

Objectives of Population Studies

The problem of mechanism, or method, is going to depend on a clear understanding of objectives. You can't plan the details of a trip until you know where it is that you want to go. (On the other hand, of course, you can't decide where to try to go without some knowledge of possible available transportation.) Time and energy spent in trying to frame an explicit statement of purpose may, then, be well spent.

The first decision concerns the choice between practical and theoretical ends as the primary goal: whether we are searching for knowledge for power, or knowledge for understanding. There seems to be a general agreement that we should, at least in early stages of program, plan for knowledge for understanding; keeping the idea that this knowledge might serve for control, for population manipulation, well in the background.

I have tried writing out a series of possible statements of objectives, and I come out with several, of differing scope, that might well apply to our program and that seem to involve, within themselves, no contradictions.

1. General Objective: To explore the possible relations and applicability of natural sciences methods and content to social studies.

The "population problem" belongs to the social sciences. We are proposing to study it, however, under health auspices. Fundamentally, we are testing the definition of public health as applied social science.

In my mind, however, much more is involved than any new attack on the old problem of the compartmentation of the sciences. Any such study as we propose raises the very broad question of whether science, as narrowly defined, is relevant to the general problems of "values, social wisdom and human purposes", to use Mr. Fosdick's words.

I don't mean that we can hope to answer this question by any particular project or activity that we can plan; but that our plans will gain in significance if we try to keep the general problem in mind. If, in other words, we are going to experiment with social studies, we ought at least to face the philosophical implications from time to time.

2. Specific Objective: To describe and to try to understand population density relations in man by focussing general studies on one or more specific communities.

In my notes on the nature of the population problem, I have tried to explore some of the implications of studies of population density relations. I call this objective "specific", but it is a pretty large order.

3. Ultimate Objective: To obtain information that might serve as background for possible attempts to influence population density relations.

We may not, ourselves, be concerned with control operations, but the need for such is always in the background. We should, then, try to work in areas where population density is clearly a problem, in the hope that our studies will provide clues for its solution.

4. Incidental Objective: To experiment with the development of inter-relations among the various intellectual disciplines that bear on human population studies.

Almost everything seems to become involved in some way or other with the population problem, so that it provides an excellent instrument for tests designed to bring diverse disciplines to a common focus. Any program is faced at once, for instance, with the problem of operational relations among our own divisions. Any general study of the population problem obviously involves factors that would separately be handled by Health, Social Science, Natural Science and Medicine. The relation to the Humanities, perhaps not so obvious, is to me one of the most important. The Humanities are concerned with values and purposes: which we are questioning and testing. They are concerned with the historical process: which has produced the population problem, and produced science as well. They are concerned with interpretations and meanings: and all of our huffing and puffing about population density will be purposeless until someone, whom the Humanities might claim as their own, comes along and transmutes our wind into a force that has relevance and meaning for the cultural stream of civilized mankind.

Population Studies: Methods of Operation.

Looking at the activities of our Foundation and of other similar institutions, it seems to me that a series of five methods of operation can be distinguished. These are not so much distinct categories, as modal points on a scale.

Planning and initiative may come from within the Foundation and

1. Studies be carried out entirely with Foundation personnel and funds.
2. Studies be carried out by Foundation personnel in cooperation with other institutions.
3. Studies be carried out through nuclear, or endowment, grants to other institutions.
4. Studies be carried out by means of a series of small, specific grants.

Or, planning and initiative coming from outside.

5. The Foundation may select from among submitted projects, and operate through grants in aid.

Examples of all five methods of operation can be found in IHD activities, though emphasis traditionally is on the second. I understand that emphasis in other divisions varies among the last three methods, with NS recently testing the second, cooperative operation through their own personnel.

Reflection on these different methods of operation leads at once to the question of the function of an institution like the Rockefeller Foundation. This is not the place, nor have I the knowledge, for any extended inquiry into this question -- except insofar as concept of function must be fairly clear in our minds before we can proceed to any detailed planning of program.

It seems to me that two very different functional concepts could be grouped around the words patron and leader. We have attached a whole collection of special values to the leader idea, and currently everyone wants to be a leader in something or other. Which, since we can't all lead, inevitably causes a lot of frustration and waste. I think the primary role of foundations has been, and is, that of patron. They replace the private patron, who is disappearing with the socialization of wealth; and are able to act with more elasticity and discernment than democratic governments which, for the most part, have been notably inept as patrons of science or art.

Yet, giving these considerations due weight, I think that our function in population studies should be that of leader. This is primarily because of the objective that I have labelled "incidental": to experiment with the development of inter-relations among the various intellectual disciplines that bear on human population studies.

In looking at the various units of our university system, I have been greatly impressed -- and depressed -- by the problem of size. The universities and their departments have become so large and ponderous that any attempt at change, any development of crosscurrents, any shift in emphasis or direction, meets almost inevitable defeat because of the factor of inertia.

I know of no place where you can find a small group of people comparable to the group that sit down to lunch together every day at the Home Office of the Foundation. Perhaps accidentally, in carrying out the patron function, we have formed a staff of three or four people



in each of the diverse fields of Humanities, Social Science, Natural Science, Medicine and Health. If joint action is possible, if common viewpoints are to be found, if diverse methods can be focussed on a particular problem, this group should take the lead. If the problem of administration, cooperation and understanding is insoluble within the Foundation, it is probably insoluble everywhere.

The individuals in our various divisions know the organization and content for their fields in different universities and research institutions; they also know each other, and have frequent opportunities for informal exploration. From this should come, somehow, a cross-fertilization process and an intellectual leadership, more important than the actual effect of the particular funds that the Foundation has available for disbursement. The planning of inter-disciplinary conferences, the establishment of limited institutions like Princeton's for Advanced Study, the arrangement of committees like those of the National Research Council, all serve to foster understanding, to establish new currents, and so forth. But the possible effectiveness of such arrangements is feeble indeed compared with the potentialities within the Foundation organization itself, since the Foundation divisions have actual and real control over great resources for the implementing of their ideas.

All of this sounds very nice, but it is only background for the specific problem of the method of operation in population studies. Operation by an inter-divisional committee would probably encounter the handicaps that characterize committee operation everywhere. Operation

depending directly on the president's office, or by a non-divisional executive, would probably end simply in the formation of another division, which would hardly solve interdivisional action. The third obvious possibility is to center administrative responsibility in one of the present divisions, and to depend on the development of active channels of interdivisional consultation: perhaps planning a formal apparatus, or perhaps depending on "informal organization".

To go back to our modes of Foundation operation, it seems to me that the second would be most appropriate for population studies: planning and initiative from within the organization, and action through Foundation personnel in cooperation with other institutions. Since this is the traditional method of IHD operation, it would seem logical to append the program of population studies to the IHD organization, especially since there is little argument about the basic relation between problems of population density and problems of public health. Before examining this further, however, it may be advisable to question whether this second mode of operation is the most appropriate.

There are, after all, a number of institutions already in existence whose specific purpose is to study the population problem. There is, for instance, the Scripps Foundation for Research in Population Problems; and the Office of Population Research at Princeton. The most logical method of Foundation operation might be through nuclear endowment grants to one or more of these, or through endowing some new institution planned along lines that seem to us most apt to be productive in fostering research in the area of interest.

Or studies might very effectively be carried out through a series of specific grants. This has been the method of Foundation operation in the field up to now, and it allows support for such varied, yet germane, activities as Kinsey's sex studies and demographic travel in the Far East. I judge that grants related to population studies have, in the past, been pretty much a matter of independent divisional action in the various fields, but there is no reason why these divisional grants should not be related to a planned, super-divisional, Foundation policy in the field.

The chief argument for operation through Foundation personnel rather than through grants, it seems to me, depends on the greater ease with which implementation could be controlled through Foundation personnel. The argument for Foundation planning depends on our possession of a small number of staff with diverse backgrounds, who could presumably work out plans of study that would merge or depart from the traditional disciplines. If the plans are developed by the Foundation, their testing would be easier through Foundation personnel than through action by other institutions whose executives might be unconvinced by or uninterested in our particular objectives. Without central Foundation planning, the effect of the grants is greatly diminished by the scatter effect.

Many aspects of the population problem are probably best attacked through specific grants, and a program of direct Foundation action should not be considered as replacing the grant system, any more than it has in the case of IHD action in conventional public health



fields. Though it would be helpful, of course, if all such grants could be reviewed in the light of general Foundation policy and action.

We come out, then, with the suggestion of a program of action through Foundation personnel attached to the International Health Division organization. I am troubled here by what may be a minor point, though I rather suspect it is a major consideration.

We are planning within the framework of seeking knowledge for understanding. The IHD has operated and made its very considerable contributions within another framework, knowledge for power. Its organization has been developed for the purpose of studying and applying public health measures. Organization for the application of knowledge and organization for the acquisition of understanding are different problems.

I am inserting the point here as a reminder that it should be thought about and discussed. Perhaps the difference in organizational problem involves chiefly a difference in personality types. For understanding, for a fresh and unconventional approach in a little explored area of thought, we need people with original minds, with imagination, with (to lay it on thick) "the creative temperament". Several such people together are apt to form an explosive mixture, not easily handled. Yet if we don't get people with original minds, we are not apt to shed any very new light on the problem.

In such a situation, it has often seemed to me that the logical procedure, having decided more or less on the general nature of the problem, is to find the people, and then fit the organization to their

personalities. The reverse, making an organization chart and then fitting the personalities into it, is almost surely foredoomed. The direction problem, as Kenneth Mees has nicely shown, is comparable to that of an orchestra leader blending a collection of temperamental musicians, rather than to a general deploying his staff.

Yet there would be very great advantages to having foreign study, especially, a direct part of the IHD. The Division has an extraordinary backlog of good will in all parts of the world because of its widespread and very obviously beneficial health work. This has produced a favorable environment both with governments and with people. There would be further advantages to carrying out a field study program in a particular country or area where the Division at the same time was carrying out some more conventional health project, something obviously beneficial. It would be, essentially, an extension of the policy of carrying a bag of candy along when you go out to collect blood smears from school children. But such simultaneous operation in two spheres would require particularly careful attention to the organization problem.

I think we should plan from the beginning for two projects: an academic unit, and a field study unit. Further discussion of method of operation is perhaps best discussed under these separate headings.

The Academic Unit.

It seems to me that the first step in developing a Foundation program in population studies would be to arrange for collaboration with some one American university, so that channels for the flow of ideas and personnel could early be established. The exact nature of such collaboration would have to be determined after conversation with university officials and such conversation can hardly be undertaken until the subject has been thoroughly explored among Foundation officials in New York. Ideas put forward here, then, are of a completely tentative nature, meant to serve at most as starting points for discussion among ourselves.

There is already in existence an academic unit for population studies at Princeton (The Office of Population Research), and we should seriously consider the alternatives of building on this or of starting something new. Doctor Notestein, in charge of the Princeton unit, has shown his ability and willingness to collaborate with Foundation officials, and will, I hope, under any circumstances be of invaluable help as an adviser in building up our policy and program. It would be easy to assign a Foundation staff member to this Princeton group, to help the development of its present program with grants, and to consider how help could be given for the extension of its facilities.

The Population Office forms now a well adjusted part of the Princeton University system, working with staff and graduate students of several university departments. It serves as an important focus for general population studies in America, especially through its activity in

publishing Population Index. Doctor Notestein is primarily a demographer, and gives a demographic slant to all of the activities of the office. But after all, demography is the recognized core for population work; and Notestein has sufficient breadth and ability to recognize the need for work in areas of anthropology, psychology, physiology and biology, and I am sure would welcome opportunity to extend the activities of his office into such fields.

The big drawback is that Princeton has no medical school and no school of public health. If the Foundation population program is made an integral part of the IHD activities, one of the objectives will surely be to test a broadening of the definition of public health. At the same time that the IHD is carrying out an experiment in operation, it would be valuable to test the relation of population work to the programs of public health schools.

There is, in fact, a demand for such testing. The officials at Hopkins certainly would be anxious to have Foundation support for the addition of social studies in general and population studies in particular to their program. From what I have read of plans and projects of the Harvard school, I judge that they are equally anxious to move in some such direction. Since the IHD has a large measure of responsibility for the organization and activity patterns of all of these Schools of Public Health, and since the academic thinking and the IHD thinking are running a parallel course, active collaboration would seem not only easy and desirable, but almost inevitable.

There is still a third type of academic relation that I think we should consider. I judge that plans are well advanced at Yale

for a program of study in "conservation and rational utilization of natural resources" (my diary, pp. 32 - 34). My reaction to this was that resources study were pretty well divorced from population study. A unit like that at Princeton might be equally criticized for divorcing population study from the essentially biological study of the dynamics of resources relations. Since Yale has taken the initiative in resources study, perhaps it would be the logical point for Foundation concentration on academic aspects of population study. It would have the tremendous advantage of well developed departments of psychology, anthropology and sociology, with strong population interests. I understand that public health at Yale is a secondary interest, without the autonomous development characteristic of Hopkins and Harvard, which might be a big drawback from the IHD point of view.

Geographical propinquity is going to be important, from the point of view of frequent interchange between the academic unit and the Foundation Home Office. I wonder, in this connection, why we have never discussed the possibility of collaboration with Columbia University.

The exact form of the academic unit will thus depend in part on its location and on arrangements with the collaborating university. Certain characteristics, however, are quite independent of location.

I think the unit should contain at least one member of the regular Foundation staff (thinking always in terms of IHD staff) in long term residence. At Princeton, the Foundation representative would obviously have to collaborate with a University official (Notestein) who would be in administrative charge. That there is little difficulty in reconciling university allegiance and Foundation interests, is, I think, shown by the advisor system used by Social Sciences, or the



Scientific Directorate of the IHD. In a unit set up in collaboration with the public health schools at either Hopkins or Harvard, I should think that a member of the Foundation staff could well be in administrative charge, with a nominal University appointment of some kind. Apparently there is an almost endless array of mechanisms for such collaboration -- almost all possible varieties are already in operation at Hopkins, and I suspect that there is a similar range at Harvard.

The idea would be to form close liaisons with public health, sociology, anthropology, psychology, biology and perhaps economics. At Hopkins this would be less complicated than it sounds, since the essential connections would be two: with the Geographical Institute, which already relates economics, geography, anthropology, physiology, meteorology and so forth; and with the School of Hygiene, which relates a whole series of subjects that impinge on public health. The situation would be less simple at Harvard because of the greater number of strong and separate University departments. But the Russian Research Center there, for instance, has obviously succeeded in a comparable relating process.

I have the impression that the environment would be favorable at Yale because of the already existing understanding between the human relations groups like anthropology, psychology and sociology; that the bridge to be constructed by a population unit would be between these and biology (with its resources interest fostered by the Conservation Foundation).

The academic unit should probably be responsible for at least one formal course in population study, and should be able to handle several graduate students, the students getting their degrees in some established university department like anthropology or sociology, as I judge happens with the Notestein group at Princeton. The connection between the Foundation academic unit and the Foundation field unit should provide ideal conditions for graduate study, since the field unit is bound to uncover an inexhaustible mine of material for doctor's theses.

The field unit will, I think, be a considerably better instrument of investigation if it can always include a few graduate students, fed to it on annual fellowships or something of that sort. The able graduate student can look at problems freshly, with enthusiasm; and I think the presence of a few graduate students has a definite tonic effect on older investigators whose thought processes are apt to have jelled.

The academic unit should also serve as an information center for the field unit: providing a place where the field workers can periodically retire to write up their studies and gain fresh strength from contact with main streams of thought, and providing a place to which they can refer questions, bibliographic problems, and so forth. A disadvantage of Hopkins, by the way, would be the inadequate and scattered library facilities. These are really adequate only in medicine itself.

These comments are pretty vague and diffuse, but specific planning will depend on a series of prior decisions. These, as I see

them, are:

1. Whether to try the experiment of close Foundation collaboration with a particular university by establishing one or more staff members as connected parts of the university system.

2. What specific university is chosen for the experiment. Details of plans can only be worked out in the course of conversation with the authorities of the particular university.

3. Who will represent the Foundation in developing the experiment. Whoever has charge of the academic unit should have as free a hand as possible in developing details of plans; and the orientation and content of the unit will depend to a considerable degree on the capacities and interests of its director.

The Field Unit.I. Program

I find it helpful to think of the Field Unit as undertaking a study of Human Ecology or, in another vocabulary, of Human Cultural and Natural History. If we take "behavior" in its broadest possible sense, this might be restated as the study of human behavior at the levels of the individual, the family and the community.

I have tried analyzing this in a number of different ways, but all of them look like ideal and impractical schemes. The problem of working methods keeps obtruding into the analytical schemes. You can plan the study of an ant community fairly objectively and reasonably, assuming that you will have a supply of similar communities, some of which can be simply observed while others are taken apart and modified. But in the case of the human community, I suspect that the investigating team will rapidly come to form a part of the community being studied, which will inevitably result in a continual, even though slight, modification. If, in a long term study, we are to avoid fatigue in the population being studied, we shall have to plan actual modification, actual participation in the activities of the community, and allow for this in making observations and deductions.

The whole organizational problem makes more sense when I try to think of a study team attached to a Health Center in a community. By such a mechanism, the group could gain the confidence and respect of the people being studied, and have a method of entrée into their private

lives. It could get into the families, into the schools, into the various parts of the local governmental machinery, and have a reasonable chance of finding out what was going on. It would give an excuse for censuses and questionings, a method of pulling people in for measurements, an apparatus for the experimental modification of certain factors in the community.

Experience and knowledge of the people gained through such an approach would be of great help in excursions into neighboring, similar communities, unmodified by the health center activities, when investigations into such communities seemed necessary for particular studies or for controls. In fact the Health Center seems to me an almost ideal instrument for social and cultural investigation. Or perhaps I should say, an almost ideal anesthetic for probing with such an instrument. And it forms a very strong argument for attaching such studies to the organizational framework of the IHD.

. The difficulty would lie in maintaining the balance between the control activities and the investigative activities. We should be completely honest with the governmental health authorities about the essential nature of the scheme, and be sure of their sympathy and understanding. And the man in charge on the spot would have to possess a great deal of tact and an understanding of many different points of view. He would be a buffer between the pediatrician and the anthropologist, he should antagonize neither the local bums nor the local medicos, be able to deal with local health officials, with Rockefeller Foundation officials, with scholars, with prostitutes, and maybe with voodoo



priests or their local equivalent. The sort of paragon, in short, that we are unlikely to find.

There are endless things that could be studied in our Guinea pig community with this health center instrument. Some of them that occur to me more or less at random:

1. Demographic description. Whatever the state of local statistical services, we would probably want to check them by some kind of area or other sampling method. We would want to make detailed studies of the factors governing mortality: the causes of death and the impact of these causes on different age, social or cultural groupings. We would want to know basic demographic facts like the age composition of the community. We would want to know about birth rates, crude, by social or occupational or educational status, and so forth. We would want various statistical generalizations about family structure -- though I suspect that the first studies of family structure would have to be from anthropological points of view, to get some workable definition of "family".

2. Cultural description. We would want to draw up a general anthropological description of our community -- its belief systems (both formal and real), its values, its status systems and hierarchy, attempting to determine the nature of categories like family and class.

3. Physiological description. I lump here all kinds of things that could be studied through the accumulation of observations on statistically significant numbers of individuals, such as:

General state of health -- the whole program would be justified if we did nothing more than work out some sort of an index of the physiological condition of members of a community, so that diverse communities could be compared.

Sexual behavior in the Kinsey sense of the term.

Anthropometrical description -- physical anthropology.

Our instrument ought to help us somehow in cracking the problem of climate and man: of physiological racial differences in relation to a given climatic environment; and its converse, the effect of different climatic environments on a given racial type.

4. Psychological description -- attitudes, personality types and so forth.
5. Economic description. Which pulls in the whole problem of the resources of the community, how they are utilized and distributed, whether and how this utilization could be modified.

## II. Persons

We should probably plan on a conventional health center personnel, made up of unconventional individuals, both local and foreign, in their particular fields, and in addition make sure that we had the following sorts of interests represented:

Statistics and demography.

Cultural anthropology.

Human physiology.

Psychology -- cultural, social or personality.

Biological in the sense of being able to comprehend environmental factors like climate, physiography, soils and agriculture, maybe parasitological dynamics (whatever that may be -- epidemiology?) and so forth.

Any such sketch rapidly begins to look like a large staff, but I expect that the experiment should be started with the smallest possible staff, with the idea that additions will be made fairly constantly, and fitted into a growing program. And a great deal of dependence should be placed on fairly long term visitors -- several months to a year. Many specific sorts of studies could be carried out by such visitors, fairly efficiently, working with the active cooperation of resident personnel who know the background and the people.

Both sexes should be represented in the resident personnel. It would be particularly important, I think, to have one or more women with medical background who could, in time, get beneath the surface of the local women -- whose attitudes, beliefs, and desires are after all a controlling matter in the population problem.

If and when decision is taken to undertake some sort of a program of field population studies, the next decision might well concern the man who is to be in charge of the work. I have always thought that in research planning, the most important thing is, who will do it; that, the right man having been found, other problems will solve themselves as they arise. It would be a mistake to draw up too detailed a scheme, try to fit men into it, and then try to stick to the scheme. We can't, of course, build up an idea of what sort of a person is needed without some idea of what he is expected to do; but once key personnel has been selected, much of the planning that preceded such selection may have to be scrapped, and new projects built up around the men who will actually carry them out.

An important matter that could be discussed early, is whether the man in charge of a field program should come from present IHD staff or be brought in from outside. I can see advantages either way, and equivalent disadvantages.

### III. Place

An important factor in the success of the undertaking is going to be the wisdom of choice of the first point of attack. We could approach decision on this in two ways: by weighing first the advantages and disadvantages of possible regions; or by first weeding out from an extended list of possible specific places or countries without particular regard for region.

The regional decision involves choosing among the East, America and Europe (including the Mediterranean and North Africa). In our preliminary discussions, the latter has not been considered, and we have argued the relative advantages of the East and the Caribbean.

Doctor Balfour will presumably present the case for starting work in the East and specifically in Ceylon. His argument that the crux of the population problem lies in the East, and that the problem consequently should be studied there, is unanswerable, and my reservations involve chiefly matters of methodology and convenience. If the first field unit is tested in some other area, say the Caribbean, it would be with the idea that presently, perhaps within a year or two, a second study would be set up in the East -- unless, of course, we

became convinced that the whole method of approach was unworkable.

However, when we are starting something as new and untested as population studies through operational activities of the IHD, I think considerations of methodology and convenience outweigh everything else. We are not going to make any appreciable progress toward solving the population problem in a year or two, so that delay in approaching studies in the East seems to me of little significance. We are going to learn a great deal about how to work in a year or two, and our first consideration should be how to learn the most with the least effort and the least risk of failure through technicalities like administrative snarls, staff personality problems, errors of procedure, bad judgement in selecting specific problems, and so forth.

In the beginning, at least, I think there should be close operational liaison between the Home Office, the Academic Unit and the Field Unit, and in such liaison geographical propinquity is important. There would be advantages in first testing field study in a community in the United States, except that population dynamics in the United States seem to be a special problem, and that we need the experience of dealing with a foreign situation. Many studies have already been carried out in the United States that will serve as a valuable base of experience in planning foreign work.

It might be useful to try to outline desirable characteristics of the area for field study.

1. Accessibility. I have already outlined my reasons for this.
2. Overcrowding. Since the keen interest in the population problem derives from impressions of apparently overcrowded areas, it



would be useful to start the study in a presumably overcrowded area.

3. Tropics. I feel very strongly that our systematic knowledge of man and the environment and human resources is heavily weighted by temperate zone studies; that by starting sustained work within a tropical area, we open the way to many profitable areas of study that have generally been neglected. For instance: tropical agriculture; climate and physiology.

4. Local Institutions. The presence of a local university or other institution with which liaison and cooperation could be established would be important. We shall, in any event, want to have local people working on the staff, and to send local people out for fellowship study.

5. Language. I think it important that the language of the country be one that the foreign workers could be expected to learn fairly readily. Otherwise they are at the mercy of interpreters and hearsay.

6. Statistics. Doctor Balfour stresses the importance of a well established local census system. This seems less important to me perhaps because I underestimate the value of the demographic approach, but also because I feel that we shall have to depend a great deal on sampling methods of our own devising for statistical studies. Governmental statistical services are almost bound to be poor in the sort of areas that would be most interesting, from other points of view, for study.

7. Other IHD Interests. A study group of the sort I have

outlined, attached to a health service, would be most easily formed in an area where, for other reasons, the IHD wanted to carry out, at the same time, a more conventional program.

The list could undoubtedly be extended greatly; these items however, may at least serve as a start for discussion.

I might end this memo by sketching the characteristics of two areas that have especially appealed to me as possible places for study: Trinidad and Hispaniola.

#### Trinidad

I have never been in Trinidad, and before going very far toward any decision concerning it, I would like to have some first hand information. But it appeals to me greatly because it is a fragment split off from South America, in which many basic problems of the tropical American environment could be studied, and because it is under British control. Dealing with a British colonial government would at least be a change from Latin American governments; and I believe that IHD relations with the Trinidad government have always been satisfactory and easy. It is not, apparently, a point of dispute or envy for any of the Latin American governments, so that work there would not be apt to get involved in inter-American political jealousies.

Psychological and anthropological studies of the negro and Hindu communities would probably have wide application and implication.

Studies of things like agriculture, nutrition and climatic environment would certainly have wide application, since the area is geographically South American, conveniently broken off for experimental

observation. One very important question in all population discussion is the agricultural utilization of tropical American rain forest, which Trinidad has, along with a School of Tropical Agriculture that (judging from hearsay) has great potentialities. Work in Trinidad would carry for me the implication of fostering research in tropical agriculture as well as in population per se and health.

Liaison between a field unit in Trinidad and an academic unit in the United States would be easily maintained -- the more so because of the common language -- and it might be possible to establish useful connections with English academic thinking.

#### Hispaniola

The beauty of Hispaniola is that a political line has divided an island into two parts, setting up a nice controlled experiment for the study of physical environment versus cultural environment.

Work of the sort I have outlined under program would probably be best set up in some particular Haitian community, with excursions into other Haitian communities and Dominican Republic areas for check observations. In Haiti, the hope of very active collaboration from local institutions would probably be slight; but, judging from individuals I have known, we could find intelligent enough people for help in the study. The government would, I think, be delighted at any interest and help on the part of outsiders.

The official language is French, but the patois of the people is unintelligible, and French is of no great help in learning it. It is not, however, a particularly difficult patois to learn. The

Dominican side speaks orthodox Caribbean Spanish (differing from continental Spanish chiefly in speed, and in the habit of skipping the letter "s"). Operation in the Dominican Republic would be, I should think, easy from almost all points of view, but of less direct interest to us now since their problem, essentially, is one of undercrowding. They have been importing European refugees, which would be a good chance for psychological and anthropological observation.

From the practical point of view, if we could find a method of introducing birth control into Haiti, we could probably introduce it anywhere in the world!

A big advantage of Hispaniola would be the fascination that it would undoubtedly exert on any investigators sent down there. It must be the anthropologist's idea of heaven -- like the Fiji Islands only nearer.