved and kept a docket of court cases, and so were others.

But in another sense, we certainly weren’t prepared. I certainly wasn’t prepared for the breadth of the decision. I thought it would be narrower than what it was. The first Congressional reaction came not so much on the principle of the decision but on the fact that mostly Republicans in Congress thought that the Court had no business interfering with what had traditionally been the purview of the states. So the first constitutional
amendments that would reverse the decision were to return the jurisdiction on abortion to the state courts. And then that changed very rapidly. And then, you know, in the first discussion we had, I talked about how much activity on a lot of fronts was occurring in the late 1960s. It wasn’t as spectacular as later on, but there were some really profound changes occurring. The whole environmental movement—the first Earth Day was 1968. But it didn’t stop. It grew. The family planning movement didn’t stop. The number of clinics grew. The number of patients grew. The number of providers grew. In the abortion field there suddenly was a proliferation of organizations. Certainly some of them had been—like NARAL [National Association for the Repeal of Abortion Laws] had been miniscule and then became much larger. Abortion providers began to organize themselves as well, since there was no organization of abortion providers. And then the women’s movement, which really had not been involved in the fight over family planning because family planning was not a middle-class issue—middle-class women had access to family planning services. So it really was a question of poor women, and I hate to say, nobody seemed to care that much. And also because Congress was very different at that time, in many ways much less democratic with a small d, the whole family planning and population movements, of course, international and domestic, were very much an elite thing. I could call John D. Rockefeller and ask him to go speak to Senator Fulbright. General Draper had his coterie of friends in high places. I mean, you had a lot of people at that level. But you didn’t have any troops, both because the logical troops were really not particularly involved or interested. NOW [National Organization for Women] was going through a big period of turmoil over the whole question of lesbian rights and other issues. And the environmental movement was never really interested in service provision anyway.

But the abortion decision was different, and so there was not only a growing women’s movement but it became very international. And the first United Nations women’s conference—the international women’s conference was in 1975 in Mexico.
City. And then those issues became mainline issues for these organizations because abortion was a middle-class issue. Most women with some wealth probably could get an abortion, maybe even a safe one, by then. But it was humiliating, and it was traumatic. So you suddenly had lots of new organizations or the same organizations which became much more powerful. And as I’m sure you know, there’s nothing like adversity to be able to raise money. So money was flowing. And foundations were interested. The original ones, which had been Ford and Rockefeller, were joined by a bunch of others. So there were private contributions. There was foundation money. Service programs were proliferating. The broad-based movement came to be known as reproductive rights, which didn’t exist as a concept, much less as a name or a title. Because there was a lot of litigation, there is now a field of reproductive health law. And this was all new, really.

And concurrent with these trends was the whole development of grassroots politics, and particularly in the eighties with advent of electronic communications. And everybody on both sides of these issues began to organize and use mass mailings, mass letters, telephones bees, and so on. So it totally changed the picture. It certainly forced, for example, AGI into different areas of activities. We had begun the monitoring of laws and the court decisions. We also really began to do much more research, because the period of passing laws and establishing services was kind of almost ending. And we began to see policy issues certainly around abortion, but around minors, around voluntary sterilization. Since there was now such a broad audience, it wasn’t a question of encouraging a phone call anymore between two elderly gentlemen with power and saying, “Why don’t you put the $x million in the AID money for family planning?” You needed facts, and you needed information. You needed access to newspapers, and so on. So one of the things we did in 1974 right after the Supreme Court decision was to create a system to try to count the number of abortions and the number of women affected in the United States. CDC [Centers for Disease Control] had its own system starting, I think, in 1969. But it was dependent on state reporting, as they’re not allowed by law to do
otherwise. But we knew that this system would be likely to be inadequate because the state systems were themselves inadequate.

SHARPLESS: It would be grossly underreported.

ROSOFF: Yeah, yeah, well, because it means that doctors have to report to the state voluntarily. And there was very little reason for them to do that. And it also means that state bureaucracies were not anxious for the responsibility. So we established a parallel system, which—originally we surveyed the whole country every year—now done every two or three years—in which we would go directly to anybody who was known through local “intelligence” to provide abortions in the country. And it’s interesting how good the local intelligence can be. Everybody really knows everybody. Maybe not private doctors, but it turned out that private doctors basically didn’t do abortions. Obviously for them to provide information, they had to trust you, as you can well imagine, and they had to be sure that we would protect their identities. We asked them how many abortions they performed, what kind, at what cost, and what method and characteristics of patients. And then we worked very closely with CDC to marry those statistics. So we use some of their data and they use some of ours and they generally acknowledge that we probably can count 15 percent more patients. And they even admitted that to Congress. So beyond trying to find all sorts of information from other researchers in the field, we began to develop studies of our own. Before that, we basically tried to publish what we could find that would seem to be influential for policy. But—

SHARPLESS: Were you hiring statisticians or demographers, or—

ROSOFF: Yeah, well, we now have eight demographers on staff and a fairly strong research department. And we tried not to—not only did we try not to duplicate, but a lot of university-based research doesn’t really go to policy issues, or it doesn’t go to any kind of conclusion. The typical conclusion is, We need more research. Also, very often it’s not fast enough to provide light on an issue that’s brewing politically. We began to do much more research questions that we thought needed to be answered by somebody and
by default, by us. Abortion was an issue nobody wanted much to touch. So we still had the whole field to ourselves. So that moved us, you know, more in that direction, and more into publishing and more into public relations and public education.

Nevertheless, we continued to be involved at the provider level. We helped facilitate the creation of a national association of family planning providers, which still exists, National Family Planning and Reproductive Health Association, which represents family planning providers, both publicly funded and privately funded. The first six or seven years they didn’t have any money so actually the one activity they had was to have an annual meeting in Washington with the usual substantive panels and so on. But we would assign one of our staff members each year for three months then help put it together. Finally they got a small grant and they were able to hire an executive director. And I was on the search committee.

Then the other organization was the National Abortion Federation, which we were involved in. This had started as two separate efforts. The not-for-profit providers, including Planned Parenthood, had decided to organize, and the for-profit providers had decided to organize separately. Frankly, there wasn’t much difference in the way that they did their business. And it seemed foolish and wasteful to have these two organizations. So Frances Kissling, now executive director of Catholics for a Free Choice, and I sort of acted as the mother hens that got these folks together. And they merged, and we both were very involved for quite a while. There wasn’t as much turmoil, if you will, as there had been in the sixties. But there was a lot of movement in a really very different direction in terms of more media coverage, more attention, more open discussion, more organizations competing for funds and competing for the limelight. Which eventually moved Planned Parenthood, which—the great thing about Planned Parenthood is when it moves it’s a little bit like the Red Cross—sort of rumbles on. But it is very slow to get started. It has a tendency to be conservative. But when it
gets going, it’s a big organization and very wealthy and influential. And then things really move!

So now the main issues at that time—I mean on the abortion track—there were two parallel tracks. One was a pursuit of a constitutional amendment that changed quickly from a state’s right kind of approach to a right-to-life approach. The other controversy was over the public funding of abortion for poor women and other state beneficiaries.

SHARPLESS: Constitutional amendment forbidding abortion?

ROSOFF: For forbidding abortion, declaring that human life begins the moment of fertilization. And there were very extensive Congressional hearings and four cardinals appearing in opposition and also some religious groups. And there were repeated votes but falling far short of a required two-thirds vote. The last was ’83, when the conservative movement in the Republican Party had grown substantially and abortion had become a big conservative issue. And really, if there was a chance to get a constitutional amendment, it was the first couple of years of the Reagan administration. But that failed again. By then, nobody said it openly, but the opposition quietly folded their tents on this issue. It was clear that there isn’t much sense in going on.

SHARPLESS: Uh-huh, wasn’t going to happen.

ROSOFF: The other track—

SHARPLESS: How much did you work against that?

ROSOFF: Oh, we—as I said, we were still the Washington office of Planned Parenthood. Planned Parenthood still didn’t have a Washington office until 1980. So we were still essentially their representatives. At that point, AGI had become independent of Planned Parenthood in 1977. We were doing it under a sort of contractual basis like you would hire a law firm but one committed to the same goals. So we were very involved. And we were also in possession of the statistics, which made us central to a lot of this, because we were a service to the other organizations in terms of their public relations and
propaganda or whatever. As a matter of fact, the right-to-life people also used our statistics all the time, and still do.

SHARPLESS: That’s a vote of confidence in your statistics.

ROSOFF: That’s right. For some reasons, they didn’t like CDC. They thought AGI was much more honest, which I thought was very funny. Maybe this is part of their distrust of the federal government. They couldn’t understand why we were always reporting high numbers. And it’s interesting because our notion was we wanted to document that abortion was not a rare thing. This is something that happened to lots and lots of people and not only the degenerate or the ignorant and so on, but that it happened to nice people. And because they think it’s so terrible, they think that one would not want to admit it. The shame would be too great. So I remember a couple of editorials saying, “What is AGI up to? Why are they doing this? I mean this is pretty stupid on their part to report that many abortions.” Because they really couldn’t understand our mindset.

But there were also problems with the sympathizers. We did this study of why women have abortions. Everybody tried to stop us—I mean NARAL, Planned Parenthood, and so on. We kept saying, Look, if there’s 1.6 million abortions—this was the number at that time—1.6 million abortions, it can’t all be for rape and incest. It can’t be for fetal deformity. And don’t you think the public knows that? And we published the study, which shows, as you wouldn’t be surprised, that women said they didn’t think they wanted to marry the father and they didn’t think it was fair to bring the child into the world without a father. They would have to go on welfare. They didn’t want to do that. They wanted to finish their education. They had family responsibilities. And the only surprising—I mean to me—response is the very large number who said they didn’t want anybody to know that they had sex, which didn’t seem to me like a very good reason to have an abortion, but it was very interesting. And anyway, when that was published, everybody was very happy. The first reaction even from my own side was very defensive. Any information you provide on the subject is bound to boomerang or
something. So there was a lot of this anxiety. We published a small study, from New
York state, I think, in 1976, which seemed to show that there might be some adverse
effects of abortion on subsequent pregnancies, which turned out not to be true later on.
But we published it and prompted another hue and cry among the troops. And we kept
saying, “You know, nobody’s going to believe us if we don’t play it straight,”
particularly since we were still a part formally of Planned Parenthood. It was like a labor
union’s research department or the tobacco industry. Nobody believes you. So there was
a lot of this going on. Anyway, the constitutional amendment issue occupied ten years of
constant and complicated fighting and great effort at coalition building on both sides with
its own ups and downs. But by 1983, it was pretty much a closed chapter.

SHARPLESS: Why do you think it ultimately failed?

ROSOFF: I think public opinion really wasn’t with it. Public opinion hasn’t really
substantially changed since 1973. People know what abortion is, and they don’t like it.
On the other hand, they also know that unfortunate things happen. And so, there is that
kind of ambivalence. More and more women have had a legal abortion. There was more
and more public discussion. There also was discussion in international conferences for
the first time. It wasn’t only a U.S. issue but it was—

SHARPLESS: And of course the opinions vary—I mean, policies vary so much
worldwide.

ROSOFF: All the European countries except Malta and Ireland had liberalized abortion
laws and sometimes in successive waves making them more liberal than they had been
before. So that was that impetus. Japan had very liberal abortion laws. India legalized
abortion but never developed services much. So there was a body of experience,
particularly in England, which the United States tends to follow closely. The final vote
on a constitutional amendment was, I think, fifty to fifty in the Senate. But they
couldn’t—you couldn’t edge it over that, even in the Reagan administration. Even when
the whole—I’m using the word takeover, but I don’t mean that was a revolution or illegal
or anything like this. But the growing influence of the fundamentalist movement and the very conservative elements of the Republican party—which really began to occur in the late seventies and culminated in the Reagan election—if you couldn’t do it by then, you just couldn’t roll it over.

Now, the other fight was about money, as usual. The first thing was in 1974, and this is a pattern that followed was essentially attaching anti-abortion amendment to the AID family planning program, because that’s a giveaway. Nobody cares about foreign aid anyway. So it was a cheap vote. There’s no constituency. Nobody’s going to get mad at you. But there was a very active fight to—let me backtrack. When states legalized abortion like Colorado and New York, they automatically began to pay for abortion under their Medicaid program. So by the time the Supreme Court decision came in 1973, quite a number of states were paying for abortion. And they continued to pay for abortion, although there were attempts in Congress to stop them from doing it. And it eventually went to the Supreme Court, and in 1978, in McRae, the Supreme Court said, “No, you don’t have to. The federal government can do whatever it wants with its money. And it doesn’t—if it decides not to fund this, okay.” The fight has continued sporadically since. But again, you couldn’t mobilize people behind this issue. I mean, the women’s movement didn’t care that much. Nobody cared that much. However, we felt that it was issue of social justice. And whether it was likely to happen or not when—you know, you really should pitch in.

SHARPLESS: Uh-huh. Let me turn the tape.

ROSOFF: Yeah.

(tape 1 ends; tape 2 begins)

SHARPLESS: All right. This is the second tape with Jeannie Rosoff on July 21. We just had a little bit of a fluster here because the tape wasn’t working when I turned it over. So we’re going to try to reconstruct a little bit about what we were talking about when I noticed the equipment wasn’t working. And when we stopped and flipped the first tape,
you were talking about the fact that the funding for abortion for the poor women was not so much the middle-class women’s fight. And so what we talked about was, number one, why it wasn’t a middle-class issue and why it was AGI’s concern. So if you would be kind enough to repeat that.

ROSOFF: I don’t want to cast aspersions either on the women’s movement or middle-class women or middle-class anybody. Because I think organizations play different roles and have justifiably different agendas. And I think the aim of the women’s movement was not so much oriented to the provision of services to women, of any kind of services to women, but to questions of the status of women, the dignity of women, their ability to progress in jobs, not to be sexually harassed, not to be discriminated against because of sexual orientation. These are issues which are very important and supportive of the abortion issue in many ways. But, you know, it’s a different kind of thing. I think with AGI, for example, or the ACLU, with Catholics for a Free Choice, Planned Parenthood to a large degree, and a couple of organizations that kind of plugged—kept plugging this issue—but they tended to be organizations that had contacts with patients. And therefore they’ve seen human misery and they are motivated to try to do something about it. They are really not dealing with more abstract notions. And in that sense the participation of Planned Parenthood was very important, because they have a big network of patients and doctors and nurses and people who have this kind of experience. You asked about why—what it was with AGI and social justice. And I can’t say that we had big philosophical discussions about those things. I think it’s the way we kind of started out with essentially family planning services saying, “Everybody can use contraception in this country except poor women. We’ve got to do something about this.” Then other issues presented themselves. But the people who had the orientation to fight for equality of opportunity or social justice obviously had probably that personal orientation, but also we tended to hire people who also had that kind of orientation and to have also a board that was—tended to be very concerned with social issues, with equality, discrimination, civil rights, and so on.
So it was mutually reinforcing. I don’t think we ever sat down and passed resolutions and said, “We’re going to do this or we’re going to do that.” We had a—almost from our inception a sort of a rolling three-year plan which was—before it became fashionable to do those things—in which we did state some objectives, so that the board—everybody understood what we were doing. It wasn’t like the staff was running off and you know—hardwired to their personal preferences. So it was pretty clear, and the mission statement said very forthrightly, “These are the issues we will work on: equality of access to contraception, equality of access to abortion, equality of access to maternal and child health services.” There was more to the agenda than just contraception and abortion. And the same thing with the issue of teenagers, that we looked at teenagers as a group that might need special protection, in a sense, or special treatment. So that was another very large issue for AGI and has remained a very large issue, because it’s still not resolved.

SHARPLESS: How is that AGI was able to get out in front of the abortion issue when it took Planned Parenthood so long to turn their ship around?

ROSOFF: Well, it was one of the many things that created tension. The first thing that created tension—I hope I’m not repeating myself here—was the condition under which AGI was started, which I think the board of Planned Parenthood viewed as a sort of, to some degree, an insult.

SHARPLESS: Actually, I think that may be on the part of the tape that we lost. So maybe we should do that again.

ROSOFF: What happened was that foundations felt that there should be a group that was not directly involved with services, and not so self-interested anyway, to guide that period in the late sixties when publicly funded family planning services were being developed. But they didn’t want to create a new organization. So the Kellogg Foundation went to Planned Parenthood and said, “We’ll give you a million dollars as a challenge grant if you create within yourself something which has some independence
such as separate name, separate address, separate advisory bodies.” There could not be a separate board because legally the board of Planned Parenthood was controlling. Well, the Planned Parenthood board’s first reaction at a meeting in Cincinnati in 1968 was to turn down the money, but, after an all-night session, reversed itself. But if you say to somebody who has a strong sense of mission, “Maybe if you’re not objective enough,” it’s a little insulting, I think. And the board really felt uneasy about this from the outset. Then when AGI had a technical assistance division and we helped develop services in other agencies sometimes competitive with Planned Parenthood at the local level—even though we were extremely careful and we tried to be very tactful and so on—that was, again, a lot of tension. After the Supreme Court decision, we obviously began to involve ourself very openly in the abortion issue, and we were kind of ahead of the band. And occasionally some of the research we published—Planned Parenthood had never criticized after the fact, but when we were about to do it or doing it, they obviously were always worried that we were going to come up with something that would not be helpful to the cause.

SHARPLESS: Uh-huh. You mentioned a couple of those, I think, in the section that we lost.

ROSOFF: One of them was we published early on a little study from upstate New York, I think, that seemed to show that there might be some impact on future fertility for women who had abortions. And it was one of the first studies on the subject, and we felt that, if this was so, we had a public responsibility to publish it. Women have the right to know. It turned out that it was never supported by other research. There was later on—actually, I think, probably after the separation between the two organizations, we decided to do a national survey of the reasons why women gave to have abortions. And everybody, not only Planned Parenthood but other organizations, were afraid that the reasons would appear to be frivolous, that women had abortions like they went to the hairdresser. What we showed is what people experienced. They got pregnant
accidentally. They didn’t want to get married. They didn’t want the baby to be born without a father. They didn’t want to go on welfare. They wanted to finish school. You know, they had a lot of what most people would think were sensible reasons. The one oddity to me was the fact that one of the chief reasons they gave why they had an abortion was because they didn’t want anybody to know they had sex. I’m not awfully judgmental, but that didn’t seem to me like a very good reason. Most women gave three or four reasons. It was not even one reason; it was, “I’m in school and my father had a heart attack.”

But anyway, there were always these various things going on, little tensions between the organizations. And also, AGI was able to attract a lot of foundation money which Planned Parenthood could not because foundations don’t like to support services or ongoing activities. So eventually a new Planned Parenthood president came in who was a particularly combative person. Had been a bantam-weight boxer in his youth and had that kind of very aggressive personality and could see all this foundation money that he thought maybe he could put his hands on. And we kept saying, “You don’t understand.” The foundations—this is the way they think. And he insisted on kind of showdown, so AGI in 1977 incorporated separately. And it was a very short and very nasty divorce. And then everybody kissed and made up, and the president of Planned Parenthood who had tried to force an issue was fired. So the net result is that AGI kind of walked out, but not completely. And the instigator of the breakup was sent away. The terms of agreement of the separation, which was very complicated because we had several million dollars from grants that the foundation said they would take back if AGI was not independent—but Planned Parenthood had our pension rights, our health insurance, the furniture—all of the things—like in a divorce case, I mean you have all of these things that you have to work out, and it was very complicated. It was also a big face-saving issue. And the executive director of Planned Parenthood in New York City, whom I think I’ve mentioned before, Al Moran, had a brilliant suggestion. He essentially
proposed that AGI become a special affiliate of Planned Parenthood, although there hadn’t been any other before or since. So that kind of salvaged a lot of feelings. And then there were various terms: we would continue to run the Washington operation on Planned Parenthood’s behalf. We would not do certain kinds of fund-raising. There was a clause, originally, that said we couldn’t ask anybody for less than twenty thousand dollars, which eventually was deleted, but they were very much concerned about competition for funds at the time. So there were a lot of details to be worked out. And this was signed, I think, in July 1977. And Fred Jaffe, who had been the vice president for program development and the first director of what became AGI, became president. I became senior vice president of AGI but still director of Planned Parenthood’s Washington office—also AGI’s. I think the final legal steps were taking place at the end of ’77. And in August ’78 he had a heart attack literally in front of me and died. Right then. And so it was traumatic on many, many levels.

SHARPLESS: The two of you had worked together for many years.

ROSOFF: For many years and, you know, we got attached to each other. And it was also the terrible shock when somebody—we had just had lunch and then a person hops up and dies in front of your eyes an hour later. And it was also very difficult because Fred was something of a genius in many ways, but he was also not a terribly organized person, and he kept a lot of things in his head. And as a matter of fact, just a few days before, I had said to him, “You know, we have to stop acting like an old husband and wife where you make the money and I spend it. Really, I need to know more about what’s going on.” But I didn’t. And then the whole turmoil of the separation from Planned Parenthood was not over. So it was very difficult, very, very difficult period. But the next month I was selected to follow him.

But the relationship to Planned Parenthood has limped along all these years with little tensions here and there. Until about six months ago, when Planned Parenthood purchased its own building, we shared an office in Washington. And we still—our
Washington offices still not only work very cooperatively—I mean it’s to both our advantage. We have the advantage in Congress being viewed as much more objective, but they have the advantage of being able to call on a constituency. They can go to a member of Congress and say, “Joe, if you don’t do what we like, we’ll be after you in the next election.” We can’t and we wouldn’t want to do that.

SHARPLESS: They’re a household word.

ROSOFF: Yeah, yeah. So to the degree we can influence their course, then that’s fine with our mission and the degree they can use our research or they can use our status or whatever. It’s to their advantage. So it’s a strange combination, but it works reasonably well, I think.

SHARPLESS: When you became president, what did the rolling three-year plan look like at that point?

ROSOFF: I don’t remember, to tell you the truth. I really have to refresh my memory. It probably was not—the mission statement became—I think maybe the mission statement is more important, became broader over time. And I need to go back, at this point, to the relationship between the international and the domestic field. Because during the establishment of overseas family planning program and domestic family planning programs, AGI-cum-Planned Parenthood were really only the agents of the domestic program. And the Population Crisis Committee with General Draper was the standard-bearer for the international. And it isn’t that we didn’t support each other, but it was two different types of organizations and different philosophies. The attitude of the Population Crisis Committee, as the name indicated, was, “If we don’t have population control, the world is going to go in a hand basket.” We would have said, on the other hand, “There is injustice in the world. Why don’t we first try to see what people would like to do about having children if they could only do it?” So there was a different philosophical approach, although, over time, the two positions were to become closer. And then in the first part of the abortion debate, there was a very conscious decision which, I think, was a
correct decision with groups interested in international issues to stay away from the abortion issue as much as they could. Abortion was illegal in most of the countries they were helping anyway so there wasn’t going to make a big difference. But by the end of the late seventies, when the whole conservative phenomenon began to brew, opponents in Congress began to see the two movements as a sort of a two-headed monster. All of us seemed to be after the same thing whether they were talking about it or not. Probably the people who were supporting family planning programs overseas were likely to be in favor of legalizing abortion, which was not always true. But it is not a totally unfair criticism because, again, if you’re exposed to women who are trying not to get pregnant and they do get pregnant anyway, then they are likely to come back to you for help. And you’re likely to be reasonably sympathetic. So, by the late 1970s, it became clear that we couldn’t limit ourselves to the domestic issue anymore. In 1980 I actually went to Planned Parenthood and said, “I really think we should have a person on staff dealing specifically with international affairs. And if you want, we’ll go half and half on salary. And let’s get started.”

SHARPLESS: That was 1971?


SHARPLESS: Oh, okay.

ROSOFF: Yeah. It was just before Reagan was elected. And over time—

SHARPLESS: Because—the reason I was confused is because Planned Parenthood did have a relationship with AID before that.

ROSOFF: Yeah, Planned Parenthood nationally had a huge program called Family Planning International Assistance, FPIA, which they acquired in the early seventies. The AID had a large grant for the distribution of condoms and contraceptives. It was to a Protestant religious organization—maybe the Lutheran church, but I’m not sure. They were dissatisfied. But anyway, AID came to Planned Parenthood and said, “Why don’t we give you that grant?” And FPIA grew and grew and grew and grew. And even
though it corporately was strictly part of Planned Parenthood, it operated pretty separately. And FPIA was caught, too, in the same political changes that were occurring in the world. I mean Latin—countries in Latin America began to talk about legalizing abortion. And while they’re still far away from it, there was a big feminist movement developing, for example, in Brazil. There were lots of places where these issues were being discussed and where Planned Parenthood internationally could not be left out of the discussion. But I think the main impetus was really this relationship with Congress and the tendency of the opponents to go back and forth between domestic—usually start trying to place restriction on the international programs because it was easy and then extend them to the domestic ones, saying, “Well, we’re doing it to the women in Bangladesh. We’ve got to be consistent.” So it became more and more of a problem and I think the international organizations like the Population Crisis Committee finally realized that they just couldn’t—they couldn’t avoid the issue anymore. They might wish to hide, but nobody was allowing them to do that. So they could not avoid issues like services for teenagers. In the early eighties, we had something called, you may remember, the squeal rule, which was one of Reagan’s initiatives which would have required family planning clinics to notify parents by registered mail within twenty-four hours of their daughter’s visit at the family planning clinic. And there was a lot of pressure on AID not to fund any services at all to teenagers, period, even though AID was very circumspect and kept calling them young adults. And in the first year, I think, of the Reagan administration, the first budget that came out had actually wiped out the entire population appropriation in AID. It was quickly restored, however, when the facts became known. And you back off very quickly. The squeal rule was essentially resolved in the courts and the courts said, “No, you can’t do that. That’s not the way Congress wrote the legislation.” And Congress then amended Title X with an innocuous sentence that says parents should be advised whenever possible, or parental involvement should be encouraged or something like this, which was fine. So that passed and is still the law.
SHARPLESS: How hard did you work on that?

ROSOFF: Oh, very hard. We did—as a matter of fact, this is one of the studies we did very much on the spur of the moment. Because we again didn’t know what would teenagers do. I mean, would they tell their parents? Would they stop using contraception? What would happen? So I remember charging up to New York and saying, “I don’t know how you’re going to do it because that’s not my expertise. But we need to find out.” And we did this and published it fairly quickly. And that was very—it was quoted by the Supreme Court; it was quoted by everybody in the press. We repeated the study several years later with much better protocol and peer reviews to the kazoo and it really didn’t show anything very different, that most kids in fact did talk to their parents. But the ones who didn’t, were not about to do it. And so the question of what were they going to do tied to the abortion issue because if they got pregnant anyway, then they will have abortions and then that made them and the public very unhappy.

SHARPLESS: What do you think the emotional source of teenage—let me rephrase the question. Why do people get so upset about sexually active teenagers?

ROSOFF: I think people—if you ask people what they think even about premarital sex, the majority of the adults say they think it’s wrong. But virtually everybody by now have sex before marriage. There are very few virgins by the time women walk down in the white dress, you know, to the altar. People also say that divorce is bad but half of marriages end in divorce. And somehow then you project that on the younger kids. And there are hazards to sex in general and sex among teenagers, particularly very young teenagers. And parents tend to be very protective. This concern is not only from the right-wing fringe. The public is uneasy about these issues. And then in the late eighties and the nineties we’ve got into this whole business now with HIV. And the understanding—a better understanding of sexually transmitted diseases which—most people used to think that if you didn’t have syphilis or gonorrhea, you didn’t have sexually transmitted diseases. I don’t know if you remember the big herpes scare. We
now know how many sexually transmitted diseases there are and that huge numbers of people are infected. And very often the first infection is in the teens. So all these things fit together, so there’s been this big move towards abstinence anyway, which is also tied to a return to good old religion. And Nancy Reagan said, “Just say no.” These are difficult issues, and I don’t think it’s terribly helpful to immediately think that the other guys are bad or thoughtless. Eventually you have to decide, if there is a policy decision to be made, how you’re going to make it. And I’ve never found it difficult to do that. But I’m completely sympathetic to people who are troubled. These issues, I think, that continue to fester, are not easily resolved. And there are new crops of young people coming up all the time, so there are new crops of parents who are disturbed. I think on the abortion issue there is also much greater understanding and perception of fetal development. Therefore, with ultrasound and a lot of this information, people are more and more leery of particularly late abortion. Instead of saying, I don’t like late abortion, it is incumbent upon us to make sure that those abortions that take place are very early. The tendency is to say no to everything. So the net result is that you continued having late abortions, because you can’t get everybody to stop being upset long enough so that they could look at what one could do. So a lot of these controversies go on. And anyway the last big one, I suppose was the—after the squeal rule, was the gag rule.

SHAPRLESS: Uh-huh. Let me turn the tape.

(tape 2, side 1 ends; tape 2, side 2 begins)

SHAPRLESS: Okay, go ahead. The gag rule.

ROSOFF: Well, that is another one of these twenty-year issues. I mean the way it started out was at the—are you familiar with the schedule of population conferences and women’s conferences and so on?

SHAPRLESS: I am, but if you could go over them for people who will hear the tape in the future, it will be great.
ROSOFF: Well, the first UN population conference was in Bucharest in ’74. And at that time the only countries not to sign the declaration were China and the Vatican. And one of the fascinating sights there is at that time the clerics still walked around with, you know, with the little white collars and so on. And the Chinese were all walking around with Mao jackets. And they were all short, for some reason. I don’t know what, but they all would go in a cluster. And the Vatican would intone that this was immoral; the problem was all a question of poverty and income distribution. I think they’re right in many ways. But that has yet to be solved. And the Chinese would say, “The future is uniformly bright.” These were the slogans that they kept coming back to. But otherwise everybody was pretty much on board.

SHARPLESS: This is at a time when China’s population was just exploding.

ROSOFF: That’s right. I mean they came to rue their position later, but at that time this was frustrating but also really quite amusing. And the—one of the chief actors in that conference and even at the last conference in Cairo was the same Monsignor McHugh who had been the lobbyist for the church during the Title X fight and had been caught on vacation when the bill passed the Senate. But he was still around. He was actually—even by now he probably is no older than maybe sixty. Yeah, he had been one of these young leading lights in the church during the Title X fight. The chief proponent, really, of the conference, or the chief supporter, was the United States. I’m trying to remember who—the head of the delegation was Caspar Weinberger, then the secretary of HEW or whatever it was called at the time. But by 1984, during the Reagan administration, even though Caspar Weinberger was still around, the U.S. went to the second UN population conference in Mexico City and essentially said, “We don’t think there’s a population problem. Or if there is, it can take care of itself with economic development and free markets and so on.” Besides which, the U.S. representative, I mean leading the delegation was James Buckley, the brother of Bill Buckley of the conservative movement. He was both very conservative and one of these quite committed Catholics.
And he essentially said, “If you want me to head this delegation, I want the U.S. to make a promise that it will not fund anybody who has anything to do with abortion in any way, shape, or form or manner.” So coming back from the conference the administration then voted an executive order to the effect that—(telephone rings)

SHARPLESS: Please go ahead.

(pause in recording)

SHARPLESS: Okay, so Buckley had this idea of passing a policy that—

ROSOFF: —that would sever any kind of relationship, actual or potential, that family planning programs had with abortion, by essentially forbidding them to even provide information and counseling. And so after the conference Reagan issued an executive order essentially saying, if you get AID funds, you can’t talk about abortion even if you’re asked.

SHARPLESS: How does that work? I mean executive order, he just does it.

ROSOFF: Yeah, except it can be overridden by legislation, which, of course, was tried many times and did not succeed. There is a procedure in which there are usually sixty days for the Congress to react and then it can ask for an extension. Otherwise it automatically goes into effect. But the Congress has to act positively to undo it. So the first thing that happened is as soon as that executive order was sent out is that the U.S. government realized that it really was telling other countries where abortion was legal, that they couldn’t talk about it, even with their own money. So it was saying to the government of India, “If you have AID funds, we don’t care what your law is. We don’t care whether it’s only with your own money. We don’t care if it’s segregated funds. You just can’t talk about it, even if you’re asked.” So this was obviously untenable and the policy had to be revised to apply only to private organizations. Because there were constitutional issues in the United States raised by this policy in the U.S. There were a couple of lawsuits that were started to see whether the courts would stand for it. But the courts are very, very leery to intervene in international affairs. It’s really kind of viewed
as the president’s prerogative. Maybe he doesn’t know what he’s doing, but we have to give him the benefit of the doubt. So the courts are very conservative that way, and all the suits failed. What happened next, which is—interestingly enough goes back to AGI, is that because we had a grant from AID, which had come to us in the seventies asking us to publish *International Family Planning Perspectives*. AID’s communications review board, following the Mexico City policy, did a review of AGI and decided that we were talking occasionally about abortion and therefore we were trying to influence abortion policy, and we were ordered defunded. And this eventually involved Jesse Helms and members of Congress on both sides. A that point, we had to make decision of whether to fight this or not, and how to fight it. And—

SHARPLESS: What part of your funding would you lose?

ROSOFF: Well, we would have lost all the money for *International Family Planning Perspectives*, which we certainly could not finance on our own.

SHARPLESS: Okay, so you would have lost your publication arm.

ROSOFF: That’s right, yeah, which they had asked us to publish. And nobody had objected to anything we had done before. So we had to make decision and I called one foundation, the Mellon Foundation, and I said, “What do you think if we had to stop that?” They said, “You can’t stop it. You’re an international organization.” And I called the Hewlett Foundation, and they said, “Well, we don’t really care. You’re a domestic organization.” So we were—two foundations essentially saying—one saying I care, the other one saying I don’t. Eventually ACLU—the national ACLU agreed to take up the case and I lined up a law firm—a firm that represented AGI, which is a big Wall Street law firm, as pro-bono counsel. The Mellon Foundation then gave us the money to publish *Perspectives* while the case was winding through the courts but not later if we failed. It took about three years. And at the end, the decision was quite different from the previous decision about the gag rule. Essentially the court said that the government doesn’t have to have an interest in population. It can decide to spend its money
elsewhere. If it’s interested in population, it doesn’t have to have a research program. Again, it can decide what to do with its money. But if you have a research program, you cannot interfere in, essentially, the conclusions of the research or its publications. We were ordered re-funded for one year. And this was important enough that the—I’m trying to think who was—who were the chief actors. But I think the attorney general’s office was afraid that if AID refused to do so, we were going to appeal to the Supreme Court. There were a lot of other things brewing with universities like John Hopkins or Harvard that had a lot of money from the government, and the government was trying to influence their results or rights of publication and so on. So I think the attorney general was concerned that if it went to the Supreme Court it might very well set a precedent even though we were a little pipsqueak organization. So the attorney general went to AID and said, “Don’t appeal.” And we were restored the grant. And we still are funded year by year. But that was one of the little twists on, essentially, the gag rule. It did not affect what you can say to a patient but what you can publish. Members of Congress tried to overrule the international executive order, and they failed. Then the opponents decided, “Well, we have to be an equal opportunity employer here. If we told people overseas they can’t talk about abortion, we’ve got to tell the family planning clinics at home they can’t talk about abortion.” So there was an executive order imposing a domestic gag rule which occurred, I think, during the George Bush—no, I think it was the last year of the Reagan administration. And then the issue was tested in the courts; in fact, it went all the way to the Supreme Court. And the Supreme Court again surprisingly said, “No, you don’t have to—if you don’t want to talk about it, you don’t have to talk about it.” And there it remained for a year or so until Clinton came in and the first thing he did, obviously, was abolish both gag rules. Now we’re back eight years later to replay the same issue, although nobody has dared to suggest putting in a domestic gag rule again. I mean I think the opposition learned their lesson. So we’ve now still fighting an international gag rule. And that I think—you understand this has been going on since
1984. You get very weary of this stuff. It just goes on and on. And for the last number of years, every year it has been the last item to be finalized in the foreign assistance appropriations committee and usually at four o’clock in the morning. And the White House was heavily involved. I mean President Clinton threatened to veto if the gag rule was in the legislation. At one point Congress upheld the UN dues and said, “We’re not going to pay the UN dues until you accept this amendment.” Well, you know, the U.S. state has a big interest in paying its dues at the UN. So it got to really very hardball kind of games. This year the way it seems to be going, strangely enough, is that I see some shifts occurring in the house. All along the Senate has always said, “No, there should not be gag rules.” It’s always been the House. But this year for the first time I seem to see some movement in the House. So even though the White House is now on the other side of the issue again, it’s kind of hard to know how it’s all going to come out. Each year a small amount of progress has been made, even though it’s pretty miniscule. Of course, in the field, I don’t know how much difference it makes, except to feed hostility to U.S. high-handedness, because in countries where abortion is legal, then people find a way of going around the obstacle. Also, who knows what’s happening in Peru day to day? And the right-to-life people are saying that’s the reason you shouldn’t fund family planning programs, because you can’t audit all of this, which is correct. You probably can’t. So that kind of brings us up to where we are at this particular point.

SHARPLESS: How harmful was the domestic gag rule?

ROSOFF: Well, it was harmful, as is the international gag rule, in a sense that it occupies a huge amount of energy. You have to mobilize people. You have to explain to people. You have to reassure staff. You have to try to find ways that the patients won’t get hurt. And so instead of being able to think, “Well maybe—how do you get better lab tests? Or how do you do other things with your money and your time and so on?” You’re spending a tremendous amount of time, particularly now that there must be extensive grassroots organizing. People are spending a tremendous amount of time just fighting
these harassing techniques one after the other, one after the other. Our staff in Washington, at the end of each week, summarizes for all of our staff the Congressional developments. Well, you wouldn’t believe it. There are hostile amendments all over the place. Some of them very inventive. Most of it will not see fruition. But the reason you won’t see fruition is that you have spent so much energy fighting. On the more positive side, of course, it makes it easier to raise money. And as Republicans found in the Clinton administration, when you’re on the outs, you can raise money. I think what’s very wearying about all of this is because it’s so long and so prolonged.

And there’s always something new. For example, there’s another battle is also largely symbolic. I mean the late trimester abortion or the so-called partial birth abortion. The number of such procedures—and again, AGI did a study of this. The best we could find out there were probably four hundred abortions in the third trimester nationwide. There are four million births. It’s not hard for me to imagine that with four hundred women they probably were a fair amount of genetic abnormalities. There were women in automobile accidents. Any number of things can happen. But it fed a huge propaganda machine. It’s very anxiety provoking because you just don’t know whether this is really terribly serious or whether it’s the proverbial nose of the camel under the tent or whatever it is. And I think advocates tend to really see this as the beginning of the end somehow. So it’s really demoralizing in that sense that it continues and consumes a tremendous amount of time and energy. And I don’t know if you saw yesterday but there was a story in the [Washington] Post about condoms.

SHARPLESS: Uh-huh.

ROSOFF: Yeah, and that’s—I haven’t seen the report—

SHARPLESS: About the effectiveness of condoms?

ROSOFF: Yeah. I’m sure that the CDC really did not say what the newspaper account said. But it’s going to be used to claim, “You see, condoms don’t work. The only thing that works is abstinence. Everybody should practice abstinence.”
SHARPLESS: The article I read said that it was effective against HIV and another STD but it’s not effective against several other STDs.

ROSOFF: But there are contacts with the skin the condom will not protect you from. There’s also a fair amount of oral sex going on and that’s another issue which people don’t really want to discuss. But each of these issues is used in a major propaganda war. You really have to spend a tremendous amount of time and energy either proving or disproving the data or defeating the measures legislatively. And you can’t afford not to let go.

SHARPLESS: It’s energy that’s not being—would—have to do better services.

ROSOFF: Better services or even better public education or better anything. It doesn’t help anybody. I do think abstinence is in fact the only absolutely sure, proved contraceptive method. Except how realistic is it? Well, we know it’s not. So how you going to—do you let people die? Do you let them—because you want them to be perfect? But it’s philosophically consistent among particularly conservative Republicans namely, is that only punishment works. You’ve got to learn from making mistakes and take the full consequences. Tough, so you suffer. But any “coddling,” as they would put it, probably will create even more problems. Then you get George Bush trying to take the compassionate label from the Democrats, because he understands that the public really kind of thinks you should be a little nicer. You know, but it’s consistent philosophy. It’s consistent philosophy that says, “You better shape up or else.”

SHARPLESS: Take your lumps.

ROSOFF: Take your lumps. And this has a basis in reality. I mean, you can see what’s happening with the teenage birth rate, which is dwindling very rapidly. Suddenly parents and teenagers have figured out, “Gee whiz, this is a reality and I’d better do something about it.” Well, some of them abstain, but most of them really are using contraception and are using contraception as well as—better, in fact—than adults do. And to some
degree it took a number of kids taking their lumps, if you will, and parents being caught in the middle for everybody to kind of learn.

SHARPLESS: How important for AGI was the *Webster* decision?

ROSOFF: It was important for everybody. Corporately it was a little different for AGI. I would say we had a less alarmist position than most organizations of the likely direction of the Supreme Court. But once you say that, it implies that you’re not ready to fight to the death, which has never been our approach. You may not think that the threat is 100 percent, but if it is 20 percent, it is still worth fighting about and you should not even spend time, you know, measuring the odds. It’s just what you have to do. So I didn’t—I just didn’t think like that a constitutional amendment would pass even though we took ten years to defeat it. And God knows we were involved in ’70. I as a person was involved daily. But if you look at the experience of European countries, no country—the only countries that have repealed liberal laws were essentially Poland and Romania, where the law had been imposed by dictatorship. But none of the other countries have ever cut back on their abortion laws although there has been, certainly, in Britain, for example, a lot of agitation even now. But I think in the democratic societies I think it would be very difficult to undo liberalized abortion laws. But the United States is a case apart in the sense that it’s much larger, more diverse than most countries. It is much more religious than most countries. So I think the chances here were higher than they would be in Britain or France or Italy or Spain or Germany, or virtually any place in Europe or Japan. But I don’t think it’s likely to happen after twenty-five years. I really don’t.

SHARPLESS: Talk about RU-486 and AGI’s involvement with that discussion.

ROSOFF: Well, that’s another lengthy saga. When France legalized RU-486 and there was discussion of bringing it to the United States, we published whatever we could find. We also published a separate booklet publication trying to explain what it was, what it did, how it worked, and so on. So we followed this very closely. There wasn’t really any action possible because the license had been given to the Population Council of New
York, which is a purely international organization. And the council was—is—a pretty cautious organization. It just wasn’t clear what they were going to do with it. And there were endless negotiations back and forth with the manufacturer and essentially at one point the manufacturer said, “Look, this is so much trouble. I don’t want to come to the United States. I don’t want to be picketed. I don’t want to be harassed. You’re all crazy out there. Just leave me alone. We even don’t care. We’ll give you the right to license it. Just take it and go away. Goodbye. Thank you.” So most of these negotiations were really between the Population Council and the manufacturers. Planned Parenthood got involved in some of the discussions with that cast of characters. So did the Fund for the Feminist Majority and NOW. But nothing happened and nothing happened with FDA, because it wasn’t even before FDA. What we tried to do was to keep the information current and get as much data as we could. Finally it was tested in the United States when the Roussel-Uclaf Pharmaceutical Company essentially said to the Population Council, “Take it and goodbye.” After it was tested in the United States, then it went to FDA. At that point Congress got into the act and said to the FDA, “Oh no you don’t. Don’t you dare approve it.” It was one of these perennial reproductive health care issues where the House said, “Oh no you don’t,” and the Senate said, “Oh yes you do.” And at the end of that year nothing happened. I think this year is the fourth year we’ve gone through the same scenario.

There continue to be problems. First, nobody could find a manufacturer. And finally a manufacturer was found in China, which politically is not the best thing to happen. I don’t know that there was any choice because nobody else wanted to make it. In the meantime, of course, more and more countries have legalized mifepristone and I think just this month AGI published a review of all the countries which have approved it, which are now like twenty. But there are very practical problems which are very specific to the United States with this method. In Europe and all of the countries that have approved it, they have national health insurance system under which it is covered. In
most European countries, transportation is very good. You can get on your bicycle or
your subway or the bus, and distances are very short. You live in Nevada and you find a
provider, and you have to have three visits at intervals, it’s a pretty expensive
proposition, very demanding in terms of time. The notion that you go and take this stuff
and then sit in the doctor’s office for four hours until you bleed, I don’t know if your
doctor would want that to happen. Of course not. So it isn’t very practical in this
country. And I suspect that again I think it’s a battle which will have more—it’s a more
theoretical impact than a practical impact. In the end, the people who will administer
RU-486 will largely be abortion clinics. One, because there needs to be backup in case it
doesn’t work—which is not a big failure rate but it’s maybe 6 percent or something like
this. So you do need to have a backup. And there must be people who have the expertise
to do this. Finally, the method is not very suitable to the conditions of private medical
practice. Practically, the fight now is over regulations again about what restrictions
should be placed on it, who could administer it, and whether you need to have ultrasound.
And trying to place a lot of restrictions that would make it more difficult and more
expensive. The other thing is going to be the cost. It probably, I think, would be at least
as expensive, maybe more expensive, than a surgical abortion. So it’s—again, I think,
it’s a fight which is important, but it will not be the end of the visible abortion issue,
because everybody is not going to have a kindly doctor ready to administer this to you.
That’s just not going to happen.

SHARPLESS: Let me change the tapes.

(tape 2 ends; tape 3 begins)

SHARPLESS: Okay, this is the third tape with Jeannie Rosoff on July 21. Okay.

Anything else about RU-486?

ROSOFF: No. As you know, it’s not a battle which is yet ended. What AGI did beyond
trying to monitor this and then, to the degree it came up in Congress, obviously, to
provide data—we added a number of questions to our periodic national abortion surveys
to ask—I think two years ago we asked providers whether they knew of any doctors in their community that probably would be likely to use mifepristone. The Kaiser Foundation also did survey a sample of practitioners, asking them what they would do. In this year’s abortion survey AGI is asking, “Are you beginning to use it, and under what conditions, and how much do you charge for it, and how many of your patients accept it, and do you have any complications,” and all this kind of detail. I think the next step that is going to happen is the state legislatures are going to start banning it. So I think we’ll have another series of court battles percolating all the way to Supreme Court.

SHARPLESS: You mentioned national health care. How involved was AGI with the discussions in the early days of the Clinton administration on health?

ROSOFF: Very involved. Very, very involved.

SHARPLESS: Tell me about that.

ROSOFF: Well, we were involved with national health insurance issues. Back in the 1970s, when the issue once again was under consideration, we were acting on behalf of Planned Parenthood. And it was kind of a funny issue because the board members of Planned Parenthood certainly were in favor, of course, of family planning but many were not in favor of national health insurance. There were a lot of influential doctors around.

But I think that that testimony we presented to Congress was a basis many, many years later of our involvement during the Clinton administration renewed initiative. There were a lot of people on the board who thought it was at least socialistic and probably communistic. But our early testimony, in essence, what specifically it should do for reproductive health services. So when the Clinton administration came in, we were involved in a number of the task forces and private testimonies with members of Congress. We again published—as a matter of fact, I did a lot of writing on this, specifically of what should be the elements of the plan and why and what it should cover. And we also did a very large study in which we asked private health insurance plans what they covered, which showed basically that most—virtually all of them covered
sterilization. Most of them—I mean by a very large margin—covered abortion. Few of them covered contraception. Which is not—I know it doesn’t make any sense philosophically or practically. But if you look at it from the old concept of insurance, which was to protect you against unpredictable events—insurance did not generally cover preventive health services. But when the insurance systems began to change and in fact began to emphasize prevention, family planning wasn’t high on the agenda again. So you found this kind of situation in which sterilization and abortion, which are surgical procedures, were almost universally covered except for Catholic hospitals. I wouldn’t swear to the proportion but maybe 75 percent or 80 percent of the plans covered abortion. But when you got to contraception, either it did not at all—about half didn’t and the ones who did were really totally capricious as to what they would cover. And it made no more sense—it really—the way I remember reading the results of the surveys, it sounded to me like at one time they had a medical director who loved IUDs so they approved IUDs. And then in another plan they had a medical director who hated IUDs so you didn’t have IUDs. I mean it was—there was no rhyme or reason. And so we published this right in the middle of the debate. I went, hot-footed and testified in Congress. And within six weeks virtually all the plans which had been proposed by various members—the key plans—there were about six, not the Clinton plan, which really never became legislation but all major plans—all of them suddenly covered family planning services. It was really one of the most amazing turnabouts. I think people did think that there was no logic to this situation. It was in the New York Times. I testified. And it was done. It was really quite amazing.

And then we later on—and we published that too—we had an experiment with our own insurance company in which we tried—our insurance company was one that covered Planned Parenthood. And we found that, lo and behold, they didn’t provide full coverage of contraception, which was a little embarrassing. So we decided we would negotiate with the health plan. It’s one of the biggest in the country. And we said, “Well,
we’re willing to pay some more. It’s important to our employees.” Our board actually passed a resolution saying, “We want full coverage of contraceptives services and reproductive health services. And we want partner coverage.” Those were the two things that the board said, “Go get that.” So, well, the partner coverage was equally absurd, because it turned out the insurance companies would provide only for same-sex partner coverage. So we had an employee who had been in common-law marriage for eighteen years. She couldn’t be covered, but our gay men could be covered, which didn’t make very much sense either. But the insurance company then came back to us and gave us an absolutely extravagant price for contraceptive coverage. It was two hundred dollars a year or something like that. So we then hired an actuary to do the calculations for us and how much it was likely to increase the cost. And it was something like four dollars a year or some such. So we published that too, but of course the Clinton plan died.

However, one of the “children” of this particular study was the decision to try to go after a bill requiring insurance companies to cover family planning services, which again met with very mixed response from Planned Parenthood. Originally there was a feeling among some of the affiliates is that if women were insured, had insurance coverage for contraception, they probably wouldn’t utilize their services. They would go to their own doctor. Their rationale was that they didn’t think the doctors would do as good a job as they did. Which may have some merit but on the other hand it was—you know, I think it was kind of clutching reaction. But the initiative was attractive to a broader constituency because most had an investment in this. And so it was introduced in a number of state legislatures and passed fairly easily. I don’t remember how many have actually passed it by now. Then it was attached to the yearly Congressional appropriations for federal employees health services and passed handsomely. And of course this year the administration is fighting it because it is not a permanent authorization. This has been a very popular issue in Congress, and so I don’t know what’s going to happen now.
SHARPLESS: When did you first become aware of HIV?

ROSOFF: Probably fairly early on. We had a couple of key staff members who were gay and were quite open about it. The people infected were at that time mainly gay men. Eventually a lot of Planned Parenthood affiliates began to offer testing services to their clinic population, which was not particularly at risk. I mean, the young women who had a one-night stand and feel guilty and rush to the clinic to want a test. And unfortunately even now, most clinics don’t see many drug users or homeless women or other high-risk patients. We probably did not really do very much except the last few years, and then it is mostly in the international program where we published a fair amount on the issues and done a couple studies in Africa and a couple of big ones pending. In this country I don’t think we’ve done very much. The populations most likely to be affected, unfortunately, are sort of out of reach. Clinics don’t see men, very few men. And drug users themselves are not too likely to be consistent clients.

SHARPLESS: Well, what else have I not asked about that we need to talk about? We haven’t talked about sterilization.

ROSOFF: Sterilization was a really hot issue in the 1970s. We talked a little bit yesterday about, you know, the IUDs and the—

SHARPLESS: —the genocide.

ROSOFF:—the genocide, the Relf sisters in Florida. But I think there was in the midseventies this concern about coercion. And you saw the stories about compulsory IUD introduction. And the fact that—I’ll give you an example because maybe it’s more illustrative. We found that there were doctors—it happened that they were all in the South but I’m not saying that it was limited to South—who essentially said to women who didn’t have insurance, “Sure, I’ll deliver your baby but you got to promise to be sterilized.” And that I think was not truly an uncommon practice. And there’s a lot of these things began to dribble to the surface. So there was a lot of concern about informed
consent. And there was a lot of concern about informed consent in general, which had not been a big issue before.

SHARPLESS: Yeah, well, that’s a good thing to be concerned about.

ROSOFF: Yeah, yeah. So that created again a lot of tension with providers because they essentially felt that—a lot of them were very proud of the fact that they provided sterilization services. And I remember hearing—being at meetings in which people would say very proudly, “Well, last year we did five thousand sterilizations. This year we did seven.” And they were—they thought they had expanded services; they were doing a good deed. But somebody else listening to that had kind of the impression that you were sort of dragging patients off the street and “fixing” them. I remember being in a meeting called by the National Council of Churches in which there were a number of Indian tribes represented, and certainly a lot of other minority organizations, and all of them really raving and ranting on this subject. It wasn’t against—that they were against sterilization, but they were always—and probably rightly so—was suspicious of the big institutions in society. You know how a certain portion of the black community reacted to HIV/AIDS. Many thought that was a plot by whites to eradicate the black races. So you could see how people would look at sterilization, even though they themselves might wish to be sterilized.

One of the interesting things in this whole debate is that black women are much more likely to be sterilized quite young than white women. And I don’t think that has anything to do with compulsion. It has to do with the fact that they had their first kid at sixteen, the second one at eighteen; they have three kids by the time they’re twenty-one. They say, “Please count me out. I want out of this.” So that you see fairly shocking figures of twenty-five-year-old women who are sterilized. On one hand you could say to yourself, “One, it was their decision, and two, maybe it was the best thing they could do.” There is another side to this which says, “Well, shouldn’t people be able to preserve their capacity to change their minds, change what happens in their lives later on? Who am I to
interfere and tell them to wait?” Again, I think it’s one of these complicated issues. The way it finally came out in the 1970s is that, with federal money, you not only have to have informed consent and it had to be documented in all of the appropriate ways, but you have to request a sterilization thirty days before you can get it. Well, that, again, had side effects which were not completely anticipated because a lot of women wanted to be sterilized after childbirth. And even if they haven’t decided this before the birth, or they haven’t had prenatal care or haven’t been in contact or they don’t even know because they don’t read the Federal Register that that’s what they have to do, then they may have to have two surgical operations rather than one. So you know, it’s again one of those things in which you do good, but there may be an undesirable fallout.

It’s also complicated by the fact that such a large portion of maternity care in the United States is provided by Catholic hospitals. And that’s a very honorable part of their tradition, but they won’t provide sterilizations. That really means that the women who go to these institutions really have to have two procedures and really be savvy about, as I said, the ways of the Federal Register. Now, the thing which is interesting about Catholic institutions is that in the seventies I suspect that many of them did do sterilization. But Rome really cracked down on this and there were really very stern messages emanating from the Vatican: “You absolutely can’t do it.” And that has percolated into another line of policy problems. As the need for hospital beds has declined and the use of very expensive technology has increased, hospitals have found that they don’t need all that bed capacity and if they want to buy very expensive equipment it would be better to have a larger pool of users. So in many communities, Catholic hospitals and local hospitals have merged. And the Catholic hospitals’ condition for the merger has been that you can’t provide abortion, and you can’t provide sterilization. You can’t provide in vitro fertilization, and you can’t do a whole series of things, including family planning services. In some communities everybody, including the Catholic institutions, were ingenuous enough to figure out a way of satisfying everybody. Like saying, “I won’t do
it at Georgetown but I’m an affiliated with George Washington so you can go there.” But in other places, either the community was too small so that there aren’t really that many outlets, or the Catholic institution was absolutely adamant, or the other institution didn’t care very much. So there’s been kind of a squeeze in services. How it has played out in people’s lives, I don’t think anybody knows. And we haven’t been able to document it. I mean, we’ve looked at it. We keep following it, because that’s a very important trend. And again, I don’t know if you’ve seen in the papers that there is now a debate about another executive order of Clinton’s which this administration wants to repeal, which has to do with the obligations of various hospitals. One provision which AGI proposed and is in that executive order, is that you can refuse to provide those services, but you should let people know that who are providing those services and where else they can go. Well, that creates a lot of problem for the Catholic institutions, because they want as many insured patients as possible and they’re not going to tell them up front that, “No, we won’t do this for you. We won’t do that for you. But there are other people who would.” We think a fair compromise says, “Okay, to each his own but at least you got to let people know.” It obviously doesn’t quite satisfy these institutions so the administration now is considering repealing that part of the executive order.

What’s fascinating about all this is if you take one small thing such as—even leave out abortion and sterilization and more complicated issues—one small thing like providing contraception to the entire population—it involves dilemmas of all sorts, conflicts of all sorts, commercial interests of all sorts, you know, private interests of all sorts. You can see the multiplicity of issues and it’s almost nothing you touch that doesn’t have a problem attached to it.

SHARPLESS: What else do we need to talk about?

ROSOFF: I don’t know. (laughter) I think I’ve had it.

SHARPLESS: If you could remember just a few more minutes, let me ask you, when you look back over your time with AGI—you’ve been retired—
ROSOFF: —a year.

SHARPLESS: —a year—what are you proudest of?

ROSOFF: I think my ability to change with the times very quickly. Because I think we started out—certainly I started out with this very—in fact, in retrospect, stupid, to pardon the expression—simplistic thought. I thought, “My god, women with money and a private doctor will get diaphragms or pills; poor women can’t get it.” Okay, so I spend two years of my life to be sure that changed and then was ready to move on. I was interested in housing, for example, and I was worried about the housing supply. When I look at it now, I realize how simplistic my views were. There is now a field of reproductive health and reproductive rights in which AGI played a major role because we were not a single-minded organization just about abortion or about population or about even birth control. These issues have become of international importance. They’re discussed at international meetings. There’s a fair amount of consensus internationally even with the more conservative countries. Even the Muslim countries endorse a lot of the same principles, at least in theory. It has been very good and professionally very satisfying. It has always been interesting because the field changes all the time.

Changing is also the hardest thing to do because we don’t like to be nudged out of our comfortable assumptions. People tend to want to keep repeating what they’ve done before to assume the same sets of “enemies.” You really have to keep pushing all the time and saying, “It’s okay. We can stop worrying about this because somebody else is taking care of it. Let’s slough this off and somebody will do it and probably will do it better and at greater depth. Our role is to charge ahead. We must move on.”

SHARPLESS:Anything else?

ROSOFF: No, that’s it.

SHARPLESS: Okay, thanks so much.

ROSOFF: You’re welcome.

(end of interview)
Index

abortion
  class issues and, 40-41, 48-49
  conflation with birth control, 27, 54
  funding for, 47
  international laws governing, 46, 65
  legislation involving, 38-39
  opposition to, 44, 46-47, 63-65
    gag rule. See separate entry
    international programs, 55
    squeal rule. See separate entry
  partial birth abortions, 63
  reasons for, 45, 50-51. See also
    mifepristone
Agency for International Development (AID), 21, 47, 54-55, 59
Alan Guttmacher Institute (AGI)
  domestic family planning work, 53
  Family Planning Perspectives, 25
  flexibility, 75
  foundation funding, 51
  International Family Planning Perspectives, 25, 60
  international interests, 54
Law and Population Reporter, 39
  national health care, 68-70
  response to abortion law changes, 39-40
  research on abortion, 41-43, 44-46, 50-51
  mifepristone, 67-68
  squeal rule, 56
  separation from Planned Parenthood Federation, 24, 49-53
  social justice concerns, 48-49. See also
    Planned Parenthood Federation
American Civil Liberties Union (ACLU), 39, 60

birth control
  abortion, conflation with, 27
  African Americans and, 12-13, 33, 72-74
  class issues and, 7, 17-18, 40
  coercion and, 26, 36, 71-72
  environmentalists and, 31-32
  feminists and, 21
  genocide, accusations of, 12-13
  health insurance and, 68-70
  International aspects, 19, 20-21, 53
  Medicaid and, 26
  opposition to, 26-27
  sterilization, 71-73
  technical assistance for local services, 23-24
Brown v. Board of Education of Topeka, 4
Buckley, James, 58-59
Bush, George H. W., 29, 33

Catholic Church. See Roman Catholic Church
Center for Family Planning Program Development. See Alan Guttmacher Institute
Centers for Disease Control (CDC), 41-42
Civil Rights movement. See Durham, North Carolina
Collins, Byron, 30
contraceptive technology, 35

Draper, William H. “Bill,” 19-20, 29
Dumpson, James “Jim,” 7, 10, 16-17
Durham, North Carolina, community activism in, 2-5

Eisenhower, Dwight D., 19
environmental movement, 31-32

family planning. See birth control
Family Planning International Assistance. See Planned Parenthood Federation: same entry
Family Planning Perspectives. See Alan Guttmacher Institute: same entry
feminist movement and family planning, 21
Food and Drug Administration (FDA), 35-37
Ford Foundation, 23, 41
Fund for the Feminist Majority, 66
gag rule, 57-63
genocide issues. See birth control: same entry
Griswold v. Connecticut, 26
Gruening, Ernest, 30-31
Guttmacher, Alan, 7, 9, 20

Harris v. McRae, 47
Hewlett Foundation, 60
Human Immunodeficiency Virus (HIV), 71

International Family Planning Perspectives. See Alan Guttmacher Institute: same entry

Jaffe, Fred, 8-9, 19, 28, 52
Japan, 19
John XXIII, 13, 14

Kaiser Foundation, 68
Kellogg Foundation, 49-50
Kissling, Frances, 43

McCormack, John, 29, 30, 34
McHugh, James “Jim,” 29, 58
maternal and child health, 25-26, 27
Medicaid, 26, 27, 28-29, 34
Mellon Foundation, 60
mifepristone, 65-68
Moran, Alfred “Al,” 11, 28, 51

National Abortion Federation, 43
National Association for the Repeal of Abortion Laws (NARAL), 40
National Family Planning and Reproductive Health Association, 43
national health care, U.S., 68-70

National Institutes of Health (NIH), 32-33
National Organization for Women (NOW), 40, 66
New York, New York
Congressional elections, 5
housing in, 5, 6
reproductive health policies, 7, 9
settlement houses, 6-7
New York, State of, reproductive health policy, 7-8, 14-16
Nixon, Richard M., 25

Office of Economic Opportunity (OEO), 22, 24, 28
O’Mara, Andrew, 29-30

Paul VI, 14
Planned Parenthood Federation, 43-44, 66
Alan Guttmacher Institute. See separate entry
and African Americans, 13
assistance to local agencies, 22-23
clinical focus, 11-12
Family Planning International Assistance, 54-55
foundation funding, 23, 24
separation of Alan Guttmacher Institute from, 24, 49-53
technical assistance for local services, 23-24
Washington office, 20
Planned Parenthood New York City, 7
divisions in, 10-12, 17-19
poor women, discrimination against, 7, 40-41, 48-49
Population Action International, 19, 53
Population Council of New York, 66
Population Crisis Committee. See Population Action International
Public Health Services Act. See Title X
reproductive health policy
  City of New York, 7, 9-10
  State of New York, 7-8, 14-16
See also mifepristone; national health care; Office of Economic Opportunity; Title X; U.S. government: opposition to abortion
Rockefeller Foundation, 41
Roe v. Wade, 35, 39-41
Roman Catholic Church, 8, 12
dissension over family planning, 13-14
opposition to abortion, 35
opposition to sterilization, 73-74
Rosoff, Jeannie Isabelle
  Alan Guttmacher Institute, employment
  Title X lobbying, 29-30. See also Alan Guttmacher Institute
birth, 1
Catholicism, 14
community activism
  Durham, North Carolina, 2-5
  New York, 5-7
immigration to U.S., 1-2
labor union activity, 4-5
move to Washington, 21
Planned Parenthood employment, 7
  merger of New York chapters, 17-19
  New York legislative lobbying, 7-8, 10-11, 14-16
  Washington office, director of appointment as, 20
RU-486. See mifepristone
squeal rule, 55-56
sterilization. See birth control: same entry
Suenens, Leon-Joseph Cardinal, 13
teenage sexual activity, 27, 56-57, 64-65
Title X of the Public Health Services Act, 55
  implementation, 34-35
  passage, 27-34
Tydings, Joseph “Joe,” 29, 31, 33
United Nations international women’s conference, Mexico City, 1975, 40-41
United Nations World Population Conference, Bucharest, 1974, 58
United Nations World Population Conference, Mexico City, 1984, 58-59
United States Constitution, possible amendment to, 44
United States government
  Agency for International Development. See separate entry
  Centers for Disease Control. See separate entry
  Department of Health, Education and Welfare. See maternal and child health
  Department of Health and Human Services, maternal and child health. See maternal and child health
  Food and Drug Administration. See separate entry
  Medicaid. See separate entry
  Office of Economic Opportunity. See separate entry
  opposition to abortion, 47, 56-63
  position on international population control, 58-59
  Public Health Services Act. See Title X
  Social Security Act. See separate entry
  War on Poverty. See separate entry
U.S. House of Representatives, 29-30, 33
  black caucus, 33-34
U.S. Senate, 30-31, 34
U.S. Supreme Court, 4, 26, 35, 39-41, 47, 65
*United States v. Vuitch*, 39

Vuitch decision. *See United States v. Vuitch*

Wagner, Robert F., 16
War on Poverty, 22
*Webster v. Reproductive Health Services*, 65
Weinberger, Caspar, 58
welfare recipients. *See poor women*

© Sophia Smith Collection 2006