

HARVARD UNIVERSITY
SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF EPIDEMIOLOGY

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HARVARD UNIVERSITY
INDIAN POPULATION
695 Huntington Avenue
Boston 15, Massachusetts

October 6, 1953

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Dr. James S. Simmons, Dean
Harvard School of Public Health
55 Shattuck Street
Boston 15, Massachusetts

Dear Doctor Simmons:

For the past three years the Department of Epidemiology has been concerned with problems of populations as they affect health of the peoples concerned and thereby world interests in a variety of directions. The situation of too many people, beyond resources for their physical and social welfare, is most definite in underdeveloped countries of the Far East. It is by no means so limited, for some highly industrialized nations of the Western World also have their difficulties; even the United States with its highly favorable economic position can not disregard future potentialities.

Public health and the medical profession by an unprecedented success in reducing numbers of deaths have contributed materially in many countries to an existing situation of overpopulation. The benefits from that success are not to be denied nor minimized; nor does any reasonable mind give consideration to lessening that effort.

The rate of growth of human populations is a major problem of our time, in relation to the world as a whole and as it affects individual nations; what has been accomplished through control of disease threatens to overshadow and even to discount the gains in health and welfare brought to many people. Public health has the responsibility to realize the gravity of the situation, and to turn its skills to the solution of the problem. No agency of present day society other than that of public health has the equivalent organization, experience or personnel. Overpopulation is accepted as a major menace to health; wholly aside from such other considerations as the peace and economic welfare of the world. As so often happens in human endeavor, the solution of one problem brings others. The disturbed ecologic equilibrium brought about by lower death rates is just that.

The problem is by no means purely professional in the sense of medical, but like all others of public health involves many aspects of human life from the religious to the mechanistic. Moreover, the problem is not the same in every part of the world, nor within parts of a country. Some areas

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are still underpopulated. Because a country is currently overpopulated scarcely frees the medical profession of the duty to relieve other associated disabilities, sterility within a goodly fraction of populations for example. Overpopulation is a calculated risk in major health undertakings, and as such its remedy is a recognized obligation of modern public health.

Overpopulation is a global problem. Communications, transport and trade have made the world a unit, a single epidemiologic universe. Overpopulation in one region or continent is the concern of all others, as much as pandemic disease. The main difference is in timing. A pandemic of influenza spreads and is finished. A pandemic of births is none the less real, and the effects last a long time.

Mankind has the obligation and duty to aim at a balance between numbers of people and the necessities of life, in a context of optimum health rather than mere survival. Man also has the challenge to attack the causes of famine and predatory war to which overpopulation contributes strongly.

Modern public health has had manifest success in achieving lower death rates. The result is a lost balance between births, deaths and material production. The gains made in health are endangered. The situation calls for as concerted and energetic action in remedy of birth rates as that turned toward deaths two generations ago.

The areas of major immediate concern are where survival is the more urgent concern than attainment of health. Much of Asia, Africa and elsewhere is involved. In the greater part of whole countries, India, Indonesia and Egypt, health is a luxury which few can afford. Similar pockets of excessive numbers override the power of the people to support themselves.

The aim of population control is more than mere control of numbers. Control of numbers will be successful only if it results in a better quality of human life. Some qualities of human life are measurable by vital statistics: infant mortality, pregnancy wastage, nutritional status, infertility, and sickness rates; others are quantitatively determinable through expression in social and economic terms; still others, those of the spirit, are immeasurable but nonetheless real.

The pragmatic concern is whether births can be reduced. An accurate diagnosis of the situation is believed to be the first consideration. The epidemiological method, long proved in approach to other health problems, is offered as one of the means to that end. The problem has been too long approached in terms of the individual rather than of populations. Relevant facts are necessary. The nature of those facts has been discussed.

The second step is a critical assessment by field trial of available technical measures for limiting conception; determining for whole populations observed effectiveness in reducing rates of birth and promoting health and social status. The clinical worth of a method under these conditions, and

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the extent to which it is acceptable to a population, are critical facts yet to be determined.

A field experiment in India is outlined, to extend over 10 years. The study will have succeeded if at the end of observations a significant decline in births per 100 woman years of village populations can be demonstrated as the result of induced contraceptive measures; and that significant changes towards improved health and social status exist in experimental villages compared with controls.

A significant advance will have been made if at the completion of the pilot experiment which is the immediate objective, means of measuring effectiveness of reproduction control methods in a population have been demonstrated. The aim is an evaluation of existing methodology. The way will have been cleared for testing more effective methods for control of contraception as they result from future research.

The key members of the staff for accomplishing these studies are now in India. Funds are available for the first months of operations. Work will start this month, October 1953. Financial support is sought for the first of three parts (Stages I, II and III of the outline) into which the experimental design falls, a period of two years. The budget is in the sum of \$68,450, ~~copies attached~~. When observations are completed, results will be analyzed and through conference of staff, Indian government and financial backer, decision will be taken to continue with the longer plan outlined, to pursue further information on methodology or to end the study.

You will recall our conversations last week with Dr. Andrew J. Warren of the Rockefeller Foundation and his interest in the project. I have had long association with Dr. Balfour of that organization in developing conceptual idea and plan for the studies, a contribution of special value because of his professional competence and familiarity with India. The Foundation has fostered activities in this field.

I request therefore that you initiate necessary action through University authorities and to the Rockefeller Foundation, asking (1) support for the first part of the studies as projected, (2) tacit understanding that if accomplishment so justifies, to be determined by mutual study and agreement, that the School of Public Health and the Rockefeller Foundation recognize a continuing cooperation and interest in the larger and definitive investigations, total budget for ten years about \$227,300 and (3) a grant of emergency funds in the amount of \$10,000 for conduct of the work in the interim between October and definite action by the Foundation at their December meeting; in the event of a favorable decision, this sum to be a part of the total \$68,450.

Sincerely yours,



John E. Gordon, M.D.