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THE FUTURE OF AN ISLAND

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## THE FUTURE OF AN ISLAND

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### A Discussion of Birth Control Programs in Puerto Rico

#### A- Brief Historical Background

##### 1. Four Centuries of Spanish Rule

Puerto Rico is a small, tropical island in the Caribbean with an area of 3,423 square miles, located east of the Dominican Republic and about 1,000 miles Southeast of Florida. Less than half of its land area is tillable and its mineral resources, outside of copper, sand gravel and clay, are of little commercial value. The climate, beaches and diversity of scenery are important natural assets.

When Columbus discovered and set foot on it briefly in November 1493 the island was settled by Taino Indians. Its colonization by the Spaniards started early in the 16th Century. The Indian population was quickly subdued, enslaved and forced to work in the gold mines. The few Indians who survived the wars with the settlers and diseases were gradually absorbed by the Spanish colonizers.

During the first two and one-half centuries after its discovery the island did not attract many settlers. According to the first census made in 1765 by Field Marshall Alejandro O'Reilly its inhabitants were only 44,883, - 5,037 of which were slaves. By the close of the 18th Century the population had increased to 155,426. (1)

The elimination of restrictions to external trade early in the 19th Century, the continued importation of slaves and the flow of Spaniards from the homeland and from the liberated colonies of Central and South America contributed to a more rapid development of the agrarian economy and to the steady growth of the population. The production of cash crops like coffee, sugar cane, and tobacco was extended, and external trade grew in about the same proportion as the population.

When the first U. S. census was taken in 1899, Puerto Rico had 953,243 inhabitants, and about one-fourth of the land area in farms was under cultivation. A large proportion of the imports were food products, chiefly rice, hog and fish products, and wheat flour.

At the close of the 19th Century and the end of the Spanish regime, Puerto Rico was an overpopulated island, economically underdeveloped, with very low standards of living. The death rate for the last decade of the century was 31.4 per thousand inhabitants; (2) 77 percent of the population 10 years of age or over was illiterate; of the 322,393 children 5 to 17 years old only 25,798 or 8 percent were in school; 83 out of every 100 persons gainfully employed were engaged in agriculture, fishing and mining, and in domestic and personal services, and less than 1 percent in professional services.

The total wealth amounted to \$150,000,000 in 1897, according to an estimate given in Governor Davis' official report for 1899 which is quoted in the 1899 Census of Puerto Rico, or approximately \$160 per inhabitant. The prevailing agricultural wages for a 12 hour day was 35 cents. Twenty-one percent of the population lived in towns with 1000 or more inhabitants. Forty-four percent of the population was less than 15 years old. The birth rate was above 40 per thousand.

## 2. Changes and Developments since 1898

With the occupation of the Island by the United States in July 1898 a new political, economic and technological era was initiated. Free trade with Continental United States started in 1900 and as a consequence export crops covered by U. S. Tariff protection grew by leaps and bounds. Sugar cane, tobacco and fruit cultivation were expanded and intensified. New and modern sugar factories were established and sugar production increased from 66,000 short tons in 1899 to 1,107,000 short tons for the year 1933-34. (3) Tobacco acreage multiplied about six times between 1899 and 1929. Coffee declined as a result of the 1899 hurricane and years later was adversely affected by the First World War and by the hurricane of 1928. It has since ceased to be an important item of external trade.

With the rapid and diversified economic development which has taken place in Puerto Rico since the beginning of the Second World War, agricultural production as a source of income has become relatively less important. In fiscal year 1940 it contributed \$70.5 millions to a total net income of \$225.3 millions, and in fiscal year 1964, of a total net income of \$2,096.7 millions, its share was only \$205.4 millions. (4) However, it still provides employment to 140,000 persons or 23 percent of the total number employed in 1963.(5)

Under the new regime the government put great emphasis in the promotion of education and health and in the development of communications. The steady decline in the death rate and the high birth rate which remained at a level of 40 per thousand or higher until calendar year 1948, when a gradual descent started, resulted in a rapid increase of the population. In 1941 it was twice the population of 1899. As of May 1st of this year, according to the estimate of the Division of Demographic Registry and Statistics of the Department of Health, the population of Puerto Rico was 2,638,800. (6) If Puerto Ricans had not emigrated in large numbers during the period following the end of the Second World War and up to 1960, the population today would be about a million more, assuming that the Puerto Rican population in the United States increased between 1960 and 1965 in the same proportion as the population of the Island, i.e. 12.5 percent. According to the U. S. Census of 1960 there were in the United States 617,056 persons of Puerto Rican birth and 275,457 born of Puerto Rican parents, or a total of 892,513.

With an area of 3423 square miles, Puerto Rico has a population density of 770 per square mile, one of the highest in the world. Although the birth rate has been cut from 43.2 per thousand inhabitants in 1947 to 30.3 in 1964, or a reduction of 30 percent, the natural increase for the latter year stood at a high of 23.1 per thousand inhabitants because the death rate declined from 12 to 7.2 during the same period, or 40 percent. The gradual reduction in the birth rate may be attributed in large measure to the effects of emigration and in a lesser degree, to the use of birth control. Emigration

has resulted in a considerable dent in the male population between the ages of 20 and 39. In 1950 there were 296,600 males between those ages and 313,700 females; in 1960 the males had been reduced to 190,000 and the females had increased to 337,200, (7) an imbalance at these highly productive and reproductive ages of 147,100 which inevitably had to be reflected in the number of births. Since emigration has been reduced to a trickle and the imbalance is gradually disappearing, if the birth rate continues its descent it may be attributed to wider and more constant use of birth control measures. The marriage rate, which is an important factor in determining the number of births, has not varied much between 1950 and 1964. (8)

Since the establishment of the first civil government in 1900, Puerto Rico has been exempted from the application of United States taxes. This exemption has been of great significance in the fiscal field and in the development of new industries since 1947. In 1917 Puerto Ricans were made U. S. citizens, and in 1952, Puerto Rico became a self-governing Commonwealth under a constitution adopted by its people and ratified by the U. S. Congress. The internal government of Puerto Rico is similar to that of a state of the United States. Federal grants-in-aid have been extended to the Island on practically the same basis as in the case of the states. In addition to the exemption from Federal taxes the Commonwealth Government receives the net proceeds from custom duties and U. S. taxes on rum, alcohol and tobacco products shipped from Puerto Rico to the States. Residents of Puerto Rico do not participate in national elections.

During the decade of the 1930's the Island suffered the effects of the Great Depression. Net income per capita in 1940 was \$121; compensation per employee, \$237.30, and average income per family, \$611. The Second World War had an important stimulating effect on the economy. Between 1940 and 1947 the net income almost doubled; income from manufacturing and commerce multiplied by three and one-half; average family income more than doubled; and compensation per employee increased to \$586.40, almost two and one-half times what it was in 1940. Income from state, municipal and federal governments increased from \$43.7 millions to \$107.5 millions. The population increased 16 percent during those seven years, and employment, almost 7 percent. (9)

A new industrial program, popularly known as Operation Bottstrap, based on tax exemptions and other incentives, was initiated in 1947. Under this program more than 1000 new factories have been permanently established providing direct employment to about 74,388 workers. (10) Starting in 1956, income from manufacturing has exceeded agricultural income, and in fiscal year 1964, it was two and one-third times as high. (11) Industrial development has had beneficial effects in other sectors of the economy, especially in construction, trade and transportation and public and private services. Net income jumped from \$545.6 millions in 1947 to \$2096.7 millions in 1964; (12) per capita income, from \$253 to \$830; average family income, from \$1343 to \$3827, and per employee compensation, from \$856.40 to \$2247.80.

The phenomenal growth in the economy of Puerto Rico, the marked improvement in the levels of living of its people, the large progress made in education, health, housing, communications and other public services in spite of the large increase in population, might be superficially interpreted as a negation of the existence of a population problem and a confirmation of the policy adopted in the past by some of our leaders of solving the population problem by increasing production at a much faster rate than the increase in population.

In the introduction to a printed summary of the round table held in 1946 by the Public Health Association on the population problem of Puerto Rico, Luis Muñoz Marín, then President of the Senate and our outstanding political leader, stated that "the population problem is possibly the most serious problem which our people face... On our aim must be, therefore, to increase production more rapidly than population... To achieve this, several solutions are offered. I am not in favor of all of those that are propounded. Besides, possibly none would suffice by itself because the problem is grave and urgent. It seems to me that the principal solution lies in what I have called the 'battle of production', which the government has already started in its industrial phase and its agricultural phase." (13)

Before passing judgement on the population picture which Puerto Rico and its more recent development present, and arriving at hasty conclusions, the following facts should be born in mind:

- (1) Contrary to the experience of industrialized countries of Western Europe with a high density of population, Puerto Rico was densely populated when it started its industrial development.
- (2) The natural increase of the population is much higher than that of densely populated industrialized countries. Economic progress and improved levels of living have brought about a large reduction in the death rate, but have had a very slight impact upon the birth rate.
- (3) Puerto Rico has ceased to be an island in the economic, political and cultural sense. As part of the United States it has free access to its ever expanding and protected market; capital in the form of investments and credit, and technical know-how, flow abundantly from Continental U. S. towards Puerto Rico; Federal expenditures, grants-in-aid and transfer payments constitute a substantial part of the Island's income; the great advances made in air transportation have brought Puerto Rico closer to Continental U. S. and have been a determining factor in the large movement of people to and from the U. S. mainland. If the large number of Puerto Ricans who moved to the United States had remained in Puerto Rico, the Island's population would probably be one million more than it is now.
- (4) Notwithstanding the large internal migration of people from the rural to the urban areas, Puerto Rico's population is still predominantly rural.
- (5) Unemployment and underemployment are still very high. Unemployment in 1964 was 10.8 percent of the labor force. (14)

- (6) A large proportion of families still live in sub-standard conditions. In 1960, 22 percent of the families had incomes below \$1000 a year. (15) In fiscal year 1963 there were 113,293 persons receiving regular economic assistance from public welfare. (16) Slums are part of the scenery in most towns and specially in the big cities. According to a statement issued by the executive director of the Urban Renewal and Housing Corporation, quoted in The San Juan Star of November 19, 1965, there are 250,000 persons in the San Juan area living in sub-standard housing.
- (7) Although considerable progress has been made in education and the government's operating expense for education is 5.2 percent of Puerto Rico's gross product, a proportion two and one-half times as high as that of the United States, (17) 48 percent of the children in public rural schools are on double enrollment and the average number of years of elementary schooling is less than five.
- (8) Without emigration or a decrease in the birth rate or an increase in the death rate, the population of Puerto Rico will double in the next 30 years.

#### B. Birth Control Program

The first attempt to promote a birth control movement in Puerto Rico was made in the city of Ponce in 1925 under the leadership of Dr. Lanauze Rolón, a physician, who organized a League for Birth Control whose aim was to disseminate information on the population problem and to openly discuss the need for birth control among the poorer families. It was short lived because of public indifference and the opposition of the Catholic Church. However, it published a pamphlet entitled, "El Mal de los Muchos Hijos", and sent a message to the Congress on Crime held in San Juan asking for support to petition the Legislative Assembly to repeal the law which prohibited the teaching and distribution of contraceptive methods.

In 1932 a Birth Control League was organized in San Juan. It opened a birth control clinic which offered services to married couples of low economic means. It lasted two years. Lack of funds and the attacks of the Catholic Church were the chief causes of its short life.

In 1934 emergency relief was extended to Puerto Rico. Sponsored by the Puerto Rico Emergency Relief Administration and in collaboration with the School of Tropical Medicine, a birth control clinic was opened in the hospital of the School under the direction of Dr. José Belaval, one of the best known obstetricians and birth control leaders. The success of this pilot project induced the Federal Emergency Relief Administration to open 67 clinics to provide contraceptive services to low income families.

In August 1936 the Puerto Rico Reconstruction Administration, which succeeded the FERA, assumed control of the clinics and two months later orders were received from Washington to end the project. The Catholic Church, which consistently attacked the program locally without success, exerted political

pressure at the National level, and because 1936 was an election year, it was able to stop one of the most promising measures taken under the relief programs to reduce the misery and overcrowding of low income families.

However, the Catholic Church could not stop the birth control movement. A few months after the closing of the 67 clinics, in January 1937, the Maternal and Infant Health Association was founded. With the support of Dr. Clarence J. Gamble, an American philanthropist, and a few wealthy Puerto Ricans, 22 birth control clinics were opened and contraceptive services were provided to 4000 couples. The board of directors of the Association had to face an indictment in the Federal Court for violating an old U. S. statute, but the Court decided that birth control was legal in Puerto Rico for medical reasons. (18)

In 1937 our Legislative Assembly took a very important step forward to promote the distribution and teaching of birth control methods through the approval of two bills. One of these measures amended an article in the Penal Code to eliminate a clause which included as a felony the publication of advertisements of contraceptive methods or offering to provide services in order to avoid pregnancy. The other bill authorized the Commissioner of Health to regulate the teaching and dissemination of eugenic principles in the health centers and maternal hospitals and clinics, including scientific information of contraceptives and their use by married couples or by those living publicly together. The information and services could be provided for health, economic and social reasons.

The bill <sup>which</sup> amended the Penal Code to permit the dissemination of birth control was signed by Acting Governor Rafael Menéndez Ramos on May 1, 1937. He used the occasion to give an excellent statement to the press in which he pointed out many of the problems which the Island faced as a result of its dense population and the unrestricted procreation by poor and ignorant couples. The other bill authorizing the giving of contraceptive instruction under government regulation and the sterilization of the mentally diseased or retarded, epileptics and sexual perverts, was signed two weeks later by Governor Blanton Winship.

The Medical Association, the Association of Graduate Nurses, many social workers, university professors and civic leaders expressed their views publicly in favor of the above measures. The Catholic Church and catholic organizations were bitterly opposed to them. The following quotation is taken from the June 6, 1937 issue of the New York Herald Tribune:

"Despite the bitter opposition of the Most Reverent Edwin V. Byrne, Roman Catholic Bishop of San Juan, who encouraged distribution of petitions to which thousands signed their names, three bills dealing with different phases of the question received the gubernatorial signature."

The Tribune quoted the following statement of Acting Governor Menéndez Ramos: "I hope that the Insular Government will take active part in the dissemination of such information (modern methods of birth control). I think maternal clinics will be set up in all the large population centers of the island."

The effective application of governmental birth control programs in Puerto Rico basically depends on the policy accepted by the Governor and the interest of the Department of Health in carrying it out. The religious beliefs of the people in no way interfere with their demand for birth control services. The opposition of the Catholic Church might be of consequence if the governor, for political reasons, yields to its pressure, or if the Head of the Department of Health is a devout catholic. The Church might also affect adversely the administration of birth control services by exerting pressure on doctors and nurses in charge of providing services and contraceptives at maternal health clinics and health centers.

### 1. The Beginning of a Government Program

Because of the favorable attitude of the Governor and the wholehearted backing of birth control by the then Commissioner of Health, Dr. Eduardo Garrido, an extensive birth control program was initiated in 1939 and placed under the Maternal and Infant Health Bureau. In about a year 122 contraceptive clinics were in operation in public health units and medical centers.

Under the new Commissioner of Health, appointed in 1941, the program suffered a set back. Neither the new Governor nor the Commissioner believed in birth control as an effective means to reduce the population increase. In the 1946-47 annual report of the Department of Health, the Director of the Bureau of Maternal and Infant Health, informed the following:

"The progress of the program was obstructed by the war situation and was cut back in 1946 due to a change in the policy of the Department of Health in regard to the program of the maternal health clinics. The name was changed to prematernal health clinics and it was specifically established that these clinics would have one sole purpose, i.e., to improve the health of the mothers... Contraceptive advice could be given to these women under clearly determined medical reasons."

The next Commissioner of Health, although a catholic, was in favor of intensifying the birth control program and the voluntary sterilization of males. According to a report on the 8th annual meeting of the Public Health Association, published in El Mundo of February 14, 1949, Dr. Pons, the Commissioner of Health, is quoted as having stated that he would personally favor an intensive campaign for voluntary birth control and the use of district hospitals once or twice a week to perform fifty voluntary sterilizations a day.

In fact, female sterilizations became so popular as a means of birth control, that between 1937 and 1950, according to information supplied by the Commissioner in a letter addressed to the President of the "Unión Pro Defensa de la Moral Natural", which was published in the daily newspaper El Mundo of November 10, 1951, 6846 women had been sterilized in the general hospitals under the control of the Department of Health. The number sterilized in municipal and private hospitals is not known, but is assumed to be large. Dr. Stycos informs that in 1950, at the request of a Department of Health official, all private and public hospitals reported that a total of 5427 sterilizations had been performed in 1949. (19)



The same author states that "sterilization would appear to be the most popular form of birth control being practiced, accounting for slightly over half of all methods currently in use. ... Practically everyone knows of the 'operation' ... The Catholic Church is mainly responsible for the wide publicity given to birth control in general and to sterilization in particular." (20)

Four days after the publication of Dr. Pons' statement referred to above, he explained publicly that no official plans existed for a sterilization program, and that the decision on the implementation of such a program was not his responsibility either as President of the Public Health Association or as Commissioner of Health. (21) He was intimating that such a decision was up to the Governor.

El Mundo of March 8, 1949 published the following statement issued by the Governor's assistant in charge of public relations:

"It is not the policy of the Government of Puerto Rico to try to solve the problem created by the imbalance between the resources and the population of the country by contraceptive means and much less by sterilization. Persons who express views to the contrary, although members of this Government, speak strictly as private individuals. This government is trying to solve the discrepancy between resources and the number of inhabitants by means of the 'battle of production'."

This has been the official policy to the present. Although the Secretary of Health who succeeded Dr. Pons is a firm believer in family planning and in the extensive use of birth control as a measure of family welfare and as a means of reducing the high birth rate, he had to act very cautiously in order to comply with the official policy. In explaining the position of the Department in relation to birth control and the spacing of children in a circular issued in October 1963, he emphasized the following points"

- (1) Birth control and the spacing of children is a matter to be decided exclusively by the person, the family or the couple.
- (2) There are health and socio-economic reasons which justify avoiding conception or postponing the birth of children.
- (3) The function of the doctor or the social worker is to advise the person, family or couple under his care of the risks assumed, from the medical or social point of view, if the woman becomes pregnant.
- (4) If a person, family or couple decides to space pregnancies and asks the doctor for advice, he should keep in mind that contraceptive methods may involve religious conflicts. After the preferred method is selected, the doctor may give the necessary information either personally or through a nurse.

- (5) Sterilization is also a contraceptive method, but it involves risks. Except in emergency cases, the doctor should consult another physician and obtain his approval before proceeding with the operation.
- (6) The Department of Health does not have a birth control program. Birth control should be considered as medical and social therapy to improve the health of the patient and to avoid the worsening of economic and social conditions.
- (7) Doctors, social workers and nurses are not required to recommend contraceptives or to help in the performance of sterilizations if for professional or any other reasons they disagree with the use of such methods.

As a consequence of this ambivalent directive, the birth control program of the government, which had a very auspicious start, has been downgraded to such an extent that in very few cases contraceptive services have been provided in the hospitals, health centers and clinics controlled by the Department of Health. With the doctors and nurses free to make a choice, the majority preferred to devote their time to provide medical and health services of a non-controversial nature and only the few firm believers in birth control who are not frightened by the Catholic campaign and pressures against the use of contraceptive measures, continued to supply the services.

However, the picture has brightened more recently with the inception of a new program which I will describe later.

## 2. The Catholic Church Organizes an Action Party (22)

Despite reiterated official statements indicating that the government was not promoting any birth control program and that for strict health reasons only were contraceptive services given, the Catholic hierarchy continued its active attack against the government because it wanted the "neomalthusian" laws of 1937 abolished. The bishops issued pastoral letters, fostered the organization of catholic doctors and other lay groups, organized indoctrination courses for physicians, nurses, social workers and government and civic leaders.

In May 1960 a large mass meeting of catholics from all over the island was held in San Juan in protest over the tabling of a bill to authorize the release of public school children during school time to receive religious instruction. Bishop Davis addressed the mass rally and stated that the Church would not object to the organization of a catholic party to defend the rights of the faithful.

In June 1960 the Society of the Holy Name started a movement for the organization of a party and Msgr. Grovas of the San Juan Diocese exhorted catholics to cooperate in the registration of the Christian Action Party.

A Pastoral letter signed by Bishops Davis and McManus urged the people to give their help and backing to the organization of the new party. They also sent instructions to the clergy to help in the registration of CAP. The chief target of the catholic party was the party in power which had been labeled by the bishops and their cohorts "godless, immoral, antichristian and against the ten commandments".

In a pastoral letter issued on October 18, addressed to the catholic laity, Archbishop Davis and Bishops McManus and Aponte prohibited catholics from voting for the Popular Democratic Party because its philosophy as stated in its platform is "antichristian and anticatholic and based on the modern heresy that the popular will and not the Divine Law decides what is moral or immoral". They added that the philosophy of the PDP is an indication that it is going to continue promoting and permitting public institutions to promote all those immoral practices about which they had protested in the past. The immoral practices the bishops had in mind were the birth control services provided at the public hospitals, clinics and health centers.

The PDP replied that the birth control laws were not compulsory but permissive and protected the rights of individuals to obtain the desired information and contraceptive devices if they so wished without violating any law. "The government should not be subordinated to an exclusive creed or moral interpretation of a specific religious group which condemns and prohibits the moral beliefs of other groups, and should not interfere with purely moral questions, like the use of birth control devices, which pertain to the free will of the individual", a PDP leader wrote.

Governor Muñoz Marín, founder and leader of the PDP, replied as follows to the pastoral letter:

"The statement of the Catholic bishops is an incredible and unjust intervention in the rights and the political freedom of citizens in Puerto Rico. It has the characteristics of medieval obscurantism.

"We could not believe that in the modern world, nor in a country intimately associated with the United States, such a document could be issued. When the Popular Party states that it is not possible to sanction punitively those acts over which there is no general consensus, it is referring to the differences of opinion between Catholics and those of other Christian denominations.

"The bishops' document assumes or pretends to assume that in Puerto Rico there is an established church, and that church is theirs. Neither in Puerto Rico nor in any part of the U. S. democracy is there one church established; and we have the duty to respect the differences of opinion that exist between Christians."

The reaction of the press, of many catholic laymen, and PDP leaders to the pastoral letter which was read in all catholic churches, on Sunday, October 23, was highly critical of the bishops' trespassing their religious province to issue orders of a political nature forbidding catholics to vote for the PDP party.

However, the bishops were adamant and issued a second pastoral letter on October 22, a few days before the election. They stated that "for a Catholic to vote in favor of the Popular Party is to vote in favor of the anti-Catholic morality proclaimed by the Popular Party, is to vote in favor of the destruction of the Ten Commandments of the Law of God, is to act against his own catholic convictions, and whether the Bishops say it or not, it is a sin to act contrary to one's own convictions. If the faithful should not heed the warning of the bishops, that is a matter for their consciences, but they ... are committing a sin. With penalties or without penalties from the Bishops, they violate the Law of God which prohibits favoring a morality without God, a morality that destroys the Ten Commandments of the Law of God, which is clearly a disobedience against God and is evidently a sin".

The Christian Action Party almost succeeded in fulfilling the legal requirements to register as a regular party. It registered a total of 70,871, but failed to meet the required ten percent in a few of the electoral precincts. However, of a total of 788,607 votes cast on November 8 the Christian Action Party polled 51,295 only, about 5-1/2 percent of the total. Their two at large candidates, one for the Senate and the other for the House, were elected but not seated. Proof of wholesale fraud connected with the registration of the Christian Action Party in several towns induced the Legislative Assembly to appoint a joint committee to investigate the matter and with the backing of the two other parties the elected representatives of the PAC were refused their seats until after the whole affair was cleared. The legislative committee uncovered more than 3,000 cases of fraudulent registration.

The poor showing of the Action Party at the polls convinced the bishops that the majority of catholic voters in Puerto Rico did not follow the dictates of the Church in regard to their political preferences, did not pay much attention to the moral issues raised by the bishops and did not see any conflict between religious beliefs and the use of birth control for family planning. The experience brought some moderation in the open attacks of the Catholic hierarchy against the Government and efforts at accommodation followed. In 1964 Archbishop Davis and Bishop McManus were substituted by native bishops.

### 3. The Family Planning Association

As indicated before, several private organizations interested in birth control were established between 1925 and 1937. This interest has continued unabated. The population problem and birth control have been discussed at annual meetings of social and public health workers. Round tables and symposia have been organized by private groups. The Lions and Rotary Clubs have invited speakers to their meetings to talk on the population problem and birth control.

Demographers, some university professors and government officials and a few prominent civic leaders organized the Association of Population Studies in 1946. Through the publication of pamphlets dealing with the population problem, forums and other educational activities, it tried to keep the public informed and aware of the existing problem of overpopulation in Puerto Rico. When the members of this organization were convinced that an action program was needed to supplement the contracted activity of the birth control clinics of the Department of Health, they organized the Family Planning Association in 1954, whose objectives were expressed as follows:

1. To develop community interest in Puerto Rico's population problem and in family planning.
2. To carry out scientific research concerning the effectiveness and acceptability of contraceptive methods.
3. To offer medical advice to infertile couples who may want children.
4. To provide direct services through the distribution of contraceptive methods and the provision of financial assistance for the sterilization of the men and women who meet the requirements of the Association.

In 1956 the Association launched a research program on oral contraceptives in collaboration with the Worcester Foundation for Experimental Biology.

In 1957 it embarked on a widespread education and service program underwritten by the Sunnen Foundation, established by Mr. Joseph Sunnen, of St. Louis, Missouri. The generous economic support of this foundation made possible the hiring of Mrs. Celestina Zalduondo, a well-trained and experienced social worker who for many years directed the Welfare Division of the Department of Health, as Executive Director of the Association. A good staff was also employed to carry out the educational and service programs of the organization. In addition to the usual clinic setup, the program was gradually expanded to provide simple birth control services in the homes, fields and factories.

In 1959 the Executive Director formulated a plan to extend the services as widely as possible all over the Island. Under this plan the Island was divided into 20 areas, each comprising several towns and the corresponding rural districts. For each area a resident supervisor was appointed to organize and coordinate the educational and contraceptive services and to enlist and supervise volunteers among community leaders who believed in the birth control program and who were interested in helping their neighbour and willing to face criticism from the local priests and catholic organizations.

The simple contraceptive foam supplied freely by the Sunnen Foundation, which did not require medical supervision, was widely distributed through these volunteers.

Education went hand in hand with the service program. The supervisors organized panel discussions, meetings, lectures, film exhibitions and other similar activities. They started the organization of local chapters for family planning and stimulated the demand for contraceptives other than the foam at the public clinics and health centers.

The success of the plan can be judged by the fact that despite the opposition of the catholic clergy, three years after its inception, 1500 volunteer leaders were supplying contraceptive instruction and materials to about 30,000 couples. It is estimated that since the beginning of the program about a hundred thousand persons have been instructed in the use of contraceptives and given some material. (23)

The Association has published and distributed books, pamphlets and leaflets dealing with birth control and the population problem. It financed a picture which has been exhibited in practically all movie houses in Puerto Rico and on television and has been used in some Latin American countries. With its cooperation two international conferences on population and birth control were held in San Juan in 1955 and 1964. The Association is a member of the IPPF, Western Hemisphere Region, which has given it some economical assistance.

At very little cost to the Association, 11,037 operations had been performed to sterilize 8,026 females and 3,011 males to October 1965. With its backing and cooperation several self-supporting research projects have been undertaken to determine the acceptability and reliability of oral contraceptives and their side effects and the medical and psychological effects of voluntary male sterilization.

The reduction and final elimination this year of the economic assistance received by the Association from the Sunnen Foundation has compelled it to abandon the island-wide service program, and to concentrate on educational activities, the organization of three demonstration centers and the promotion of local chapters of the Association. As stated in the annual report of the Executive Director for 1964-65 the aims of the demonstration project are the following:

1. To explore the attitude of public health agencies towards the establishment of local programs of family planning.
2. To demonstrate the effectiveness of different educational methods to be used in family planning programs and of methods of distribution of contraceptives.
3. To give full contraceptive services in the areas where the centers operate.
4. To offer opportunities for observation and training to students and visitors from Puerto Rico and from other countries interested in family planning.

The Association has submitted to the local committee of the Office of Economic Opportunity a community action program which it hopes will be approved. Otherwise, the activities of the Association will gradually diminish. Local donations for family planning programs are few and difficult to obtain. Wealthy people do not wish to antagonize the Catholic Church, which by the way, has been very successful in getting big contributions from rich families for schools and hospitals.

#### 4. Inception of a New Government Program.

The family planning services provided by the Health Department at the public health units and health center clinics were so meager in scope that the attendance to post partum clinics amounted to less than 5 percent of puerperal mothers receiving care from the Departments' facilities. According to a report prepared by Dr. Eduardo Arandes, Director of the Maternity

and Gild Care Program, at my request, the following are the difficulties affecting the existing family planning programs:

- (a) The laissez-faire policy which leaves to the physicians and nurses the decision regarding the services requested.
- (b) No appropriation of funds for the purchase and distribution of contraceptives.

In June 1964 the Secretary of Health requested the Department of Obstetrics and Gynecology of the Medical School of the University of Puerto Rico to plan a program for the Northeast health region which would strengthen and bring effectiveness to the existing family planning services. Experience in the regional obstetrics and gynecology service under Dr. Adaline S. Satterthwaite showed that her research post partum clinics in the Bayamón health Center, working with oral and intrauterine contraceptive had achieved a fourfold growth in less than one year. She prescribed these two methods free of charge to patients interested in the use of contraceptives at the time of their hospitalization for delivery. Daily orientation as to the availability of such services was given by a public health nurse who also arranged for appointments to the weekly post partum clinics. The demand was such that the number of clinics had to be increased from one to four weekly. Inclusion of non puerperal patients soliciting methods was achieved through satisfied users who informed them.

On the basis of this experience, a plan for the extension of similar services was submitted to and approved by the Chief of the Maternal and Child Health Bureau. As soon as nurses and physicians were recruited, clinics were progressively opened in each of the 13 remaining health centers of the Northeast region, in the University Hospital and in 14 health units of San Juan and Rfo Piedras, beginning in January 1965. Free choice is given to the patients from all available contraceptives, including the rhythm method.

Between January 1st and October 31, 1965, the number of patients admitted to methods clinics under this program has increased at a rate of about 700 a month. The increase from September to October was 782 and the total number admitted to October 31 was 6,827. Of these, 3,826 chose the intrauterine device, 2,341 the oral tablets, 602 Emko (foam), 32 other contraceptives, and 26 the rhythm method. Ninety-two percent of the patients who chose the intrauterine device and 64 percent of those who chose the oral tablets were active users of these contraceptives on October 31.

The program has not met any active opposition by local catholic priests whose cooperation has been requested to increase the demand for the rhythm method. It has been recently coordinated with a vaginal and cervical cytology service program for detection of early cancer of the cervix. (24)

It is highly probable that this program, which also encompasses comprehensive health education activities, will be extended to the other four health regions as soon as medical personnel and nurses are available and properly trained.

It has been shown that there exists a large demand for contraceptive services and and that the demand increases as services are provided. It should be expected that when the services are provided in every municipality of the island the birth rate will be substantially reduced. The probability is reinforced by the fact that 67 percent of all live births occurred in government hospitals in calendar year 1964. (25)

### C. The Future: A Short Range Forecast.

The radical reduction in net emigration during the present decade brings to the forefront again the problem of a large increase in population on top of a high population density. The birth rate is the key to the high natural increase of almost 2-1/2 percent a year. No one would plead for an increase in the death rate, which should not be expected to turn upwards until the population becomes older. The economy continues its growth at a much higher rate than the population increase. During the first five years of the present decade net real income increased at an annual rate of 9.3 percent according to press releases issued by the Planning Board. The reported total net income of the island for fiscal 1965 is \$2,321 millions, which represents a per capita net income of \$900, the highest of any Latin American country, but still about half as that of the lowest income states of the Union.

Will the prevailing relationship between economic growth and population increase continue during the foreseeable future? This will depend on several factors, some of which are beyond the control of the Puerto Rican people. The rate of economic growth will largely depend upon the establishment of new factories at an increasing rate, which in turn is subject to prevailing economic conditions in the United States; wage differentials between Puerto Rico and the United States; the continuation of our government policy granting tax exemptions to new industries, which is related to the political status of Puerto Rico, and the availability of trained technical man power and necessary basic services like transportation, water, electric power, shipping facilities, etc.

It is highly probable that economic conditions in the United States will continue favorable to industrial development in Puerto Rico. Unless minimum federal wages are applied to the island in blanket form, the differential will continue attracting new industries to the island, specially of the more permanent capital intense kind, for several years. It should be pointed out, however, that wages in Puerto Rico have been increasing at a more rapid rate than in the United States. Regarding the political status, it can be predicted that the people of Puerto Rico will continue favoring the Commonwealth status and the party now in control of the government. As regards basic services and trained man power, the government has been aware of their need and is supporting programs and plans for their development.

Agriculture and animal husbandry, tourism and federal expenditures, grants and concessions should also be considered as important factors in the growth of the economy. The Commonwealth Government is very much concerned with the problems of agriculture and numerous programs are in operation for its improvement. However, the limited land resources restrict the possibilities of growth in this area. Tourism has developed with the growth of industrialization and the increase of facilities through tax exemptions applied to hotels and the promotion efforts of the government. Federal expenditures and contributions depend on the future policy of the United States vis a vis Puerto Rico political status. These contributions have increased in recent years and the prospects are that there will be no change in federal policy.



In view of the above, it can be reasonably concluded that the economic growth of the island will continue for many more years at a more rapid rate than the population increase, even if the increase is not reduced.

Can we anticipate a reduction in the birth rate even if the government continues its hands off policy regarding birth control and is not willing to use the many facilities under its control for educating the people to the need of family planning? As I see it, the answer is that a reduction in the birth rate will continue as a result of the following factors:

- (a) The new family planning program started this year by the Department of Health and which will soon be extended to cover the whole island.
- (b) The wider knowledge and acceptance of contraceptives -and the preference for smaller families by married couples.
- (c) The emphasis on education will gradually raise the years of schooling of the majority of the young population of reproductive ages.
- (d) The trend towards greater urbanization.
- (e) The employment of women in the new factories. Fifty-eight percent of the workers are women.
- (f) The expansion of the middle and professional classes and the higher levels of income of workers in all occupations except agriculture.

With continued economic development and assurance that the birth rate will gradually drop to more desirable levels, the future of the island and its people is not bleak as long as the small space available is enough to allow for the increased number of inhabitants, their houses, roads and automobiles. However, the levels of living could be more rapidly raised and many of the present problems created by the dense population and aggravated by its rapid increase, gradually eliminated, if the government had the courage to include population control in its economic and social planning.

December 1965.

FOOTNOTES

- (1) Fray Ifigo Abad y Lasierra, Historia Geográfica, Civil y Natural de la Isla de San Juan Bautista de Puerto Rico, new ed. annotated and extended by José Julián Acosta, Puerto Rico, Imprenta y Librería de Acosta, 1866.
- (2) Janer, José L., Population Growth in Puerto Rico and Its Relation to Time Changes in Vital Statistics, Human Biology, XVII; 281, December 1945.
- (3) Farr & Co., Manual of Sugar Companies, p. 58, New York, 1951.
- (4) Puerto Rico Planning Board, Income and Product, 1964, page 8.
- (5) Puerto Rico Planning Board, Informe Económico al Gobernador, 1963, Table 17, A-23.
- (6) Monthly Vital Statistics Report, May 1965, Table 1.
- (7) Nine, José, Health in Puerto Rico, Northeast Health and Welfare District, San Juan, January 1963, p. 14.
- (8) Division of Demographic Registry and Vital Statistics, Department of Health Puerto Rico, Annual Vital Statistics Report, 1964, Table 2.
- (9) Puerto Rico Planning Board, Bureau of Economic and Social Analysis, Income and Product 1964, Feb. 1965, Table 1.
- (10) Puerto Rico Planning Board, Informe Económico al Gobernador, 1965, p.60.
- (11) Op. Cit. Income and Product 1964, pages 8-9.
- (12) Ibid
- (13) El Problema Poblacional de Puerto Rico, Administración General de Suministros, Oficina de Servicios, División de Imprenta, San Juan, P.R. 1946.
- (14) Puerto Rico Planning Board, 1964 Informe Económico al Gobernador, (Primera Parte), p. 16.
- (15) Nine, José, Op. Cit., p. 70.
- (16) Informe Anual del Secretario de Salud, 1962-63, San Juan, Puerto Rico, p. 59
- (17) Puerto Rico Planning Board, Op. Cit., p. 120.

- (18) The information presented in this section has been obtained from the files of the Family Planning Association of Puerto Rico and from Paper No. 41 presented by J. Antonio Alvarado to the Fourth Conference of I.P.P.F., Western Hemisphere, held in San Juan, P. R. in April 1964. The title of the paper is The Family Planning Association of Puerto Rico- A Challenge and a Response.
- (19) J. M. Stycos, Female Sterilization in Puerto Rico, Reprinted from Eugenics Quarterly, June 1954, Vol. I, No. 2, p. 4.
- (20) Ibid, pages 5 and 7.
- (21) El Mundo, San Juan, Puerto Rico, 18 Feb. 1949.
- (22) Material for this section is based on a paper presented by the author at the third regional conference of I.P.P.F., Western Hemisphere, in Barbados, W.I., Apr. 19-23, 1961, entitled, Birth Control as an Issue in Puerto Rico's Last Election.
- (23) Dr. Manuel Paniagua, Action Program, Puerto Rico, May 1964, mimeographed paper.
- (24) Source material for this section is a special report prepared by Dr. Eduardo Arandes and statistics supplied by Dr. Adaline S. Satterthwaite.
- (25) Department of Health, Division of Demographic Registry and Vital Statistics, Annual Vital Statistics Report, 1964, p. 14.