

POPULATION CONTROL AND THE PERSEVERANCE OF EUGENICS
A Case Study of the Politics of Fertility Control,
Alvin Ratz Kaufman, 1930-1979

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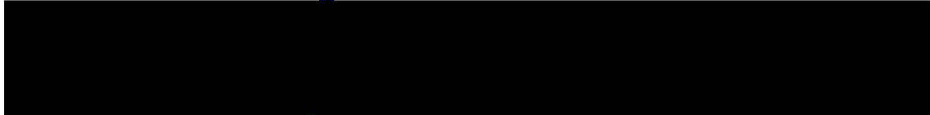
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Abstract

Alvin Ratz Kaufman was an Ontario-based industrialist, philanthropist, and eugenicist, active in the field of birth control from the early 1930s until the late 1970s. Motivated by an eugenic and neo-Malthusian fear of the "excessive" and "inappropriate" fertility of the poor, Kaufman developed and implemented a fertility control delivery system involving home visitation, lay-prescription and the mail-order delivery of birth control information and supplies throughout much of Canada in the 1930s. His efforts continued in a somewhat altered form after the Second World War until his death in 1979, at this time, Kaufman continued with an abbreviated version of his mail-order birth control system, promoted male sterilization, and played a more public role as an historic pioneer and as a lobbyist of the private and public institutions which assumed responsibility for "family planning" in the 1960s and 1970s. For almost fifty years, and concurrent with his domestic efforts, Kaufman promoted the delivery of birth control overseas in Korea, India, Malaysia, Bangladesh and St Vincent in the Caribbean, as he had within Canada, Kaufman favoured first the lay-delivery of "simple" contraceptives and after the war, sterilization, in order to limit the fertility of the social underclass.

Kaufman's Canadian fertility control efforts in the 1930s have been relatively well documented, in particular, the 1936-7 trial of one of his home visitation workers for illegally advertising contraceptives has been extensively investigated. But his international and post-World War II efforts have been almost entirely ignored. Consequently, both Kaufman and the larger domestic birth control movement of which he was a member have been misinterpreted as primarily of intra-national importance. Furthermore, the failure to examine the continuation of Kaufman's birth control efforts

after the Second World War has resulted in a narrow understanding of his methods. This thesis seeks to correct these oversights. I argue that Kaufman's eugenic and population control motives were constant over almost fifty years of involvement with fertility control both inside and outside Canada, but that the strategies he developed to implement his goals altered according to specific circumstances. I argue further that Kaufman's domestic and extra-domestic birth control efforts were mutually reinforcing - lessons learned in one sphere were applicable in the other - and that this continuity of meaning across national borders indicates the relevance of eugenic concerns in the international population control movement, and of global "overpopulation" concerns in the domestic debate over fertility control. Finally, I argue that the endurance of Kaufman's involvement with international population control points to the longevity of interest in the fertility of the foreign poor, the post-World War II obsession with international population growth involved the dramatic intensification of such concern, but not its genesis.

Examiners



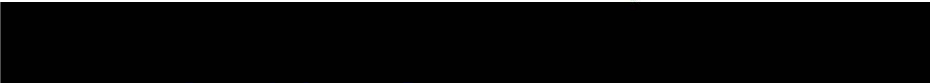
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Glossary of Terms

<u>Archival Resources</u>	<u>Abbreviation Used</u>
The Francis A Countway Library of Medicine Boston, Massachusetts	CL
- C J Gamble Papers	GP
Doris Lewis Rare Book Room University of Waterloo, Waterloo Ontario	DL
- Papers of the Parents' Information Bureau	PIB
National Archives of Canada Ottawa, Ontario	NA
Provincial Archives of Ontario Toronto, Ontario	OA
United Church of Canada Archives Toronto, Ontario	UCC
Papers of Margaret Sanger Washington, D C Library of Congress Microfilm, 1976, M47, University of Waterloo	SP

Introduction

This thesis presents a case study of an historical process - the interpretation and control of fertility - and argues that the ideologies of population control and eugenics have formed a continuous and crucial element in the regulation of fertility. The specific case under study concerns the efforts, intentions and reflections made and observed by Alvin Ratz Kaufman, an Ontario-based industrialist and philanthropist, from the initiation of his interest in the field of fertility control in the 1930's until his death in 1979. Kaufman organized and funded a birth control delivery system which provided contraception and sterilization across much of Canada from the 1930s until the 1970s, the organization he set up to orchestrate these activities was called the Parents' Information Bureau (PIB). Concurrently with his domestic efforts, Kaufman involved himself in population control outside Canada, particularly in Asian countries, he funded the activities of various birth control proponents in India, Korea, Bangladesh, Malaysia and St Vincent in the Caribbean. Using documentation from Kaufman's correspondence, addresses and reports, together with published material and recent scholarship, this thesis argues that Kaufman - active in the field of fertility control for almost half a century and in countries around the globe - serves as an illustration of the potency and continuity across time and national borders of concerns about population size and composition, or "quality", and the importance of these themes to the domestic Canadian debate over birth control.

Alvin R. Kaufman developed an interest in fertility limitation out of an eugenic and neo-Malthusian concern over the "inappropriate" and "excessive" fertility of the poor. He was a unique figure in Canada for the generosity of his financial contribution and the scope and size of his involvement with birth control, his closest contemporary was Clarence James Gamble in the United States who directed his attention and his share of the Proctor & Gamble fortune to population control. In the United States too, there existed large, elite-run philanthropic organizations concerned with fertility and a powerful indigenous feminist figure promoting birth control within a framework (however loose) of women's rights - Margaret Sanger.

Canada produced no female figure of significant stature in the birth control movement, instead, it borrowed such personalities from the United States and England - Marie Stopes and Margaret Sanger. Ironically, though popularly viewed as a women's issue or feminist issue today, the most prominent figure in Canadian birth control history, both as practitioner and figurehead, was one man, A R Kaufman, who engaged in the birth control 'crusade' for entirely non-feminist reasons

In Canada, Kaufman was a well known public defender of the birth control "cause". His most significant public relations coup was the Eastview birth control trial, in 1936, one of his home visitation workers, Dorothea Palmer, was arrested while working for the PIB in the largely French Canadian and Roman Catholic community of Eastview (now Vanier) outside of Ottawa. Kaufman funded an elaborate defense which involved weeks of expert testimony intended to utilize the escape clause in the Criminal Code restrictions on the distribution, sale and advertisement of contraceptives - the defense of the "public good". The defense successfully established that the distribution of contraceptives aided society primarily through reducing the fertility of those in need of public assistance.¹ In the 1960s and 1970s, Kaufman was regarded as an important pioneer by the media and by his organizational heirs in the "family planning" and "planned parenthood" movements.² In these accounts, he was known as Canada's

¹ See Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880-1980*, (Toronto: McClelland & Stewart, 1986), Chapter 5, Dianne Dodd, 'The Canadian Birth Control Movement on Trial, 1936-1937,' *Histoire Sociale - Social History*, 16, 31 (November 1983), Gerald Stortz and Murray A. Eaton, "'Pro Bono Publico' The Eastview Birth Control Trial," *Atlantis*, 8, 2 (Spring, 1983)

² For eulogistic accounts of Kaufman's birth control efforts by members of the Canadian family planning establishment refer to *Current Status of Family Planning in Canada*, second edition, (Ottawa: Published by the authority of the Honourable Marc Lalonde, 1973), p. 2, *Family Planning in Canada: A Source Book*, ed. Benjamin Schlesinger, (Toronto: University of Toronto Press, 1974), dedication, Raymond Boutin, "A History of the Family Planning Movement in Canada," *Family Planning and Social Work*, (Ottawa: Department of National Health and Welfare, Family Planning Division, 1976), pp. 17-18, Ian Bain, 'The Development of Family Planning in Canada,' *Canadian Journal of Public Health*, Vol. 55, 7 (July 1964). Historical Sketch, Appendix A, Planned Parenthood Report, 1976, NA, MG28I463, Box 5/45, File III, Historical Matters, Thomas Melville Bailey, For The Public Good, A History of the Birth Control Clinic and the Planned Parenthood Society of Hamilton, Ontario, Canada,'

"Mister Birth Control", as the "Father of Birth Control" and as the "Father of Family Planning" in Canada,³ titles in which he took great pride. Kaufman's international birth control efforts were and are less well known, yet despite their relative obscurity, they complemented his domestic efforts. Both were similarly structured and shared equivalent goals and prior assumptions.

In Canada, the advertisement, sale, or distribution of birth control was illegal under the Criminal Code until revision of the pertinent section in 1969. Credible social agitation for the legalization of birth control awaited the 1960s, as did official professional, and governmental sanction of the practice.⁴ Nonetheless, the need for the legalization of birth control had been debated since its illegality was codified in 1892. These debates involved three interconnected themes, though they were not necessarily explicitly articulated: concerns over population size, population composition or "quality", and the potential for "liberation". Kaufman's efforts and actions can be firmly located within the two former themes, though he was not averse to the use of liberatory language where it served his purpose.

These three themes of concern are apparent both in the debates of the historical actors and in the published debates of historians. The terms used in the debate - birth control, family planning, planned parenthood, and population control - describe historically specific elements of the general fertility politic. The phrase "birth control" was coined by Margaret Sanger in 1915.⁵ Though it has come to be viewed as a generic term for the control of

(Hamilton: The Planned Parenthood Society of Hamilton, 1974) pp. 3-4, 13, 23-25, NA, MG28I463, Box 5/45, File III, Historical Matters

³ Hugh Garner, "Mister Birth Control," *Saturday Night*, (March 21, 1953), pp. 10-11. Mary Bishop, 'A. R. Kaufman: Father of Birth Control in Canada,' unpublished manuscript, DL, G10857. McClure sent a letter for the PPO tribute to A. R. Kaufman in which he stated that A. R. Kaufman was the "father of family planning in Canada"; see Dr. Robert Baird McClure, letter to Ms. Eleanore McDonald, Planned Parenthood of Ontario, September 21, 1976, OA, MU4468, File: luncheon for Kaufman.

⁴ Most governments waited for the legalization of birth control in 1969 before supporting birth control, but the province of Quebec, in particular, provided official funds for birth control before 1969, as did a number of municipalities.

⁵ Linda Gordon, *Woman's Body, Woman's Right, Birth Control in America*, revised and updated, (Penguin Books, 1990, first published by Grossman Publishers in the United States, 1976), p. 206.

reproduction it can be defined more specifically as the voluntary efforts of individuals to determine both the number and timing of children. "Family planning" was a post-World War II concept, made popular by established population organizations⁶ as part of an effort to de-radicalize the individualistic elements of birth control by emphasizing the potency of fertility control methods and ideology as a force for social stability, the use of the word "family" invokes potent imagery about the types of individuals and the conditions under which such individuals should have access to birth control.⁷ The term "planned parenthood" had its genesis in the same historical era and ideological agenda as the term "family planning",⁸ both terms emphasize "planning", but because the former term fails to use the value-laden word "family", it suggests less selectivity with respect to the access provided. While "birth control" focuses on the individual, the term "population control" concerns the aggregate, and though individual control of fertility can be effected by individuals, the control of the fertility of groups implies decision-making by the few for the many. The need for population control can be asserted in the context of the social planning of an entire group, alternately, it is targeted to restrict certain portions of the overall population, often in the context of the Malthusian logic that apocalyptically predicts the tendency of human populations to non-sustainable growth and attributes the causes of poverty to such "overpopulation".⁹

A review of the literature of the history of fertility control politics clearly reveals the centrality of the debate over the meaning of the social movement for the legalization and promotion of birth control. In the Canadian and American historiography, the literature poses numerous questions. Were liberatory arguments a significant force in the development

⁶ For example, the Planned Parenthood Federation of America and the Population Council of New York.

⁷ Thomas Shapiro, *Population Control Politics: Women, Sterilization, and Reproductive Choice*, (Philadelphia: Temple University Press, 1985), p. 9.

⁸ Linda Gordon, *Woman's Body, Woman's Right*, pp. 344-5.

⁹ *ibid.*, p. 346. Thomas Shapiro, *Population Control Politics*, p. 9.

of a social consensus in favour of fertility control? Were eugenic and population control concerns primary, or secondary and tertiary factors? Were they necessary additions in the interests of building a social consensus? Or, were they perhaps the central issues in the fertility politic? Furthermore, how should the changes made historically be assessed today? As necessary and positive elements in the development of public policy? Or, as evidence of the increasing interference of the state in the lives of its citizens?

In the Canadian historiography, there is by no means a consensus concerning the nature of the "social movement"¹⁰ which concerned itself with issues of fertility control. Furthermore, the debate is hampered by lacunae in the literature. Most obvious is the near-exclusive examination of domestic interests and issues. This provides the misleading impression that Canadians, in examining the issue of fertility control, were concerned only with Canadian fertility, the fallacy of this interpretation becomes particularly apparent after the Second World War when the debate about fertility control intensified and addressed the contemporary concerns with international population growth. Furthermore, the most extensive Canadian scholarship has focused on the fertility control debate up to World War II. The complex of concerns which surrounded the 1969 change in the law, the role of organized groups in contributing to those debates, and the implications of the policy changes for Canadian society have been only minimally examined. The narrower focus, while capable of providing a rich picture, cannot observe general trends and the continuity or change of intent over time. Conversely, this thesis is a longitudinal case study of both the domestic and foreign spheres, it demonstrates the potency of eugenic and neo-Malthusian concerns over population composition and size from the early 1930s to the late 1970s. The focus upon Kaufman permits an understanding of continuity rather than change in the meanings of fertility control efforts which otherwise altered across time and space. And it convincingly demonstrates that this continuous meaning has been an influential component in the politics of Canadian fertility control.

¹⁰ The term social movement will be used for clarity, but it should not be taken to mean an organized, articulate or cohesive force in society. In this I borrow Linda Gordon's broad understanding of a social movement as a collectivity of activity rather than an ideological consciousness. Linda Gordon, *Woman's Body, Woman's Right*, p. xix.

The major Canadian study of the historical "practices and politics" of fertility control was written by Angus McLaren and Arlene Tigar McLaren¹¹ This study perceived a transition in the social meaning of the birth control movement, beginning in the western provinces as a debate among social radicals in the 1920s, the issue was monopolized in the 1930s and thereafter by a socially conservative movement operating out of central Canada

The authors set out to examine the varied historical contestations over the control of fertility and focused their attention on the "first round" of the "Canadian birth control debate"¹² in the inter-war period They discussed the turn of the century concerns about the decline of the birth rate and the fear of national suicide so prevalent in western nations,¹³ and they highlighted a uniquely Canadian concern the English Canadian and Protestant fear of the high French Canadian and Catholic birth rate Concerns about perceived demographic trends formed a backdrop to the political articulation of issues of fertility control The authors located the original public defenses of birth control in Canada in British Columbia, not coincidentally, the home of free lovers, sex radicals, socialists and feminists From the late nineteenth century to the end of the 1920s, public arguments in Canada in favour of birth control were heard almost exclusively in the west, where they were promoted as a challenge to, not a defense of, the status quo However, this loose coalition of defenders of birth control promoted few concrete efforts, due in part to their attribution to the state of the responsibility for the provision of services

The radical monopoly of the defense of birth control was broken in the 1930s "by the emergence in Canada of a socially conservative neo-Malthusian movement",¹⁴ catalyzed by the Depression, which sought not to

¹¹ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*

¹² *ibid*, p 11

¹³ See also Michael S Teitelbaum and Jay Winter, *The Fear of Population Decline*, (Florida Academic Press, Inc , 1985)

¹⁴ *ibid*, p 88

disrupt society but to preserve it. The authors examined the major protagonists in central Canada: Mary Elizabeth Hawkins, A H Tyrer and A R Kaufman. Hawkins was a Hamilton clubwoman who opened Canada's first birth control clinic in 1932, under medical supervision. Tyrer was an Anglican clergyman who made the promotion of birth control a personal quest from 1929 onward, he had limited financial resources and quickly became beholden to the other major personality, Kaufman, who clearly represented an eugenic agenda¹⁵. This socially conservative movement, headed by Kaufman, sanitized the issue of fertility control by appealing to the fears and interests of the middle classes and formed the basis of what was to become the family planning movement in Canada¹⁶. The authors argued that the legal change in 1969 that removed reference to contraceptives from the Criminal Code and permitted therapeutic abortions under certain restrictive conditions came about in the context of growing public concern about "overpopulation", furthermore, the change was made when it seemed politically safe to do so - in particular, after the decline of the Quebec birth rate. Finally, the authors argued that the trend in Canada, as in other western countries in the post-World War II world, has been toward the "greater masculinization, professionalization, medicalization and commercialization" of fertility control¹⁷. In short, the birth control movement involved the institutionalization of knowledge and authority for fertility limitation in the hands of specialists rather than the general "liberalization" of access to information or personal control.

¹⁵ The history of eugenics in Canada and elsewhere is central to a study of fertility politics, it is particularly relevant for a study of A R Kaufman who was an executive member of the Canadian Eugenics Society and an ardent supporter of the eugenic sterilization laws in Alberta and BC and a proponent of the same for Ontario. The history of eugenics in Canada is examined in the following works: Terry L Chapman, 'Early Eugenics Movement in Western Canada', *Alberta History*, Vol 25, 4 (Autumn 1977), Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945*, (Toronto: McClelland & Stewart, 1990), Angus McLaren, "The Creation of a Haven for 'Human Thoroughbreds': The Sterilization of the Feeble-Minded and Mentally Ill in British Columbia", *Canadian Historical Review*, Vol 67 #2 (1986), John P Radford, 'Sterilization Versus Segregation: Control of the Feebleminded, 1900-1938', *Social Science and Medicine*, 33, 4 (1991).

¹⁶ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, p 71

¹⁷ *ibid*, p 142

Not all scholars have agreed with the model as established by McLaren and McLaren. Dianne Dodd differed on several points¹⁸. In the first place, she asserted that the depression of the 1930s witnessed the original emergence of a birth control movement in Canada. Though Dodd did not expressly argue that the articulation of demands for birth control in western Canada, as described by McLaren and McLaren, did not conform to the notion of a social movement, this was by implication her argument¹⁹. The second major disagreement she had, concerned her interpretation of the political agendas of the central Canadian birth controllers. She asserted that there were two approaches to the distribution of birth control in central Canada, which conformed in general to two political themes attached to two groups of individuals: those who were primarily motivated by feminist (or "proto-feminist") goals, and those who were primarily motivated by eugenic goals. These two groups of individuals were identified by Dodd with, on the one hand, the women who provided birth control information and supplies on a day to day basis in the clinics and by visiting women's homes - for example Mary Elizabeth Hawkins of the Hamilton birth control clinic - and, on the other hand, the men like Kaufman whose concern was to limit the fertility of marginal social groups.

Mary Bishop directly disagreed with Angus McLaren²⁰ with respect to the importance of the birth controllers in British Columbia. She argued that the early birth control movement in western Canada was not superseded by a socially conservative birth control movement in central Canada. Rather, the western radicals did actually provide concrete services, a

¹⁸ Dianne Dodd, 'The Hamilton Birth Control Clinic of the 1930s', *Ontario History*, Vol 25 #1 (1983), Dianne Dodd, 'The Canadian Birth Control Movement, 1929-1939', M.A. Thesis, 1982, Dianne Dodd, 'The Canadian Birth Control Movement: Two Approaches to the Dissemination of Contraceptive Technology,' Revised version of a paper read at the Third Kingston Conference in October 1983 and published with the assistance of SSHRC

¹⁹ Dodd is aware of the existence of a pre-1930 birth control movement, she makes reference to the article by Angus McLaren, 'What has this to do with Working Class Women? Birth Control and the Canadian Left, 1900-1939', *L'Histoire Sociale, Social History*, XIV (November, 1981) in her article, 'The Hamilton Birth Control Clinic', footnote #42

²⁰ Angus McLaren, "What Has this to do with Working Class Women?" See also Angus McLaren, 'Keep Your Seats and Face Facts' Western Canadian Women's Discussion of Birth Control in the 1920s, *Canadian Bulletin of Medical History*, Vol 8, 2, (1991)

clinic in Vancouver from 1932 to 1955 and Canada's first advocacy organization, and they did maintain their influence beyond the 1930s²¹ Bishop's central disagreement with the general themes presented by McLaren and McLaren concerned the nature of the social movement that spawned the family planning/planned parenthood organizations in the 1960s Her appraisal of these organizations and their early pioneers was celebratory²² Bishop has been the only scholar to mention Kaufman's international fertility control efforts,²³ she interpreted them, together with his domestic birth control efforts, as fundamentally humanitarian in nature and as pioneering and prescient responses to the growing problem of global population growth Having herself been extensively involved with international and Canadian family planning organizations, she interpreted these institutions and the nature of their efforts as contributing to 'progress' in public policy and society in general

The conflict over the meaning of the birth control movement has continued in the form of another published debate, this time between Mary Bishop²⁴ and Larry Collins²⁵ Larry Collins entered largely uncharted historical territory in the early 1980s with an article that focused on the change in the law in 1969 that made both contraceptives and abortion legal, the latter under restrictive circumstances His central thesis was that the legal change, particularly with respect to abortion, did not involve a reform but was instead the sanctioning in law of contemporary restrictive practice²⁶

²¹ Mary Bishop, "The Early Birth Controllers of B C," *BC Studies*, no 61, (Spring 1984), p 64

²² Mary Bishop, "The Unlikely Fathers of Birth Control and Sex Therapy in Canada: A R Kaufman (1885-1979) and A H Tyrer (1870-1942)," unpublished manuscript, DL, G10857

²³ *ibid*

²⁴ Mary Bishop, "The Politics of Abortion: Trends in Canadian Fertility Policy by Larry Collins - Revisited," *Atlantis*, Vol 9#1 (Fall 1983)

²⁵ Larry Collins, "The Politics of Abortion: Trends in Canadian Fertility Policy," *Atlantis*, Vol 7#2 (Spring 1982)

²⁶ The debate over 'the politics of abortion' has continued, the evidence seems irrefutable that the liberalization of the law with respect to abortion was effected in accordance with the wishes of professionals (the Canadian Medical Association and the Canadian Bar Association in particular) and without reference to feminist concerns about women's control over their reproductive lives This debate is somewhat tangential to this thesis, however, since Kaufman

Furthermore, he argued that the federal government was attempting to placate the reformers without "taking effective state action",²⁷ they did this by funding voluntary organizations, the Planned Parenthood Federation of Canada (PPFC) and Service de Regulation des Naissances (SERENA) to interface with the public, by organizing the Family Planning Division as the "passive, reactive" federal bureaucratic centre, and by insisting that "[r]esponsibility for initiation and promotion [of family planning] was left to the provinces"²⁸

Mary Bishop disagreed with Collin's contention that abortion and contraception together composed a fertility policy. She argued that birth control was synonymous with contraception and did not include abortion and that the controversy over abortion did not, in 1969, include birth control and the birth control organizations PPFC and SERENA. In fact, Bishop countered that the PPFC did not develop a policy concerning abortion until 1972. Nor was it manipulated by the government into taking centre stage, rather, it was "eager to fill the historical role of the birth control movement as a catalyst of government action"²⁹

The American scholarship has articulated the debate over the meaning of the birth control movement more explicitly than the Canadian scholarship, furthermore, this literature has covered a more extensive time period and has not failed to examine extra-national and international connections. Linda Gordon's³⁰ study extended from the late-nineteenth

maintained a studied disinterest in the issue of abortion. See Janine Brodie, Shelley Gavigan, Jane Jenson, *The Politics of Abortion*, (Toronto: Oxford University Press, 1992), especially Chapter 2, Karen Dubinsky, "Lament for a 'Patriarchy Lost' ? Anti-feminism, Anti-abortion, and R E A L Women in Canada, *Feminist Perspectives*, No. 1 (March 1985)

²⁷ Larry Collins, "The Politics of Abortion, p. 3

²⁸ *ibid*, p. 6

²⁹ Mary Bishop, "The Politics of Abortion, p. 105

³⁰ Linda Gordon, *Woman's Body, Woman's Right*, also, Linda Gordon, "The Struggle for Reproductive Freedom: Three Stages of Feminism," in *Capitalist Patriarchy and the Case for Socialist Feminism*, edited by Zillah R. Eisenstein, (New York and London: Monthly Review Press, 1979). Linda Gordon identified Margaret Sanger as the figurehead of the feminist birth control movement who went astray. A more recent work about Margaret Sanger by Ellen Chesler

century to the late twentieth century and encompassed an analysis of international population control efforts and concerns, this work raised important questions about the nature of the social movement under examination. Gordon argued that the original American birth control movement was inspired by feminist ideals of personal liberty for women. However, this radical movement was made respectable over the course of the twentieth-century through the gradual incorporation of agendas of social control. The birth control movement was made into a reform issue; it was medicalized, professionalized, contaminated with eugenic and population control intents and made to serve the interests of the capitalist and patriarchal state. Gordon's work was explicitly intended to "reconstruct a narrative of the birth-control movement that differentiates it from other uses of reproductive control, and to keep a focus on the campaign for reproductive *rights* as an identifiable historical thread running through tangles which have changed and hidden its meanings"³¹. She viewed population control, like eugenics before it, as one of the "tangles". Her examination of international population control focused on the United States, the major world player. She located the ideological and institutional origins of population control in the pre-World War II era, but argued that it was not until the 1950s with the 'cold war' climate that population control could flourish. The population control establishment interpreted "underdevelopment", international poverty and political instability as the consequences of excessive population growth, an interpretation that Gordon considered backward. She argued that the causality of population growth "runs in the other direction: social change is basic to birth control"³².

Gordon's thesis contrasted with James Reed's³³ understanding

interpreted Sanger's efforts as a quest for women's liberation, the author failed entirely to address the issues of eugenics and population control, see Ellen Chesler, *Woman of Valor, Margaret Sanger and the Birth Control Movement in America*, (Simon & Schuster, 1992)

³¹ Gordon, *Woman's Body, Woman's Right*, p. 392, emphasis in original

³² *ibid*, p. 396

³³ James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830*, (New York: Basic Books, Inc., 1978), also, James Reed, "Public Policy on Human Reproduction and the Historian," *Journal of Social History*, 18, 3, (1985)

of the transition 'from private vice to public virtue' of birth control as a process of collaboration and consensus building. He examined American fertility politics in the twentieth century through the efforts of the three leaders of the three identifiably separate components of the social movement: Margaret Sanger, who represented a feminist ethic, Dr Robert Dickinson who promoted the medical control of contraception, and, Clarence James Gamble, who represented eugenic concerns. Reed argued that the involvement of these three interconnected motives, together with 'legitimate' concerns about international population growth after the Second World War, permitted the movement to become respectable and to effect significant and positive changes in domestic and international public policy with respect to fertility control.

Rosalind Petchesky's³⁴ study of abortion in America highlighted the role of the state in the creation of fertility policy. She understood the control of fertility as a vigorously contested issue which pitted the practices of the individual against the interests of the state. Her work focused on the importance of gender, race and class dynamics in the interpretation of perceived realities and the implementation of policy. Thomas Shapiro³⁵ also considered fertility control as a site of conflict between the state and its citizens. He examined the role of the ethic of population control in American fertility control policy with a study of the history of coercive sterilization. He concluded that population control ideology, which represented elite interests, became institutionalized under the aegis of the welfare state in the 1960s.

The literature which has dealt with international population control has been of two basic kinds: that which narrated the accomplishments and failures of various international population control efforts,³⁶ and that

³⁴ Rosalind Petchesky, *Abortion and Woman's Choice: The State, Sexuality and Reproductive Freedom*, (New York & London: Longman, 1984)

³⁵ Thomas Shapiro, *Population Control Politics*

³⁶ The demographic literature pertaining to international population control is extensive, among the many journals which deal with these issues are *Population and Development Review*, *Studies in Family Planning*, *Demography*, *Population Bulletin*, *Population Studies*

which critically examined the meaning and intent of such endeavours. The latter approach to the study of population control itself contained two schools. One of these two schools of thought has been of quite recent provenance, the product of several economists writing in the late 1970s and early 1980s, it gained its greatest notoriety and success with the rise of the American "New Right" and furnished the intellectual justification for the drastic turnaround of American population policy at the Second World Population Conference in 1984.³⁷ This school argued that a continually growing population was an engine of economic growth in an unfettered "free market" economy and optimistically championed the potential of technological "progress" to overcome difficulties of a growing global population, furthermore, this school was strenuously opposed to abortion.³⁸ The second school of thought was the product of feminist and Marxist analyses of social and economic relations. It considered international population control to be intellectually and morally bankrupt - founded on the flawed logic of Malthusianism and permeated with eugenic presuppositions about the relative merits of the populations of wealthy as opposed to impoverished nations. This literature highlighted the failure of international population control programs to attain their object of reduced birth rates, despite the frequent use of unsafe contraceptives, distributed with considerable disregard for the principle of informed consent and often with explicit coercion. It argued that the presuppositions of the population controllers concerning the primary importance of birth rate reduction and the foreign poor's ignorance about their fertility, had resulted in an obsession with the implementation of birth control programs without consideration for larger social and economic issues. Such exclusivity of attention had virtually guaranteed the failure of population control efforts, this school argued, since it was the social and

³⁷ At this Conference, the American delegates took the position that population growth, in itself, posed no problem, this was a drastic reversal of the previous American pro-population control position. See Barbara Crane and Jason Finkle, 'Ideology and Politics at Mexico City: The United States at the International Conference on Population,' *Population and Development Review*, 11, 1, (March 1985)

³⁸ See Julian Simon, *The Ultimate Resource*, (Princeton, NJ: Princeton University Press, 1981), P.T. Bauer, *Equality, the Third World, and Economic Delusion*, (Cambridge, Mass.: Harvard University Press, 1981). Cited in Crane and Finkle, 'Ideology and Politics at Mexico City,' p. 25. Also see P.T. Bauer, 'Population Scares,' *Commentary*, 84, 4, (October 1987)

economic context rather than the availability of modern technologies of birth control which informed decision-making about fertility³⁹

Most of the literature from this second school of critical demography, from which this thesis draws its intellectual inspiration, has been concerned with American efforts which have played a dominant role in the development of international population control initiatives. In general, this scholarship has argued that the support of private and corporate foundations initiated American involvement in international population control as many members of the pre-World War II eugenics establishment transformed themselves after the war into population controllers. The movement gradually garnered academic respectability and by the mid-1960s its perspective was reflected in government policy and public funds had become available for both domestic and international population control efforts⁴⁰. This scholarship has drawn attention to the interconnections between eugenics and population control, both intellectually and

³⁹ For critical analyses of international population control efforts see Daniel Kevles, *In the Name of Eugenics, Genetics and The Uses of Human Heredity*, (Berkeley and Los Angeles University of California Press, 1985), Chapter 17, Linda Gordon *Woman's Body, Woman's Right*, Chapter 13, Thomas Shapiro, *Population Control Politics*, Mamdani Mahmood, *The Myth of Population Control: Family, Caste and Class in an Indian Village*, (New York and London Monthly Review Press, 1972), Bonnie Mass, *Population Target: The Political Economy of Population Control in Latin America*, (Toronto Women's Press, 1976), Bonnie Mass, "An Historical Sketch of the American Population Control Movement," in *Imperialism, Health and Medicine*, edited by Vicente Navarro, (Farmungdale, NY Baywood Publishing Co., 1979), Sumati Nair, 'Population Policies and the Ideology of Population Control in India,' *Issues in Reproductive and Genetic Engineering*, 5, 3, (1992), Farida Akhter, 'The Eugenic and Racist Premise of Reproductive Rights and Population Control,' *Issues in Reproductive and Genetic Engineering*, 5, 1, (1992), Donald Warwick, *Bitter Pills: Population Policies and Their Implementation in Eight Developing Countries*, (Cambridge University Press, 1982), *Adverse Effects, Women and the Pharmaceutical Industry*, edited by Kathleen McDonnell, (Toronto the Women's Press, 1986), Germaine Greer, *Sex and Destiny, The Politics of Human Fertility*, (Harper and Row, 1984), Betsy Hartmann, *Reproductive Rights and Wrongs, The Global Politics of Population Control and Contraceptive Choice*, (New York Harper and Row, 1987), Dennis Hodgson, 'The Ideological Origins of the Population Association of America,' *Population and Development Review*, 17, 1 (March 1991), Susan George, *How the Other Half Dies, The Real Reasons For World Hunger*, (Montclair Allanheld, Osmun & Co Publishers, 1977), Chapter 2, Steve Weissman, "Why the Population Bomb is a Rockefeller Baby," *Ramparts*, (May 1970). Unfortunately, little has been done which examines the nature of international population control efforts prior to the Second World War.

⁴⁰ An example of the availability of such funds for domestic fertility control efforts is the case of Louisiana, see Martha C. Ward, *Poor Women Powerful Men, America's Great Experiment in Family Planning*, (Boulder and London Westview Press, 1986).

institutionally, and the importance of global population concerns in the development of domestic population policy

The literature concerning American and international fertility control efforts can contribute significantly to an understanding of the Canadian birth control movement. The scope of the scholarship is broad, it spans an extended time period and a diversity of efforts and points to the relevance of international population control ideology for the development of domestic policy and the salience of eugenic logic in the politics of international population control. There exists insufficient Canadian research to categorically assert that domestic fertility control policy was similarly guided by concerns with international population growth, yet the thesis is compelling.⁴¹ This study contributes to that inference the example of Kaufman's international population control efforts. As a potent domestic force, Kaufman's interest in international fertility control must be taken seriously, furthermore, the intensity and endurance of his involvement argue against its interpretation as secondary in importance to his domestic efforts. In effect, Kaufman's birth control interests exemplify the similarities between concerns about the fertility of impoverished foreign populations and concerns about the fertility of the social underclass within wealthy nations. He illustrates the potency of eugenic and population control ideologies in the fertility politics of the powerful and suggests the impotency of "liberatory" motives. In addition, the fact of Kaufman's interest in international population control both before and after the Second World War suggests the longevity and continuity of such concerns - a suggestion largely ignored in the international population control literature which concentrates on post-

41 In one of the few commentaries on the issue, Sandra Whitworth states in an aside that the Canadian state has had a historically ambivalent relationship to the funding of family planning services, that is to say, while the American government has consistently been the largest single contributor to population control programs in general and the IPPF in particular (until its about-face in 1984), the Canadian government has never made either population control or birth control a funding or organizational priority. Sandra Whitworth, *Planned Parenthood and the New Right Onslaught and Opportunity? Studies in Political Economy*, 35, (Summer 1991) 100. Whitworth's aside focuses exclusively upon the state, however, population control ideology can operate without institutional approval, just as birth control was widely practiced and promoted in a climate of illegality. Furthermore, the question of the importance of population control ideology in the decision of the Canadian state to finally adopt a pro-fertility control stance is still to be answered.

World War II developments

Aside from Mary Bishop, no scholar has examined Kaufman's international fertility control efforts, and Bishop has not examined them in any detail. Kaufman's domestic efforts in the 1930s have been subjected to close analysis, but his continuing efforts after the war until his death have escaped scholarly attention. Yet it is only by integrating an analysis of Kaufman's foreign and domestic and his pre- and post-war involvements that a clear picture of the meaning and intent of the efforts of this ever-active individual emerges. To view the breadth of Kaufman's interests requires the use of various archival materials, published documents and secondary sources. A. R. Kaufman himself established and maintained no comprehensive archive of his efforts. He donated to the University of Waterloo what personal documentation he had preserved, or wished to see remembered, this material includes a valuable collection of documents pertaining to the Eastview birth control trial that has been much examined. In addition he donated a little examined collection of material from the later decades of his life, primarily the 1970s.⁴² Much of the archival material about Kaufman must be gathered from the records of others. The Papers of Margaret Sanger⁴³ contain some previously examined material pertaining to Kaufman in the 1930s, but a particularly important source of information about Kaufman are the personal papers of Dr. Clarence James Gamble,⁴⁴ also important are the papers of Dr. Robert Baird McClure.⁴⁵ Gamble's papers have been extensively examined by other scholars, McClure's, however, have not. Of additional, but less substantial value are the records of Planned Parenthood Ontario and the Planned Parenthood Federation of Canada,⁴⁶ neither of these sources have been extensively examined for information about Kaufman. Even where archival information about Kaufman has been

⁴² At the University of Waterloo, Doris Lewis Rare Book Room

⁴³ Available in microfiche at the University of Waterloo

⁴⁴ Collected at the Countway Medical Library in Boston

⁴⁵ At the archives of the United Church of Canada in Toronto

⁴⁶ At the Provincial Archives of Ontario and the National Archives of Canada respectively, together with scattered files in other collections at these sites

examined by others, I was particularly concerned to gather previously ignored material - information about post-World War II and foreign fertility control efforts. It is the introduction of such previously ignored, yet extremely important, information into the historical record which is the chief contribution of this thesis.

This study of A R Kaufman has been structured in the following manner. Chapter one presents a brief biography of Kaufman and examines two aspects of his life - his labour relations and his eugenic involvements - both of which were interrelated and mutually reinforcing elements of his fertility politics. Chapter two examines the development of Kaufman's domestic fertility control program before World War II. The program was structured to serve Kaufman's eugenic presuppositions and intent and was strategically developed to compensate for the limitations of legislative and professional disapproval of birth control. Chapter three extends the thesis of Chapter two to show that not only did Kaufman's intention to target specific populations for fertility limitation structure the programs he developed, it also profoundly influenced his interpretation of the appropriate and successful implementation of such programs. He toyed with quantitative analyses of his birth control program and approximated the stance of scientific objectivity, yet Kaufman conveniently ascertained through his data exactly what he had intended to establish - the appropriateness of his prior eugenic convictions. Chapter four examines Kaufman's extra-national population control efforts both before and after the Second World War. These efforts were strongly informed by, and in turn informed, Kaufman's domestic involvements. This mutual influence illustrates the continuity of Kaufman's motivation and intent in undertaking his fertility control efforts at home and abroad, he acted to limit the fertility of the underclass which he believed to be excessive and inappropriate - the presence of national borders did not curtail this agenda. Chapter five returns to an examination of Kaufman's domestic efforts, but focuses on the post-war period. In the face of a changing domestic environment, Kaufman altered his birth control delivery program and involved himself with political lobbying to continue with his efforts to develop, or see developed, a fertility control program that specifically targeted the social underclass. The conclusion argues that the

evidence presented throughout the thesis clearly reveals the centrality of population control and eugenic logic in the construction of the fertility politics of A R Kaufman. Since Kaufman was a centrally important character in the birth control movement in Canada, particularly before the Second World War, the conclusions reached concerning Kaufman can be extended to affirm the importance of these ideologies in the politics of the birth control movement in Canada as a whole.

Chapter One Alvin Ratz Kaufman, A Biography

Kaufman serves as the central character of this study of the politics of fertility control, consequently, it is worthwhile to develop an understanding of the various influences which informed his birth control efforts. A R, as he was known, was an intriguing character - a wealthy industrialist and generous philanthropist who was famous for his efforts in the field of birth control, he was also infamous for his labour relations and his eugenics. This chapter will present a biography of Kaufman,¹ paying particular attention to his eugenic concerns and to his business and labour relations, and will argue that such concerns were ideologically complementary.² The picture that emerges from

¹ For discussions of some of the problems of historical biography see Robert Craig Brown, "Biography in Canadian History," Presidential Address to the Canadian Historical Association, June 1980, *CHA Historical Papers*, (1980), Kathleen McConnachie, 'Methodology in the Study of Women in History: A Case Study of Helen MacMurchy, M D,' *Ontario History*, 75 (1983), Susan Mann Trofimenkoff, "Feminist Biography," *Atlantis* 10, 2 (Spring 1985), Patricia T Rooke and R L Schnell, "The Making of Feminist Biography: Reflections on a Miniature Passion," *Atlantis*, 15, 1 (Fall 1989), Kathleen Barry, "The New Historical Syntheses: Women's Biography," *Journal of Women's History*, 1, 3 (Winter 1990)

² Information about Kaufman is available from a number of sources, the most sympathetic biographer of Kaufman was Wilfred X Toole, a close friend and associate of 32 years. Toole was a chartered accountant, he worked for the Kaufman Rubber Co., as Vice President of Finance, Secretary Treasurer and Director, and after his retirement in 1973, he remained as Financial Consultant and Special Assistant to the President. Toole was responsible for gathering together the information for Kaufman's obituary and for summing up Kaufman's life for his memorial. He seems to have genuinely liked and admired 'the old boy' though his remembrances reveal Kaufman as a difficult man. W X Toole, letter to Mary Bishop, Jan 29, 1979, DP, PIB, Box 2, File Bishop, Mary, F, W X Toole, "A R Kaufman - The Man Behind the Name," March 1979, in possession of author. See also Dr G Liebbrandt, 'Alvin Ratz Kaufman (1885-) A Great Individualist, Philanthropist, and Pioneer of Family Planning,' August, 1977, DP, PIB Papers, File Leibbrandt, G, Box 2. An equally sympathetic and more detailed biography of Kaufman has been written by Mary Bishop, 'A R Kaufman: Father of Birth Control in Canada.' See also Herc Munro, 'The Eccentric World of Alvin Ratz Kaufman,' *Executive*, (April 1962), Hugh Garner, 'Mister Birth Control', *The Blue Book of Canadian Business*, ed Canadian Newspaper Services International Ltd, (Hunter Rose Company Toronto, 1977), pp 308-313. Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, Angus McLaren, *Our Own Master Race*, Terry Copp, *Industrial Unionism in Kitchener, 1937-47*, (Cumnock Press Elora, On, 1976). Kaufman was listed in *The Canadian Who's Who* from 1955 through until 1966. He and his father were listed in *Who's Who and Why* from 1912 until 1933.

a close study of Kaufman's life is of a millionaire businessman, committed philanthropist, indomitable and somewhat eccentric personality and paternalist employer - stern, rigidly moral, even ascetic³ Yet though Kaufman was in many ways a unique figure, even a maverick, his efforts in the field of fertility control were not without parallel or precedent. He enjoyed the stimulation and often the support of other birth controllers and interpreted his own actions as reasonable responses to potent social forces - an interpretation which both contemporaries and many of his family planning successors shared. The contemporary most similar to Kaufman was Clarence James Gamble, with whom he maintained close relations until the latter's death, a close Canadian contemporary was Dr Robert Baird McClure, many of whose foreign birth control efforts Kaufman sponsored. The ideologies which spurred Kaufman's fertility control efforts - population control and eugenics - were ones shared by Gamble and McClure. However, this similarity of perspectives and goals does not minimize the importance of a study of Kaufman. On the contrary, the existence of ideological contemporaries substantiates the argument that Kaufman's perspectives had political salience. Furthermore, the scope and size of Kaufman's efforts were unparalleled by other Canadian protagonists and permit an assessment of the continuity of meaning and intent across the divides of time and national borders.

Born in 1885, to Jacob and Mary Kaufman (née Ratz), A R was a lifelong resident of Kitchener, Ontario. He attended the University of Toronto in Arts for a year but decided to pursue a career in business, following his father into the rubber business in his early twenties⁴. A R retained control of the Kaufman Rubber Co., and of a number of other

³ This employer type is described by Bliss, See Michael Bliss, *Northern Enterprise Five Centuries of Canadian Business*, (McClelland & Stewart Toronto, 1987), p. 346

⁴ Jacob organized the Kaufman Rubber Co in 1908. The Kaufman Rubber Company Ltd changed its name to Kaufman Footwear Ltd in 1964 and then to Kaufman Footwear Inc in 1973. A corporate reorganization after 1977 resulted in the name change to William H Kaufman Inc. See *Who's Who and Why in Canada*, ed John F Kennedy, (Canadian Press Association, Ltd, 1912, Volume 1), p. 299. Jacob Kaufman is in the *Who's Who* until the 1917-18 edition at which point A R Kaufman is the only Kaufman identified.

businesses⁵ until 1964 when he became Chairman of the Board and handed the presidency over to his son William H Kaufman, he remained as Chairman until 1973 when that too was passed to his son and A R retired. Even retired, Kaufman remained active and engaged until the year before his death in 1979.

The Kaufman Footwear company was, particularly by the 1970s, something of a business anomaly - a large, privately owned, Canadian business. The anomalous nature of Kaufman's business reflects appropriately on its chief officer. In many ways he was a maverick, in his personality, his philanthropies and his business dealings. Kaufman was known variously as "a concerned citizen, a public benefactor, a major employer, a birth control fanatic, a hard-boiled union buster, a stubborn and opinionated tyrant, or a shrewd businessman". His good friend and close associate, W X Toole, conceded that "A R was mistrusted, feared and even hated by many" but added that this was the case only for those who did not know him well, or for those who tried to deceive him. He was also an ascetic, he "never drank alcohol, tea or coffee, never smoked, exercised regularly, played a rough game of hockey on the outdoor rink behind the factory, rode horses twice a week throughout the winters, played golf and trimmed trees in the summer". At one time in his career, Kaufman's preferences were extended to his employees who "accepted the wisdom of not being seen with a drink in their hand or found out in an indiscretion"⁶

As an employer, Kaufman was renowned as a successful opponent of unions⁷. His labour relations are not incidental to his fertility control endeavours, on the contrary, it was because of and through his workers that he initially became involved in the field of fertility control - or so he claimed. The individuals whom Kaufman opposed when they joined

⁵ Superior Box Co, Ltd, Preston Springs Sanitarium Ltd, Kaufman Furniture Co, Ltd. See *The Canadian Who's Who*, (Trans Canada Press Toronto, 1955-57, vol 7), p 570

⁶ Toole also described Kaufman as a 'non conformist' who preferred his old roll top desk and refused the aid of an intercom, "When he wanted his secretary to bring her book in for dictation, he called her like this - "Whoop woop!" see Toole, "A R Kaufman"

⁷ Munro, "The Eccentric World," pp 32-35. Kaufman did not publicize his "union-busting" as much as his birth controlling.

together to demand control over their working lives were the same persons whom he purported to aid, as individuals, through the restriction of their fertility. His antipathy to unions was a logical corollary of his neo-Malthusian promotion of birth control for the poor. Individual advancement and social stability were to be achieved through the personal efforts of the poor - aided by the philanthropy of the rich - rather than through socio-structural change.

Kaufman was an organizer, a controller and a planner, these characteristics are evident in his many philanthropic activities, most particularly his birth control work, but also in his efforts as an industrialist and employer on a significant scale.⁸ He is remembered in Canadian business history as "the man who stymied the United Rubber Workers of America after the union had organized the Big Four of the rubber industry in Kitchener - he also outmanoeuvred and outlasted in a strike the powerful United Brotherhood of Carpenters and Joiners to keep his box and furniture plants free of unionism."⁹ Kaufman was proud of this reputation. Late in life, at the age of 90, he responded to an enquiry about his "labour relations fame"¹⁰ with bravado: "I am the man whom the Unions may not have respected, but feared because I gave strikers a dose of their own medicine. After they decided to go back to work, I prolonged the strike for a few weeks more for good measure."¹¹ Kaufman's Rubber plant was struck twice, "yes

⁸ Complete information about Kaufman's industrial efforts has not been gathered for this study though employment information is available through records of union efforts. The strike in 1937 put 700 workers out of a job. See *The Labour Gazette*, Vol 37 #10-12. In 1945, Kaufman employed between 400 and 450 workers. See "Alone in His Glory' Documents on the Kaufman Strike of 1945," in *Industrial Unionism in Kitchener, 1937-47*, p. 57.

⁹ Munro, "The Eccentric World," p. 32, Desmond Morton, *Working People*, (Toronto: Summerhill Press, 1990), p. 160. Kaufman identified himself primarily as a rubber manufacturer - this was his main industrial interest. In what follows, I concentrate on his labour relations in the rubber industry.

¹⁰ John Crispo, letter to Kaufman, Jan 20, 1975, DL, PIB, Box 2, File Crispo, John. Kaufman had written approvingly to Crispo in response to an article he had read in the newspaper. See John Crispo, "All Foreign Aid Should be for Birth-Control," *Globe & Mail*, Thursday Nov. 28, 1975.

¹¹ Kaufman, letter to Crispo, Jan 28, 1975, DL, PIB, Box 2, File Crispo, John, emphasis in original.

only two strikes in 72 years",¹² as Toole proudly exclaimed, the first in 1937 and the second in 1960. In addition, in 1945, after legal certification, the union at the Kaufman Rubber Company tried to obtain a binding and satisfactory agreement, all of these battles were bitterly fought and, for the workers, ultimately unsuccessful.¹³

Kaufman's dealings with unions were quite consistent, he disparaged them. He defended his intolerance of the institution by claiming that the union did not represent his employees - that membership in the union and attendance at meetings was minimal. He reiterated the time worn theme that the unionists were "professional, well-paid organizers" and that the employees "actually had no voice in either their selection or their demands"¹⁴. Kaufman refused to deal exclusively with the union and consistently attempted to undermine collective bargaining by communicating directly with his employees attending union meetings, taking minutes and providing information in pay envelopes. In addition, he repeatedly demanded, during strikes, that the unions post bonds to cover potential damages.¹⁵

Kaufman's labour relations are revealing of his general attitudes toward power, authority and the powerless. On the one hand, he suggested that his workers were in a position equivalent to his own, or at least that they had power which he respected - they wanted a decent profit for their efforts and were ostensibly able to pick and choose a place of employment. Evidence of employee satisfaction, according to this sanguine view, was provided by the

¹² Toole, "A R Kaufman," emphasis in the original

¹³ Information about Kaufman's labour relations is available from the following sources: Frank Fraser, Labor Cracks the Rubber Front, *The Canadian Forum*, 19 (April 1939), pp 7-8, *The Labour Gazette*, Vol 37#10 (October 1937), pp 1071-1076, *The Labour Gazette*, Vol 37#11 (November 1937), pp 1182-1187, *The Labour Gazette*, Vol 37#12 (December 1937), pp 1320-1323. The most valuable source of information is available in the collection of essays edited by Terry Copp, *Industrial Unionism in Kitchener*

¹⁴ For quotes see Toole, 'A R Kaufman'. For evidence of these attitudes see Munro, "The Eccentric World", and, Kaufman, letter to Crispo, January 28, 1975

¹⁵ Kim Adair et al, 'The U R W A and the Struggle for Union Recognition 1937-39,' in *Industrial Unionism in Kitchener*, p 10

long terms of service of many employees¹⁶ But these protestations were transparent, Kaufman knew he had the final authority, as evidenced by his repeated threats to close up shop¹⁷ On occasion, he was quite explicit about his attitude stating, "I want to run my own business!"¹⁸ Kaufman was not willing to share power and certainly not with those whom he clearly considered less deserving Late in his life, he claimed to have successfully co-opted the union in his rubber factory In private correspondence he said "I welcome a Union in the factory because this prevents some other smart? [sic] union from trying to be accredited We have not heard from our Union for years"¹⁹

Kaufman's contempt for his workers when they united was practised in concert with his solicitousness for these same workers as fertile individuals The ideology that coordinated these seemingly disparate attitudes was eugenics Eugenics can be broadly defined as the science of human improvement, particularly through the medium of heredity The term eugenics was coined in the late nineteenth century by Francis Galton in England and the social movement in support of its goals flourished throughout North America and Europe in the first three decades of the twentieth century Though there was substantial heterogeneity in the goals and motives of eugenicists, most shared a belief in the intrinsic inferiority of certain populations²⁰ In the 1930s Kaufman was involved with explicitly

¹⁶ This was a frequently repeated argument See Toole, "A R Kaufman," "there is at Kaufman Footwear an amazing number of employees of 25, 30, 40 years and more of service, - many who don't know what it's like to work for anyone else and aren't much interested in finding out", Kaufman, letter to Crispo, January 28, 1975, I think I should make it clear to critics that I believe Kaufman Footwear Ltd has one of the largest percentages of long time employees which includes dozens of fifty year service - some never worked elsewhere", Munro, 'The Eccentric World,' p 34, He claims Kaufman Rubber has a higher percentage of workers with 25 year service than other plants in the area'

¹⁷ This was a consistent threat, reiterated in Munro, "The Eccentric World," p 34 " certainly less trouble to close the plant "

¹⁸ See Liebbrandt, Alvin Ratz Kaufman '

¹⁹ Kaufman, letter to Crispo, January 28, 1975

²⁰ The literature on the history of eugenics is extensive, see Michael Freedman, 'Eugenics and

eugenic organizations,²¹ even when such tangible alliances ceased, however, eugenic logic retained a sometimes subtle but ever-present hold over his perceptions and practices

Kaufman was an executive of the Eugenics Society of Canada which was formed in Toronto in 1930, in this position he represented the Society's business interests²² The main goals of the Society were to educate and agitate for eugenic sterilization laws which might be used to restrict the fertility of the "unfit", save expense and worry for the "fit" and preserve social stability A R Kaufman sat as financial secretary until the Society's demise during the Second World War A number of prominent birth controllers were also members of the Society and Kaufman availed himself of their expertise in his fertility control endeavours Dr William Hutton, also on the executive of the the Eugenics Society, was the reformist medical officer of health in the city of Brantford and the "leading medical defender of birth control in Canada" who testified for the defense during the Eastview trial in 1937²³ Dr R G Ratz, another medical member of the Society, travelled under Kaufman's auspices to Sanger's birth control clinic in New York to learn about techniques of birth control, he also served as the main physician-support of the Parents' Information Bureau in the 1930s Finally, F W Wegenast, attorney at law and member of the Eugenics Society of Canada, was the chief legal counsel hired by Kaufman to defend his interests in the Eastview birth control trial²⁴

Kaufman's commitment to organizational eugenics does not

Progressive Thought A Study in Ideological Affinity,' *The Historical Journal*, 22, 3 (1979), Allan Chase, *The Legacy of Malthus The Social Costs of the New Scientific Racism*, (New York Alfred A Knopf, 1977), Diane Paul, Eugenics and the Left, *Journal of the History of Ideas*, 45, 4 (October-December, 1984), William Schneider, Toward the Improvement of the Human Race The History of Eugenics in France,' *Journal of Modern History*, 54, 2 (June 1982), Alan Mehler,' A History of the American Eugenics Society, 1921-1940, PhD Thesis, University of Illinois at Urbana-Champaign, 1988 Also see Footnote #15 in the Introduction

²¹ See Angus McLaren, *Our Own Master Race*, especially Chapter 6

²² *ibid*, p 115

²³ *ibid*

²⁴ *ibid*, p 85

appear to have endured beyond the Second World War. Even while he was a member of the Canadian Eugenics Society he may well have been less committed to it than to his birth control efforts. In 1932, at a meeting of the Society, hostility was expressed by some of the eugenicists towards birth control - the eugenicists feared that the association of birth control with eugenics would give eugenic sterilization a "black eye"²⁵. Kaufman was not of this opinion, however, in fact, he believed that birth control, since it involved "a far greater need", was the more important of the two²⁶. Stronger evidence of his ambivalent attitude towards eugenic organizations derives from the minimal publicity given such efforts, those accounts of Kaufman's life over which he had control or influence do not discuss his involvements. Less convincing but still relevant was the response of a company executive, W X Toole, to an enquiry concerning Kaufman's organizational eugenic efforts, shortly after his death, Toole claimed that he knew nothing about the Eugenics Society of Canada or the League for Race Betterment which was formed to take over Kaufman's Toronto Birth Control Clinic when he ceased supporting it, he added, "To my recollection, Mr Kaufman never mentioned it [eugenics] in my presence and from that I would infer that he attached little or no importance to it"²⁷. Such comments may have been disingenuous, since the term "eugenics" has been viewed in an unfavourable light since the Second World War and Toole was anxious to preserve A R's reputation²⁸.

²⁵ Eugenic sterilization was advocated by eugenicists for only a small percentage of the population - it was proposed as a solution for the eugenic problems posed by the fertility of the 'unfit'. This position must be distinguished from sterilization as it came to be practiced and advocated by Kaufman after the war. In this context, it was proposed as a form of birth control for anyone - albeit a particularly attractive one for the socially inadequate persons whose fertility Kaufman wished to see limited.

²⁶ Tyrer to Sanger, February 8, 1932, SP. This was a typical response of what Kevles calls "mainline eugenicists", see Kevles, *In the Name of Eugenics*.

²⁷ Toole, letter to Mary Bishop, January 29, 1979, DL, PIB, Box 2, File Bishop, Mary F.

²⁸ This is clearly evidenced in correspondence between Mary Bishop and William Kaufman and W X Toole, in which Bishop informs them that recent assessments (ie James Reed's *From Private Vice to Public Virtue*) of A R have not been flattering. See Mary Bishop, letter to W H Kaufman, January 4, 1979, W X Toole, letter to Mary Bishop, January 29, 1979, also, May 3, 1979, DL, PIB, Box 2, File Bishop, Mary F.

Kaufman's involvement as an organizational eugenicist was less important than the strong and enduring impact that eugenic logic had on his perceptions, his interpretations and his actions. Eugenic analyses and solutions were central to his fertility control endeavours, they informed his assessment of the appropriate targets for birth control and of the most appropriate methods for accessing these targets and for restricting their fertility. Somewhat revealing of Kaufman's eugenic approach to fertility control is a poem he wrote, one that Toole thought exposed yet another aspect of A R's multifaceted personality - his creativity. The poem is called "Simple Simon and the PIB"²⁹. The verse appears to be a development of a simple children's playground chant³⁰.

Jeanie, Jeanie, full of hopes,
 Read a book by Marie Stopes
 Now to judge by her condition,
 She must have read the wrong edition

In Kaufman's extrapolation, the poem recounts the story of a married couple who, with too many children already, want no more, their concern is resolved with a vasectomy for the husband.

Simple Simon and the PIB

Simon was a simple soul
 He bought a book on birth control,
 But judging by his wife's condition
 He must have got the wrong edition

Simon tried again and bought
 A book called Rhythm and he thought
 He would be safe - but, oh, alas,
 His wife soon had prenatal gas

Simon worried, wifie stewed

²⁹ Toole, 'A R Kaufman'

³⁰ Ruth Hall, *Passionate Crusader: The Life of Marie Stopes*, (Harcourt Brace Jovanovich, New York and London, 1977) listed in the frontispiece as "Children's playground chant, London, 1924"

They didn't know quite what to do
 Far too many in their brood
 They surely wished that they were through

They finally heard the P I B
 Would give them information free
 But Simon twice stung, doubly shy,
 Said he thought he'd rather die

His friends all urged and wifie wept
 Poor Simon off to bed he crept
 And dreamed the story might be true
 And then he'd know just what to do

So wifie asked the P I B
 To see what they could do
 And was told you can be free
 And instructions are few

But listen - heed them you must
 This goes for hubby too
 But Simon said I can't do that
 I guess that we are through

Well then you should be sterilized!
 Said Simon, that suits me!
 I wish that I had realized
 I could be forever free

Then the doctor came and went
 And everybody was happy
 The kids were fed and prospered
 Three cheers for good old pappy

This verse aptly identifies the objects of Kaufman's fertility controlling interests as "simple" people, little able to cope with the potential of their own fecundity and best aided by birth control measures that minimized personal motivation and effort. When Kaufman wrote this verse, presumably in the 1960s and 1970s, he was enamoured of the potential of vasectomy to alleviate his concerns about the excessive and inappropriate fertility of the poor both in Canada and around the world. Typically, he presented the consequences of such fertility limitation as positive for the "simple" persons affected.

Kaufman interpreted his own birth control efforts as humanitarian³¹ Born into a philanthropic, community-spirited family,³² he preserved and practiced this ethic throughout his life Kaufman perceived himself to be "a comparatively generous contributor to welfare organizations" According to his own assessment, it was this generosity which led him to what became his "main humanitarian interest"³³ since he became convinced in the 1930s of "the futility of welfare work that does not include birth control as part of its service to the poor and dependent"³⁴ Yet his humanitarianism is of dubious sincerity, as both his anti-labour activities and eugenic involvements suggest Kaufman's humanitarianism, like that of many of his birth controlling peers, required the subordination of the interests of certain individuals and groups to the greater good of society as defined by those with authority in the matter

Kaufman's birth control initiatives were not undertaken in intellectual or practical isolation, on the contrary, he established contact with numerous other similarly involved individuals The most notable and influential of these were Margaret Sanger, C J Gamble and R B McClure, of these three, Sanger was the most notable but least influential while the latter two personalities strongly influenced Kaufman and were themselves influenced by him Though less renowned than Sanger, both Gamble and McClure are remembered for their birth control endeavours Gamble has been characterized as having represented the eugenic agenda in the American birth control movement³⁵ McClure is better known as a medical missionary and United Church Moderator, but his commitment to birth control both in

³¹ Mary Bishop and the family planning organizations agreed

³² According to Toole, "A R Kaufman" This is corroborated to some extent by the information provided in *The Canadian Who's Who* about Jacob Kaufman

³³ Toole, "A R Kaufman"

³⁴ Kaufman to "Contributors to Welfare Organizations", October 15, 1938, OA, RG106102791, Box 279

³⁵ Reed, *From Private Vice to Public Virtue*, Part V

Canada and abroad has been documented³⁶ Gamble, McClure and Kaufman all shared similar beliefs about the persons whose fertility they jointly targeted for limitation, and about the most efficacious means to achieve this end and they provided support to each other in their mutual endeavours

C J Gamble³⁷ and Kaufman established contact in the early 1930s and maintained a collegial relationship until 1966 when Gamble died They were similar men - both independently wealthy yet thrifty philanthropists, they functioned poorly in organizations and preferred to directly control their independent efforts Gamble devoted the major part of his public life, from 1929 until he died in 1966 to the "Great Cause"³⁸ of birth control Heir to the Proctor and Gamble fortune, he also inherited the injunction to live a socially useful life and to donate some of his wealth to philanthropic purposes - he used a portion of the income for birth control enterprises Gamble trained as a physician and experimented briefly with a career in medical science but he lacked the necessary commitment and sought other causes in which to immerse himself, birth control proved to be the appropriate one He was attracted to fertility control for reasons similar to Kaufman's own, he shared neo-Malthusian and eugenic concerns about the excessive and inappropriate fertility of the poor and the "unfit" Beginning with indigenous American fertility control efforts and quickly expanding his horizons to include the "underdeveloped" world, Gamble played an important role in the western birth control movement In the early 1930s, Gamble experimented with the overseas distribution of contraceptives through the medical missionaries of the Board of Foreign Missions of the Presbyterian Church of the United States

³⁶ For information about McClure, see Munroe Scott, *McClure The China Years of Dr Bob McClure*, (Toronto Canec Publishing and Supply House, 1977), Munroe Scott, *McClure Years of Challenge*, Vol 2, (Toronto Canec Publishing and Supply House, 1979)

³⁷ Information about Gamble is available from the authorized biography Doone & Greer Williams, *Every Child a Wanted Child Clarence James Gamble, M D and his Work in the Birth Control Movement*, (Boston Harvard University Press, Francis A Countway Library of Medicine, 1978), for a more scholarly work see James Reed, *From Private Vice to Public Virtue*, pp 225-277

³⁸ Gamble referred to birth control as the 'Great Cause', Doone and Greer Williams, *Every Child a Wanted Child*, p vii, James Reed, *From Private Vice to Public Virtue*, p 225

of America³⁹ He involved himself in more invasive population control practices in Puerto Rico in 1936 - sponsoring a number of clinics for the distribution of birth control and the testing of contraceptive foam powder - and he continued his involvements there for several decades, in particular, with the testing of the hormonal contraceptive pill in the 1950s⁴⁰ After the Second World War, he continued and expanded his foreign efforts in Asia, Africa and the Middle East

Gamble strongly influenced Kaufman to "scientize" his fertility control efforts,⁴¹ as a consequence, Kaufman sponsored a study of the Toronto Birth Control Clinic Furthermore, Gamble's encouragement led to the publication in "scientific" journals of Kaufman's biased estimates of the successes of his birth control delivery system In return, the evidence which Kaufman provided Gamble about his efforts confirmed Gamble's enthusiasm for non-clinic delivery systems and "simple" contraceptives As the birth control movement professionalized, particularly after the Second World War, Gamble, with his entrepreneurial and independent management style, ran into increasing difficulties with the developing bureaucracies of the American and international planned parenthood movements⁴² In this context, the successes claimed by both Kaufman and McClure through the use of a project style similar to Gamble's own, provided particularly important

³⁹ Gamble to Kaufman, July 4, 1934, CL, GP, Box 63, Folder 954 Gamble probably began his experiments in 1933, the date at which he terminated such endeavors is unclear Also see, Doone & Greer Williams, *Every Child a Wanted Child*, p 228, and James Reed, *From Private Vice to Public Virtue*, p 273

⁴⁰ Annette B Ramirez de Arellano & Conrad Seipp, *Colonialism, Catholicism, and Contraception A History of Birth Control in Puerto Rico*, (Chapel Hill & London The University of North Carolina Press, 1983), pp 45ff, Doone and Greer Williams, *Every Child a Wanted Child*, pp 159-173

⁴¹ See Chapter 3 Aside from the mutual influence each exerted on the other, one important result of Gamble and Kaufman's relationship was the correspondence, preserved by Gamble, of their respective fertility control efforts With respect to the production and preservation of records, these two men differed enormously, for while Gamble preserved carefully organized and largely complete records of his life's works, Kaufman appears to have lost, or possibly culled, his records which are maddeningly incomplete

⁴² James Reed, *From Private Vice to Public Virtue*, Chapter 20

corroboration for the efficacy of Gamble's preferred approach⁴³

It was not until 1959 that Kaufman was introduced to Dr Robert Baird McClure. McClure was a United Church medical missionary, he also served as the United Church's first lay Moderator from 1968 until 1971 and in this role he was a controversial and outspoken public figure. He had been a supporter of fertility control from the 1930s when he began his personal involvement providing birth control at the Hunan Mission in China, this interest was to continue throughout his life. McClure believed that fertility control was a necessary first step in reducing individual and social poverty, he accepted neo-Malthusian arguments that excess population could outstrip the food supply and he promoted population control as a solution. He also accepted eugenic arguments about the nature of the 'fit' and 'unfit' and was notorious as Moderator for making such views known. However, as a physician who lived with those among whom he worked, he also had an appreciation of the individual need for birth control, or 'family planning' as he preferred to call it. McClure met Kaufman at the International Family Planning Conference in Delhi, India, it was C J Gamble who introduced them. McClure had received funding from Gamble during the 1950s to undertake birth control work in India, after meeting Kaufman, McClure also obtained the financial and ideological support of this new mentor. Kaufman proved to be a valuable supporter of McClure's fertility control efforts, likewise, McClure became the prime vehicle of Kaufman's international fertility control endeavours. He facilitated Kaufman's support of various projects - enabling Kaufman to fund projects directly under his supervision and introducing him to other birth control undertakings and organizations which could use Kaufman's financial support.

Gamble, McClure and Kaufman shared a similar understanding of the social problem to be tackled and of the most appropriate means to do so. All were hostile to the potential of birth control as a force for autonomously defined social or individual advancement. Instead, their interest in birth control was in its capacity to serve as a palliative for problems

⁴³ Reed argued that Gamble was inspired by Kaufman's claimed successes, together with the expense of physician-collaboration, to search for contraceptives that would allow him to reach the indigent without aid of clinics or of organized medicine. *ibid*, p. 239

of population size and "quality", as defined by external observers. They supported each others efforts financially or intellectually, and confirmed the merit of their mutual undertakings. Taken together, the efforts of these three men signify an important element in the politics of twentieth century fertility control - a politics most succinctly defined as eugenic.

Throughout much of his life, Kaufman maintained a vitally active interest in birth control. This interest expressed itself in the development of a unique birth control program in Canada and the promotion of a number of smaller programs in countries around the world - programs which will be closely examined in a subsequent chapter. Yet to undertake an examination of Kaufman's birth control efforts, the motivations which undergirded them must be understood. An examination of Kaufman's labour relations and his involvement with organizational eugenics has suggested that the logic of eugenics was a centrally important and influential aspect of his fertility control efforts. Yet this insight relates not only to Kaufman. Though clearly a unique individual, Kaufman was not involved in essentially unique efforts, he should not be understood as having acted in isolation or as representing the efforts and intentions solely of himself. He shared a commitment to the ideologies of eugenics and population control with other birth controllers. These commitments were a potent plank in the politics of fertility control both in Canada and abroad, and before and after the Second World War.

Chapter Two Pre-World War II, Developing the Domestic Birth Control Program

My interest in birth control was aroused in December, 1929, when the Kaufman Rubber Co was obliged to discharge its usual large percentage of help immediately after the seasonal rush. Discharged employees told pathetic stories, and complained that they required work to keep their families alive. These stories were verified by the factory nurse who informed me that conditions were particularly hopeless in families where one or both parents were more or less mentally deficient, the housekeeping consequently very bad, and frequently too much of the meagre income wasted on non-essentials. I also found that the less the intelligence the larger the families, and the more hopeless their condition. I cannot meet competition by using inferior help, and decided that employing such help merely enabled them to increase the social problem by raising more unfortunate, handicapped children. I had the choice of ignoring the problem, or attempting to take constructive action. I requested the nurse to suggest sterilization to the mentally deficient, and birth control methods to those sufficiently intelligent to take advantage of the same properly. The response and gratitude were surprising with the result that the nurse's activities spread beyond K R Co [Kaufman Rubber Company] employees.

Kaufman told this story, and stories like it, for over forty years¹. In this passage, Kaufman suggests that he initiated and developed his

¹ A R Kaufman, Report #1 - Birth Control Activities and Procedure," December 15, 1933," NA, MG28 I10 - Canadian Council on Social Development, Vol 51, File #456 - Birth Control. Kaufman rewrote 'Report #1, many times, generally without dates. Other fairly complete accounts are in the following: A R Kaufman, "Address Given By A R Kaufman in Montreal on June 13th, 1935, to a Group of Chiefly Women Attending the Birth Control Meetings of the Annual Conference of the Combined American and Canadian National Conference on Social Work," SP, A R Kaufman, Address by A R Kaufman, Kitchener, Ontario to the Board of Directors of PPFPA,' January 17, 1957, DL, PIB, Box 2, File Planned Parenthood World Population, A R Kaufman, "Progress of Birth Control in Canada, Address by A R Kaufman to Class on Contemporary Religious Issues, Waterloo Lutheran University,' December 2, 1969, NA, PPFC - MG 28 I 463, Box 5/45, File 111 Historical Matters, A R Kaufman, 'Brief Read to Members of the Ontario Cabinet in Kitchener on June 11, 1975, June 11, 1975, DL, PIB, Box 1, File Cabinet Speech, June 11, 1975, A R Kaufman, 'A R Kaufman's Experience and Observations in Doing Social Work," December 1976, OA, MU 4468, File Kaufman, A R

Canadian birth control program in an humanitarian effort to address the fundamental cause of a social problem. What the passage most clearly reveals, therefore, is a neo-Malthusian and eugenic interpretation of poverty as the consequence of excessive and inappropriate fertility. And though Kaufman's story suggests a spontaneous response on the eve of the 'Great Depression' to presented needs, the evidence suggests that Kaufman spent most of the first half of the 1930s experimenting with and carefully developing a birth control system that would conform both to his ideological agenda and to the historically specific circumstances he faced.² The program he developed was then put to the test of legal and public opinion in the Eastview birth control trial in 1937 where it proved itself acceptable to the majority of elite Anglo-Canadian opinion and to Kaufman's peers in the American birth control movement.

Kaufman's domestic birth control program, institutionalized as the Parents' Information Bureau (PIB), was developed in accordance with and in response to a number of prior and concurrent conditions. Of primary urgency was Kaufman's perception and interpretation of the 'problem' - the overpopulation of the poor. Of additional importance was Kaufman's business-like understanding of fiscal efficiency and of the value of independent, 'entrepreneurial' thought and action. These prior conditions were of crucial importance in the structuring of Kaufman's birth control program, but operating in historically specific situations, they were not instrumentally determinative of the solutions Kaufman adopted. Rather, the solutions were strategically developed and redeveloped to accommodate the changing circumstances in which Kaufman operated.

In Canada, birth control was illegal under the Criminal Code until 1969 and governments, respectable voluntary organizations and professional associations distanced themselves from the issue, particularly in

² Angus McLaren and Arlene Tigar McLaren have raised concerns about prior planning by Kaufman. They revealed that Anna Weber, the Kaufman Rubber Co. nurse who first investigated the birth control needs of Kaufman's laid off employees, had previously worked in Chicago referring women to birth control clinics, they suggested the possibility that Kaufman brought Weber to Kitchener 'with the intention of launching the program that he later presented as being forced on him by events'. Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, p. 105.

the 1930s. As a consequence, the field was left open to a number of individuals and small organizations, among whom Kaufman was unique in his financial ability to act independently and on a significant scale. Yet his actions were conditioned by the absence of official and respectable support. Kaufman was not antipathetic to organized medicine or to government, but he would not allow the reticence of institutions to obstruct his efforts. He was uninterested in overt political lobbying, so where assistance was not forthcoming Kaufman elected to obtain the cooperation of individuals within organizations and structure his program to accommodate, but not be dependent upon, exceptions from the general rule of official censure.

In the initial stages of his involvement with the provision of birth control in Canada, Kaufman carefully experimented with different approaches. He began his involvement with birth control delivery by adopting the modes most commonly used in North America: the physician-provision of contraception and the birth control clinic. In the course of a few years, however, he shifted the focus of his program away from an absolute dependence upon physicians and clinics towards a delivery system that emphasized the provision of birth control through home-visitation, lay prescription and mail-order delivery. By the mid-1930s, he had developed a system which was amenable to expansion and which would consistently satisfy his eugenic pre-conditions. The program which he developed in the 1930s would serve as a blueprint for Kaufman's extra-national birth control endeavours and for his continuing, though altered, efforts after the Second World War. Before the war, Kaufman's program expanded in size and geographical domain to encompass much of English Canada and reach approximately 100,000 women.

For analytical purposes, it is useful to delineate three aspects of a birth control program: the target populations, the contraceptive methods, and, the delivery system. Of these three facets, only the objects of Kaufman's fertility controlling interest remained relatively unchanged during the development and expansion of his birth control system. Kaufman's program was intended to reach a certain class of people throughout Canada, these were

the 'lower classes', the 'poor', and the 'feeble minded'³ His efforts were explicitly informed by eugenic interests and were consonant with the general determination of birth controllers in Canada, the United States and Britain to 'aid' the poor and underprivileged in the restriction of their own fertility Whether this intent was articulated as an explicitly eugenic determination to limit the further propagation of the 'unfit', expressed as the desire to 'democratize' birth control so that the 'masses' might have that which was accessible to the 'elites', or, more rarely, as the determination to 'aid' poor and overburdened women, the target populations were very much the same

Kaufman was particularly troubled by the differential fertility rates of certain segments of the population, the "intelligent classes" restricted their fertility while "the less fortunate" did not⁴ He perceived the 'excessive fertility' of the members of the 'non-supporting' classes to be particularly threatening to society during the depression of the 1930s when he began his involvement with the mass distribution of fertility control information and supplies⁵ This perception was both cause and consequence of the conclusion that the persons whom he supplied with birth control were, "about 60% wholly on relief, 15% partially on relief, while many of the balance of 25% were in worse circumstances than those on relief"⁶ The consequences of this dependency upon public funds were two-fold a drain on the public purse through relief, and higher taxes which resulted in a "decreasing birth rate

³ "Pamphlet #2, Birth Control Notes, March 1, 1935, CL, GP, Folder 958, "#7, Sterilization Notes," March 1, 1935, CL, GP, Folder 958, These pamphlets provide a clear exposition of Kaufman's eugenic beliefs The ideas developed in these pamphlets were not unique, they recited the standard eugenic concerns about 'differential' fertility', the inverse relation between intelligence and fertility, the consequence of unemployment, the danger posed to democracy by the "biologically human trash", the injustice of segregation, the need for and prevalence of eugenic sterilization, and the need for birth control among the "lower classes'

⁴ A R Kaufman, Report #1, Birth Control Activities and Procedure,' May 15, 1934 CL, GP, Box 63, Folder 954

⁵ This point has been clearly argued by Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, p 92

⁶ Kaufman made a point of mentioning that among these unfortunates, 'All creeds were represented" A R Kaufman, Report #1, Birth Control Activities and Procedure," December 15, 1933 See also A R Kaufman, "Report #1, Birth Control Activities and Procedure,' May 15, 1934 CL, GP, Box 63, Folder 954

amongst the self-supporting classes" and threatened disaster⁷ Furthermore, the 'non-supporting' classes, as social incompetents, criminals or potential revolutionaries, posed a moral and political threat to society⁸

Having ascertained the 'problem', Kaufman set about to develop a solution. Initially, he adopted the methods of his contemporaries in Canada, the United States and Britain where the birth control clinic prevailed as the mode of delivery. Though other delivery systems were used - in particular, Gamble eagerly promoted alternative delivery systems in North Carolina and West Virginia⁹ - the recognized standard of service against which all other systems were compared was the clinic. And the two great public proponents of the birth control cause - Marie Stopes in England and Margaret Sanger in the United States - were both devoted clinic advocates. In Canada also - in Vancouver and Hamilton - birth control clinics were set up in the early 1930s. However, the clinic delivery system was dependent, for its successful operation, upon the support of both physicians and clients. The clinic's near-exclusive promotion of the vaginal diaphragm and cervical cap necessitated the cooperation of physicians, and the physical structure of the

⁷ A R Kaufman, Report #1, Birth Control Activities and Procedure," May 15, 1934. CL, GP, Box 63, Folder 954. See also Kaufman, letter 'To Contributors To Welfare Organizations,' October 15, 1938, Kaufman, "Address in Montreal", and, Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958. In this letter to Gamble, Kaufman was quite explicit about his concern over the proliferation of 'relief babies', he estimated that these babies composed 50% of the babies born in the USA at the worst time of the depression and threatened to be 25% percent of the babies born during times of prosperity if the relief methods continued. Kaufman added, "You know as well as I do that if we breed from the bottom instead of the top we are courting disaster."

⁸ In a 1941 letter, Kaufman expressed in possibly his most explicit manner his attitude towards eugenics, he wrote "How social organizations can ignore the results that threaten from having from having two-thirds of the population come from the lowest third in calibre, is beyond my comprehension. I do not like Hitler's motives or methods, but he apparently feels that the lowest strata is not good for cannon fodder and is attempting to get rid of it. Judging from newspaper reports, etc., Hitler's methods of getting rid of the parasites are harsh but effective." Kaufman, letter to Guy Irving Burch, February 26, 1941, CL, GP, Folder 961, quoted in Angus McLaren, *Our Own Master Race*, p. 148. See also Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958, Kaufman, letter to H L Mencken, New York, August 10, 1937, CL, GP, Folder 958, Kaufman, letter to Mr F T Cook, Provincial Department of Public Health, Edmonton, Alberta, September 9, 1937, CL, GP, Folder 958.

⁹ James Reed, *From Private Vice To Public Virtue*, Chapter 19.

clinic required the self-selection and self-motivation of its clientele. These dependences also operated in a system of private-referral to physicians that Kaufman developed concurrently with his clinics. But Kaufman quickly grew to see these dependencies as limitations and became disillusioned with clinics and private referrals, in their stead, he developed a program which involved the lay-prescription of contraceptives, the promotion of contraceptive jelly, and the external-selection of clientele.

In the summer of 1933, Kaufman prepared a report on his birth control activities¹⁰. According to this report, Kaufman's program, which encompassed Kitchener and surrounding areas,¹¹ was dependent upon the "wholehearted cooperation" of local private physicians who provided contraceptives to those clients referred to them by the PIB.¹² Concurrently, Kaufman was experimenting with the clinic delivery system.¹³ Knowing that clinics existed in both Hamilton and Vancouver, Kaufman started a birth control clinic in Toronto in February of 1933. He was initially optimistic about the clinic's potential,¹⁴ by the summer, however, he concluded that the clinic in Toronto was not cost-effective and that clinics were only of value in large cities where the size of the population might warrant the financial outlay.

Meanwhile, in April of 1933, Kaufman was alerted to the possibility of using different delivery systems. A Mr. Clark of the Bureau of Feminine Hygiene in Winnipeg contacted Kaufman with information about

¹⁰ A R Kaufman, 'Birth Control Activities,' June 15, 1933, CL, GP, Folder 954

¹¹ *ibid* One month prior to writing the above report, Kaufman had expanded his efforts to include London, Ontario

¹² *ibid* Doctors had performed, to date, 27 sterilizations and received the referrals of more than three hundred women for birth control information

¹³ One other source of birth control information that Kaufman could recommend was the Reverend A H Tyrer to whom "deserving cases" might write in order to receive information

¹⁴ For information about the opening of the 'Parents' Clinic' in Toronto, see A R Kaufman, 'Report #1, Birth Control Activities and Procedure, May 15, 1934 CL, GP, Box 63, Folder 954. In early 1933, Tyrer indicated that Kaufman was supportive of clinics, 'He sees the absolute need of the extension of information and the practical work of clinics', Tyrer to Sanger, Jan 18, 1933, SP

his business¹⁵ Clark advertised the sale of diaphragms and contraceptive jelly in newspapers and provided with the devices "complete information and diagrams in regard to the fitting ", he also hired nurses on a commission basis to canvass the market Kaufman was very enthusiastic about the message from Clark, it was quite possibly from this source that he learned a number of useful things Kaufman was informed of the availability and efficacy of workers, particularly graduate nurses, who might independently canvass the target population, furthermore, he was provided with a demonstration of the potential of mail-order delivery¹⁶ Kaufman was so enthused that he considered a co-operative venture with Clark, he wanted to correct the one major flaw in Clark's methodology - the fact that he had "not reached the lowest classes of people the unfortunate people who need the information most " Though Kaufman did not, in the end, co-operate with Clark in a birth control venture, he did absorb some of Clark's ideas In a circular concerning the promotion of birth control activities dated June of 1933, Kaufman recommended that interested persons secure the services of a graduate nurse However, Kaufman did not adopt Clark's methodology to the extent of avoiding cooperation with the medical profession, rather, he suggested that lay promoters of birth control should obtain the co-operation of local doctors and he offered the services of Dr Ratz - the physician who had visited Sanger's Clinical Research Bureau under Kaufman's auspices - to other doctors as a specialist in both birth control and vasectomies¹⁷

In December of 1933, Kaufman printed a report of his "Birth

¹⁵ A R Kaufman April 27, 1933, SP, copy of a form sent by Mary Elizabeth Hawkins of the Hamilton Birth Control Society to Margaret Sanger

¹⁶ *ibid* According to Clark, 10,000 graduate nurses were at that time out of work It is also possible that Clark alerted Kaufman to difficulties with publicity, Kaufman noted that Clark had advertised in a number of newspapers but that some had refused his advertisements

¹⁷ Kaufman also distributed a circular written by Dr Ratz which provided information about the diaphragm and jelly form of contraception Dr R G Ratz, #13, General Procedure and Technique of Contraception, July 3, 1933, DL, GP, Box 63, Folder 954, in addition, Kaufman distributed a detailed medical circular concerning the technique of vasectomy, though it is signed A R K I think it likely that this too was written by Dr Ratz A R K #19, Technique of Vasectomy, n d , DL, GP, Box 63, Folder 954

Control Activities and Procedure"¹⁸ Kaufman's efforts now extended beyond Kitchener to Guelph, London and surrounding communities. He claimed a total of 50 persons sterilized and more than 1200 cases referred to doctors for birth control information, in addition, the Toronto clinic had received, in ten months, more than 1200 patients. However, at this time, Kaufman developed the argument that neither the referral system of birth control delivery nor the diaphragm method of contraception was sufficiently effective.¹⁹

I found that the calls on social workers, doctors and patients averaged fully three calls per patient. Since only about 40% of the patients actually went to the doctor, the calls averaged about 10 per patient actually fitted with a pessary. I was not willing to continue this expensive method of spreading birth control, and decided to recommend the jelly method which in itself is not as efficient as the pessary, but can be spread much more readily and is therefore likely to be much more beneficial to many more people. I understand the pessary method is almost 100% efficient when properly used by intelligent people, but since only about 40% of the patients actually went to a doctor for a fitting, this method cannot be rated more than 40% efficient according to my experience. I have directed my nurses to give the patients contraceptive jelly and a nozzle on the first visit if the patients are interested and the case is justified.

In this passage, Kaufman clearly articulated his understanding of birth control efficacy as a function of aggregate statistics rather than individual assessment, the passage also reveals a central flaw in his argument - the equation of the provision of contraceptive devices with their use and consequently with a reduction in fertility. Setting aside this question for the moment,²⁰ this passage clearly indicates that Kaufman was unwilling to maintain his absolute dependence upon the initiative of those he targeted for fertility.

¹⁸ A R Kaufman, "Report #1, Birth Control Activities and Procedure," December 15, 1933, NA, Canadian Council on Social Development, MG 28 I10, Vol 51, File #456 - Birth Control

¹⁹ *ibid* Emphasis in original

²⁰ This issue is addressed in Chapter 3

limitation. By implication, he was also unwilling to leave the provision of birth control exclusively to physicians, connected to this was the determination to cease the exclusive promotion of the diaphragm and jelly.

Though Kaufman had made some important changes in his birth control system by the end of 1933, he had not yet adopted a mail-order system for the provision of the majority of his supplies, he was not yet committed to independently spreading the system far afield. Rather, he endeavoured to encourage others to imitate his efforts elsewhere. Kaufman claimed that birth control work could be started in any community and he offered to provide information and suggestions to "prospective workers" and even the temporary loan of an experienced nurse to get the project started. In addition, he offered to "donate the first supply of contraceptives provided the work is done under my supervision."²¹ This final proviso hints at what was to come - the further development and wider dispersion of Kaufman's birth control system entirely under his supervision.

By the summer of 1934, Kaufman had developed a mail-order delivery system for contraceptives. In a report he prepared in May there was little indication that much had changed.²² Kaufman's report that local doctors had sterilized more than 75 persons and accepted the referral of more than 2,000 others seemed to indicate an unchanged dependency upon physicians, though Kaufman reiterated the argument that "my investment in birth control work will reach more people and do more good if I supply contraceptive jelly and nozzle, even if this method is not as efficient as the pessary." However a series of circulars which can be dated to the first half of 1934²³ indicate that Kaufman was concurrently running a different system of birth control delivery - one which involved home visitation, lay prescription

²¹ A R Kaufman, Report #1, Birth Control Activities and Procedure, December 15, 1933

²² A R Kaufman, Report #1, Birth Control Activities and Procedure, May 15, 1934 CL, GP, Box 63, Folder 954

²³ Of the three circulars under consideration, only one - "Instructions to Social Service Workers" - was dated (July 5, 1934), however, the other two can be closely dated. The terminal date is July 12, 1934 when they were mailed to Gamble, furthermore, since Kaufman's December 1933 report stated that Kaufman's nurses were providing contraceptive jelly and nozzle on the first visit, it is unlikely that these circulars, which describe a mail-order delivery system, were written prior to December 1933.

and mail-order delivery, and furthermore, one which encouraged the use of contraceptive jelly rather than the diaphragm and jelly

One circular²⁴ provided instructions for Kaufman's "social service workers"²⁵ These workers were non-physicians They were women, both married and unmarried, Kaufman variously termed them nurses and social workers²⁶ though in later years he insisted that their most important characteristic was sensitivity to clients and the absence of professional distance in their demeanor²⁷ These workers canvassed regions, found prospective PIB clients, visited them in their homes and filled out application forms on their behalf They were instructed to obtain referrals from social workers and Protestant physicians, they were then to present themselves to the recommended women in a sympathetic manner and, without providing the name of the referee, indicate that a "friend" had sent them The workers were to admit to the clients that the pessary was a more efficient contraceptive than jelly, but jelly was readily available while women were required to arrange for a fitting independently, in order to obtain a pessary Finally, after

²⁴ Two other circulars were for use with clients contacted without a personal visit The first was an initial contact letter, it was addressed to "Dear Friend" and informed the recipient that a "friend" believed her to be in need of birth control information The client was advised that the diaphragm was 100% efficient while the jelly was 95% efficient, but was encouraged to use the jelly through the requirement that clients make their own arrangements for a diaphragm The second 'Dear Friend' circular was to be sent to a woman who had sent a request for information, it was enclosed with application forms which were to be filled out and then forwarded to Kitchener See '#17, Dear Friend,' n d , "#18, Dear Friend,' n d , CL, GP, Folder 954

²⁵ "#15, Instructions to Social Service Workers," Parents' Information Bureau, July 5, 1934, CL, GP, Folder 954

²⁶ He also admitted to hiring local workers by mail, without an interview and to hiring mothers of large families who wished to work in their own communities See Kaufman, 'Address in Montreal' It is impossible to determine how many of these women were or were not social workers and graduate nurses Dorothea Palmer was neither married at the time, nor had she graduated from her training in England as a nurse, see Dianne Dodd, 'The Canadian Birth Control Movement on Trial, 1936-1937', similarly, Vivian Dowding, though married, had no professional training Mary Bishop, 'Vivian Dowding Birth Control Activist, 1892-,' in *Not Just Pin Money, Selected Essays on the History of Women's Work in British Columbia*, edited by Barbara K Latham and Roberta J Pazdro, (Victoria Camosun College, 1984)

²⁷ 'A R Kaufman's Experience and Observations in Doing Social Work,' December, 1976, OA, MU4468, File Kaufman, A R

the application form that was to be forwarded to Kitchener was completed, the worker was to decide whether the patient could afford the initial fee, though subsequent supplies were to be paid for. These workers were paid a commission by Kaufman of \$1 to \$1.50 per client depending upon the density of the population.²⁸

Kaufman's use of lay-providers was not a consequence of an antagonism towards members of the medical profession, rather, it was based on considerations of expense, flexibility and tractability. Kaufman's workers cost less than physicians,²⁹ they could be located in both densely and sparsely populated areas, recruited and dismissed according to circumstance, educated in the field to Kaufman's specifications and obliged to observe the mandate prescribed by his central office. Physicians, on the other hand, were often unavailable in rural areas or uninterested in birth control, many were not in contact with the poor women Kaufman sought to contact or were unable or unwilling to provide birth control services due to their own lack of knowledge or to ethical concerns.

In the summer of 1935 Kaufman provided a clear description of his birth control program.³⁰ He recounted the process by which he had become disaffected with a birth control system that distributed primarily diaphragms with physician-provision in clinics and through local referrals. He stated that after the first 500 referrals he had checked the results only to learn that "barely 40% of the mothers had actually called at the doctor's office as suggested." Kaufman argued that "a large percentage of the mothers hesitated to go to the doctor chiefly on account of sensitiveness or unpaid doctor's bills, etc." The clinics were equally unsuccessful. Kaufman experimented with two birth control clinics,³¹ one in Toronto and the other

²⁸ Kaufman, letter to Gamble, July 12, 1934, CL, GP, Box 63, Folder 954

²⁹ Though Kaufman consistently tried to obtain the complementary services of physicians

³⁰ The following information, unless otherwise indicated, comes from Kaufman, 'Address in Montreal'

³¹ During the 1930s there were also clinics in Vancouver and Hamilton, for information about these clinics, see Dianne Dodd, 'The Hamilton Birth Control Clinic of the 1930s', Mary Bishop, 'The Early Birth Controllers of B.C.', Angus McLaren, 'The First Campaigns for Birth Control Clinics in British Columbia', *Journal of Canadian Studies*, Vol 19 #3 (Fall 1984)

in Windsor, Ontario but he soon grew disappointed with their limited efficacy³² Kaufman argued, "I know from experience with about 5,000 clinic patients that over 90% live within about five miles of the clinic, and a clinic is not likely to help many people outside of this 5 mile radius. A good percentage within the 5 mile radius fail to come to the clinic after expressing their interest, and promising to do so." Kaufman argued that women were both better served by a home visitation and mail-order delivery system, and that it was more economical, whether in rural or urban communities. "my method of contacting patients through my nurse and then sending contraceptives by mail costs less than half of the per capita cost of my Toronto and Windsor clinics"³³ In January 1937, Kaufman complained that the Toronto clinic served primarily an educational purpose since it served too few women only 1600 the previous year. In addition, it cost too much³⁴ In the summer of 1937, Kaufman reported a total of only 7500 women served at the Toronto clinic³⁵

³² The Toronto clinic was opened in February 1933. A. R. Kaufman, Report #1, Birth Control Activities and Procedure, May 15, 1934, CL, GP, Box 63, Folder 954. The Toronto League for Race Betterment which was to take over the Toronto clinic from Kaufman was formed in October 1936. Report #1, Report on Birth Control Activities and Procedure, December 1, 1937, OA, RG10-106 279 1. However, there was not the will to follow through with this venture and the Toronto clinic was closed in 1937, see Gladys Brandt, letter to Miss Florence Rose, secretary to Sanger, December 7, 1937, SP. Kaufman opened a clinic in Windsor in May of 1934 which was taken over by the Essex County Maternal Health League about one year later. Kaufman also had a PIB worker in the area whom he felt was more productive, he reported that in one year his worker contacted 608 clients while the clinic helped" 161, "We do not consider the Windsor clinic justifies the rental and other costs." Kaufman, letter to Mr. F. T. Cook, Provincial Department of Public Health, Edmonton, Alberta, September 9, 1937, CL, GP, Folder 958. Kaufman's antipathy to clinics was never so intense that he refused to support them - he supplied contraceptives at cost to the Hamilton birth control clinic. Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, p 103.

³³ Kaufman, 'Address in Montreal'

³⁴ Kaufman, letter to Sanger, January 27, 1937, SP. Kaufman argued that 49% of the women who attended the clinic were referred by clinic workers, another 22% were sent by PIB workers.

³⁵ Kaufman, letter to Dr. A. P. Pillay, Bombay India, July 3, 1937, SP, Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958. In September of 1937, Kaufman had raised his estimate to 8000. Kaufman, letter to Mr. F. T. Cook, Provincial Department of Public Health, Edmonton, Alberta, September 9, 1937, CL, GP, Folder 958.

In response to the perceived limitations of the clinic and in the context of the limited support of private physicians in the 1930s, Kaufman devised a carefully organized and centrally controlled distribution network which could readily expand into new areas and was not limited by the density of the population or the sensitivity or disinterest of the women to be contacted. The following passage clearly outlines the way in which this system worked ³⁶

My organizer visits a community and contacts leading doctors and social workers, most of whom are favourable, and cooperate in finding a local social worker to do birth control work within a prescribed area. Local workers are engaged on a commission basis which varies according to the territory covered. The names of people considered in need of birth control information are secured from various interested people by the local worker who is usually a nurse. The local worker gets considerable of her preliminary instructions from my organizer, and is also given written instructions. My birth control work is done in the name of the Parents' Information Bureau which has application and history forms on which the local worker writes the necessary family history, and has the prospective patient sign the application which is then mailed to Kitchener. The local worker signs the application which is also signed in many cases by the family physician. All applications are checked in the office of the Parents' Information Bureau, and a box containing contraceptives and birth control information is then mailed to each approved applicant. The box also contains 3 application forms and a note to the recipient that these applications may be given to her friends.

When this address was given, in May 1935, Kaufman claimed to have contacted a total of 10,000 women, with new applications being received at the rate of 1000 a month. In June of that year, the estimate had been revised to a total of 12,000 ³⁷ Kaufman's estimates, and presumably his actual

³⁶ Kaufman, "Address in Montreal"

³⁷ Notes, taken by Gamble from information provided by Kaufman, June 13, 1935, CL, GP, Folder 955

contacts,³⁸ continued to grow. In October of 1935, with a total of almost 20,000 women contacted in their own homes, Kaufman expressed a growing satisfaction with the efficacy of his program, and stated that he had changed neither his policies nor his methods in over a year.³⁹ In July of 1937, Kaufman reported that the PIB had "helped" 25,000 "mothers" the previous year and 60,000 to date.⁴⁰ In the fall of 1938, the total number of those contacted had grown to "about 100,000 needy birth control cases"⁴¹

In order to reach the appropriate target populations in Canada, Kaufman's program grew beyond its south-central Ontario base, its tentacles eventually extended across much of the country. From his home base in Kitchener, Kaufman's activities spread to London and Guelph quite quickly. Then in May of 1935, one of Kaufman's field workers arrived in the "Canadian Northwest" to "organize birth control work from Winnipeg to Calgary and Edmonton." By October of that year, Kaufman announced that he had received almost 2,000 applications from Winnipeg and others were concurrently arriving from the other western regions which had been more recently organized. In the same correspondence, Kaufman claimed to have contacts "as far afield as Labrador and the Yukon"⁴² Kaufman, with his

³⁸ There is no way to actually know, Kaufman and his heirs stated that records from the Parents Information Bureau did not survive so we have only Kaufman's own estimates to go by.

³⁹ Kaufman, letter to How-Martyn, October 18, 1935, SP. In March 1936, Kaufman claimed to have contacted 20,000 women in the previous year, his program began to make large numbers of contacts in 1934 or perhaps at the start of 1935. Kaufman, letter to Gamble, March 12, 1936, CL, GP, Folder 957.

⁴⁰ Kaufman, letter to Dr. A. P. Pillay, Bombay India, July 3, 1937, SP. Also, Kaufman, letter to H. L. Mencken, New York, August 10, 1937, CL, GP, Folder 958. In a published report, Kaufman stated that the PIB had contacted exactly 23,068 women in 1937. "Clinic Reports: Parents' Information Bureau, Kitchener, Ontario, Canada," *Human Fertility*, formerly *Journal of Contraception*, 8, 4, (December 1943), p. 119.

⁴¹ Kaufman, letter "To Contributors To Welfare Organizations," October 15, 1938, sent to the Ontario Department of Public Health by Geo. A. Reynolds of Willys of Canada, Ltd., Windsor, Ontario, November 1, 1938 with a note stating that the writer was under the impression that such literature was against government regulations, the Department of Health chose to ignore the issue. OA, RG10-106-279-1, Box 279.

⁴² Kaufman, letter to How-Martyn, October 18, 1935, SP. In the summer of 1936 Kaufman wrote angrily to a doctor in Newfoundland who had contacted Gamble in the United States for contraceptive information, Kaufman had, he claimed, tried to contact him, had sent supplies

antipathy to the Catholic church,⁴³ was particularly interested to spread his PIB services within and near Quebec. In 1935 he boasted that he had "recently started a birth control worker in an attractive Catholic nest in Montreal, and while my organizer and worker have given quite a few perfectly good Catholics heart failure, the predictions that birth control work cannot be done in Montreal have not been true up to date"⁴⁴

Kaufman's attempt to spread his program involved more than geographical extensions, he also sought to reach diverse linguistic and ethnic groups by providing the booklet on birth control methods which was distributed with the package of PIB supplies, in four languages - English,

but received no reply. Kaufman, letter to Dr C S Curtis, St Anthony, Newfoundland, June 27, 1936, CL, GP, 957. In the summer of 1937, Kaufman claimed to have sent contraceptives to within the Arctic Circle and even to South Africa several times. Kaufman, letter to Dr A P Pillay, Bombay, India, July 3, 1937, SP. In September of 1937, Kaufman wrote that a Mrs McKee of Lethbridge, Alberta had served as the PIB worker in the area for about two years and had sent in applications for over 4000 women. Kaufman, letter to Mr F T Cook, Provincial Department of Public Health, Edmonton, Alberta, September 9, 1937, CL, GP, Folder 958. Kaufman had a worker in Nova Scotia. Kaufman, letter to Dr Dickinson, July 29, 1943, CL, GP, Folder 961.

⁴³ Kaufman wrote, 'The Catholic Church opposes my work because, as I believe, the spreading of birth control information may be a means of frustrating some of their selfish aims. However the Catholic Church is not successful in discouraging the interest in birth control on the part of unfortunate, desperate, Catholic mothers, who welcome my social workers during the week even if the priest has preached a sermon against birth control on Sunday. In fact, I rather like the criticism as the rule that every knock is a boost seems to apply here too. The Catholic Church's biggest attempt to stop my work in Canada, resulted in the Eastview trial, when my social worker was acquitted and the acquittal upheld by the Appeal court.' Kaufman, letter to Guy Irving Burch, Population Reference Bureau, Washington, D C, February 26, 1941, CL, GP, Folder 961. See also Kaufman, letter to Dr Dickinson, July 29, 1943, CL, GP, Folder 961. In Canada the 'fecundity of the French-Canadian Roman-Catholics was deemed a particularly disturbing menace by the eugenicists, see Angus McLaren, *Our Own Master Race*, p 9.

⁴⁴ Kaufman, letter to How-Martyn, October 18, 1935, SP. In March of 1936 Kaufman wrote that his Montreal worker had been quite successful, in fact, he claimed that more progress had been made in 76% Catholic Montreal in the previous 6 months than had been made in 86% Protestant Toronto in the same time. Kaufman, letter to Gamble, March 12, 1936, CL, GP, Folder 957. After the successful conclusion of the Eastview trial, Kaufman engaged in a rhetorical flourish, claiming to have them all tamed in Canada now except in Quebec" and denouncing the "intolerant Catholics" who "ignore Federal laws". He also contradicted the above assertions about progress in Montreal with the statement, 'we will see what the province of Quebec can do for the country when I become active there, which may be next year. If they interfere with my workers they will have the Federal laws pushed under their noses whether they like it or not.' See Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958.

Polish, Ukrainian and French⁴⁵ Unfortunately, not enough is known about Kaufman's hiring practices with respect to his home visitation workers to determine whether these women were chosen to best serve particular ethnic communities

Financial limitations imposed important constraints on Kaufman's ability to expand his birth control program and reach increasing numbers of women. However, financial considerations were not themselves determinative of the type of system developed, rather, the system developed was a consequence of the persons targeted. Kaufman was buoyed by his conviction that PIB methods were cheaper than clinics: he claimed that his Toronto clinic cost \$5.00 per woman while the PIB cost only \$2.00 per woman⁴⁶. It appealed to his sense of business-like efficiency⁴⁷. Yet the evidence suggests that such savings did not themselves provide sufficient reason to structure a non-clinic birth control program. Instead, financial considerations constrained only the scope of Kaufman's program rather than its structure. He was prepared to expend considerable funds on his birth control venture. In July of 1937, he claimed to have spent "well over \$150,000 doing birth control work"⁴⁸. In the fall of 1938, he complained that "I could have helped 50,000 patients per year as easily as 25,000 if I had been willing to spend \$100,000 annually for this purpose instead of \$50,000"⁴⁹. In 1943, Kaufman wrote that he had "curtailed the activities of my nurses some years ago when my bureau contacted and helped 50,000 cases in two years. At present nearly 1,000 cases per year are referred to my bureau by doctors and

⁴⁵ "#15, Instructions to Social Service Workers," March 1, 1935, CL, GP, Folder 955

⁴⁶ Kaufman, letter Mrs. M. A. Pyke, National Birth Control Association, London, England, October 4, 1938, CL, GP, Folder 959

⁴⁷ As argued by James Reed, *From Private Vice To Public Virtue*, p. 220

⁴⁸ Kaufman, letter to Dr. A. P. Pillay, Bombay India, July 3, 1937, SP. Kaufman reported to Mencken that his birth control work in Canada cost him \$75,000 a year. If the two figures are both approximately correct, then Kaufman's intensive domestic birth control program would be only two years old, which would corroborate other evidence that suggests a similar date. Kaufman, letter to H. L. Mencken, New York, August 10, 1937, CL, GP, Folder 958

⁴⁹ Kaufman, letter Mrs. M. A. Pyke, National Birth Control Association, London, England, October 4, 1938, CL, GP, Folder 959

about 1,500 per year by former patients. My paid social workers are contacting on the average of about 500 to 600 per month." In short, "The only limit to the amount of mothers I help is the amount of money I wish to spend in the effort."⁵⁰

Kaufman's birth control system has been represented as an important "criticism of the clinic-doctor-diaphragm regimen"⁵¹ demonstrating Kaufman's belief that "birth control was too important to be left to the doctors"⁵². Though this is an important observation it should not be understood to imply that Kaufman was antipathetic to physicians or physician-involvement in the provision of birth control. Nor should it be understood as a comprehensive assessment of Kaufman's involvement with the medical profession. Under different circumstances, both historical and geographical, Kaufman's relationship with doctors altered. Outside Canada and after the war, Kaufman developed a much closer relationship with physicians. Even during the 1930s, Kaufman did not endeavour to limit physician-involvement with the provision of birth control, rather he, together with other birth controllers, wished to pressure physicians to support birth control.⁵³ In both Canada and the United States the birth controllers faced a medical profession divided over the topic of contraception and sterilization. Medical professionals were resistant to an issue so long associated with irregular health practitioners, so unscientific and so prone to "non-medical" indications for use, furthermore, birth control represented a socially and morally contentious issue.⁵⁴ Yet Kaufman, though he disparaged the failure of physicians to promote contraception and was unwilling to wait until such time as they decided to support his agenda, was clearly both willing to work with like-minded physicians and dependent on their assistance for

⁵⁰ Kaufman, letter to Dr. Dickinson, July 29, 1943, CL, GP, Folder 961

⁵¹ James Reed, *From Private Vice to Public Virtue*, p. 219

⁵² *ibid*, p. 218

⁵³ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, pp. 121-123

⁵⁴ *ibid* and James Reed, *From Private Vice to Public Virtue*, Chapter 11

diaphragm fitting and sterilization services. And though over the latter half of the 1930s Kaufman developed a system that was less dependent upon physicians than formerly, during and after the war his dependence would only increase.

Kaufman was critical of the value of clinics because of their inaccessibility for many women and their greater per capita cost than the PIB system.⁵⁵ His preferred system of birth control delivery involved both home visitation, lay prescription and mail order delivery. Though this system could theoretically operate without the assistance of physicians, in practice Kaufman sought to obtain their cooperation where possible. Doctors were important sources for referral information about the women in their communities who might need the PIB's services, furthermore, their assistance was required for the fitting of diaphragms whether through clinics or the PIB. Kaufman endeavoured to enlist doctors in his birth control efforts and he instructed his workers to contact physicians to obtain the names of potential contacts, he also required them to get the approval of individual doctors for the prescription of birth control to their patients. Yet this requirement was not absolute, Kaufman argued that "the distribution of contraceptives with the approval of the doctors is desirable, but I do not think it is essential in communities where the distribution is made by responsible people who have difficulty in obtaining medical co-operation. I find that most doctors approve of the spreading of birth control information to unfortunate families by any legitimate means that is reasonably efficient."⁵⁶

Kaufman was aware that the mail-order aspect of the PIB system could operate without or with fewer paid home visitation workers where physicians, social service workers and the women themselves passed along information. He wrote to Gamble in 1944 to observe that the latter's home visitation service in the Carolinas failed to use the mails and relied instead

⁵⁵ Kaufman, letter to Gamble, July 31, 1943, CL, GP, Folder 961. Also, Kaufman, letter to Dr Dickinson, July 29, 1943, CL, GP, Folder 961. "[I] feel that money invested in the visitation method is going to prevent at least twice as many unwanted babies as the clinic method and will help mothers in places that the clinics will never reach.

⁵⁶ A R Kaufman, 'Report #1, Birth Control Activities and Procedure,' December 15, 1933, NA, MG28 I10, Vol 51, File #456

upon the home-delivery of contraceptives "Your method of leaving contraceptives in the home is practical only where the nurses make the actual visits My method permits me to supply contraceptives by mail to people my nurses do not contact Last year my Bureau received about 2,000 application referred by doctors, nurses, former patients, and, to a small extent, also public welfare nurses, etc "⁵⁷ Though Kaufman broke with absolute medical hegemony in the provision of contraception to the poor he involved physicians where possible, he was well aware of the value of their cooperation

Before the Second World War, the largest proportion of the PIB services was devoted to the provision of contraceptives, sterilization was advocated for only a small percentage of Kaufman's clientele Requiring a greater degree of medical expertise than contraception and, for women, hospital cooperation, surgical sterilizations were not easy to arrange during the 1930s Furthermore, though contraception could be justified as a medically necessary mechanism for spacing pregnancies, no such justification existed for sterilization Surgical sterilization completely and finally terminated fertility, it was considered by some as a form of maiming⁵⁸ Furthermore, it inspired moral concerns, it intensified the perceived threat of all birth control - the potential for the promotion of sexuality outside marriage It was advocated by eugenicists to restrict the fertility of a subsection of the population - the 'unfit'⁵⁹ It was not until after the war that sterilization was promoted and became publicly acceptable as a form of fertility control for the general population In 1937, Kaufman complained in a particularly strongly worded letter to the American humorist, writer and

⁵⁷ Kaufman, letter to Gamble, March 8, 1944, CL, GP, Folder 961

⁵⁸ McLaren, *Our Own Master Race*, p 154

⁵⁹ *ibid*, Chapter 8 For a contemporary Canadian account of the situation, sympathetic to eugenic sterilization, See Helen MacMurchy, *Sterilization? Birth Control? A Book For Family Welfare and Safety*, (Toronto The Macmillan Co of Canada, 1934) Sterilization on a grand scale was impractical By 1934, two Canadian provinces and 27 American States had enacted eugenic sterilization laws, and though eugenic ideology was still on the ascendant, the legislative and public enthusiasm for the legal promotion of eugenic sterilization was waning Furthermore, sterilization required money and medical expertise, it was not amenable to private lay sponsorship, and it was largely inaccessible to non-urban populations

eugenicist, H L Mencken, "I happen to know that some intelligent people are sterilized after they have had three or four children and decide they do not want any more. It is about time the "nitwits" have the same opportunity"⁶⁰ Yet, though Kaufman promoted eugenic sterilization,⁶¹ he was insistent that birth control was more appropriate for the majority of the target population. In his correspondence with Mencken, though he playfully agreed with the former's near-genocidal enthusiasm for eugenic sterilization, he insisted that "my meaning of birth control includes both contraception and sterilization as may be advisable"⁶² Eugenic sterilization was, therefore, only a small though it was an essential component of his birth control practice before World War II. For its provision Kaufman was absolutely dependent upon the assistance of physicians.

Kaufman reported the progress of his sterilization campaign less frequently than he did the absolute numbers of persons contacted by the PIB. In August of 1937 Kaufman reported that "through my nurses and co-operative doctors" he had "accomplished over 400 sterilizations, about half of which were vasectomies"⁶³ One month later, the estimate was revised to 435 sterilizations "with co-operative doctors who have given their services free. 94 of these sterilizations were in Kitchener and vicinity and 341 were scattered

⁶⁰ Kaufman, letter to H L Mencken, New York, August 10, 1937, CL, GP, Folder 958

⁶¹ The Parents Information Bureau structurally promoted sterilization, see the consent and medical instruction forms '#19, Technique of Vasectomy,' n d , CL, GP, Box 63, Folder 954. Consent forms for sterilization, for married women and men with spousal consent, for parents to consent to a child's sterilization and for single women to consent independently to their own sterilization, n t , n d , CL, GP, Folder 955, 1935 correspondence with Kaufman.

⁶² Kaufman, letter to H L Mencken, New York, August 10, 1937, CL, GP, Folder 958. This letter is Kaufman's response to an article written by Mencken in the *American Mercury*, in 1937, entitled 'Utopia by Sterilization'. In this article, Mencken promotes the sterilization of the men in the sharecropper country, though he considers it more merciful to 'have at them with machine guns', Kaufman's response is that it would be even cheaper to 'dump them in the lake'.

⁶³ Kaufman went on to explain the division of sexual and birth control responsibilities in the households he targeted for fertility control. 'I find that some of the husbands and irresponsible fathers are not willing to run any risk of having their style cramped by an operation, but it usually happens in such cases that the wives are physical wrecks from childbearing and need an operation anyway.' Kaufman, letter to H L Mencken, New York, August 10, 1937, CL, GP, Folder 958.

across Canada "⁶⁴ In the summer of 1943 Kaufman reported the sterilization of a total of 900 persons, half of whom were women ⁶⁵ He believed that a certain percentage of the persons the PIB contacted would 'require' surgical sterilization, these persons had "a family history of mental deficiency, tuberculosis, syphilis, epilepsy, or other diseases that make it highly advisable to avoid further pregnancies We also have cases where a further pregnancy endangers the life of the mother We recommend sterilization of either the husband or the wife in cases as described above as the best guarantee against a continuation of the pathetic conditions found in many such homes "⁶⁶ Kaufman considered that sterilization was necessary for the "dull normal", the "careless" and the "slovenly parents who do not use contraceptives properly and consistently" ⁶⁷ In general, this meant that between five and ten percent of the persons the PIB contacted were deemed to lack the adequate "calibre" and required surgical sterilization,⁶⁸ in other words, among those

⁶⁴ Kaufman, letter to Mr F T Cook, Provincial Department of Public Health, Edmonton, Alberta, September 9, 1937, CL, GP, Folder 958

⁶⁵ Kaufman also reiterated the argument that some men were not willing to be sterilized Kaufman, letter to Dr R L Dickinson, National Committee in Maternal Health, N Y , July 29, 1943, CL, GP, Folder 961

⁶⁶ Kaufman, "Address in Montreal" In addition, Kaufman pleaded for the rights of "unborn children who should be spared the hardships and handicaps unavoidable in the families of the unemployed or other unfortunates who must depend for a living upon the tax payers whose tax burdens have become almost unbearable, and in too many instances have deprived them in turn of their homes ' A R Kaufman, "Report #1, Birth Control Activities and Procedure, December 15, 1933, NA, MG 28 I10, Vol 51, File #456 - Birth Control

⁶⁷ #15, Instructions to Social Service Workers, March 1, 1935, CL, GP, Folder 955, quote from Pamphlet #2, Birth Control Notes," March 1, 1935, CL, GP, Folder 958 There are cases of the mentally unfit where sterilization is essential as such patients are incapable of using contraceptives properly Sterilization is also necessary for physically unfit women whose lives are endangered by further child-bearing " Kaufman argued that almost 100% of these unfortunates are not interested in their rights to procreation, but are pathetic in their anxiety to avoid it " A R Kaufman, Report #1, Birth Control Activities and Procedure, December 15, 1933

⁶⁸ Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958 Kaufman, letter to Mr F T Cook, Provincial Dept of Public Health, Edmonton, Alta , September 9, 1937, CL, GP, Folder 958 Kaufman, letter to H L Mencken, New York, August 10, 1937, CL, GP, Folder 958 A R Kaufman, 'The Parents Information Bureau of Canada,' *The Journal of Contraception*, 3, 3, (March 1938) 54-55

whose use of the PIB-provided contraceptives resulted in "failure" (ie pregnancy), more than half required sterilization⁶⁹ In order to provide surgical sterilization for those PIB clients who were deemed to require it, Kaufman was absolutely beholden to the assistance of members of the medical profession Yet obtaining the assistance of the medical profession as a whole during the 1930s would not have been an easy task, in fact, the Canadian medical profession did not take a stand in support of birth control until the 1960s⁷⁰ At any rate, Kaufman was less interested in lobbying than he was in the practical aspects of birth control provision He argued that there was disagreement between the leadership of the medical profession and the rank and file concerning birth control⁷¹ and so he directed his attention towards individual physicians whom he encouraged and cajoled to cooperate with him in providing birth control to the poor

Kaufman was aware that contraceptive techniques were not taught in most medical schools,⁷² that most doctors did not know how to fit

⁶⁹ Kaufman, letter to Gamble, August 12, 1937, CL, GP, Folder 958 Kaufman's interpretation of failure was not always clear, it appears that for Kaufman, failure was interpreted to mean any birth that followed the provision of PIB contraceptives, irrespective of the subjective evaluation of the woman as to the desirability of the new arrival

⁷⁰ Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, p 133

⁷¹ Kaufman wrote to Dr Dickinson, " we are inclined to think that if you got your information about my bureau from the medical association, you would get a reply that reflects the prejudiced opinion of one or two of the officials and not the general attitude of the members of the association " He continued, "I understand that the question of contraception and sterilization is brought up at almost every annual meeting but stifled somehow I have also been told that at a fairly recent convention of the Ontario Medical Association in Niagara Falls, ortho-gyno products were displayed in a prominent booth and a Catholic doctor emphatically objected to the display but the meeting did not take any action I have had rather sharp correspondence with one of the association officials and then decided I might as well ignore him, as it was evident that he was not interested in the desperate plight of needy mothers " It is, of course, relevant that Kaufman developed this argument in correspondence with Dr Dickinson, a well-known American advocate of the medical control of contraception Kaufman, letter to Dr Dickinson, July 29, 1943, CL, GP, Folder 961

⁷² He wrote in 1935 that 37 medical schools in the States had, in the previous five years, commenced teaching contraception and that 2 or 3 medical schools in Canada had recently started doing so A R Kaufman, 'Pamphlet #2, Birth Control Notes,' March 1, 1935, CL, GP, Folder 958 Kaufman, letter to Mr F T Cook, Provincial Dept of Public Health, Edmonton, Alta, September 9, 1937, CL, GP, Folder 958

diaphragms,⁷³ and that in outlying areas in particular where the need was greatest, doctors were often not available or did not care about the issue⁷⁴ The PIB endeavoured to play a role in educating physicians - providing circulars which explained techniques of contraception, in particular, the use and fitting of the diaphragm, and surgical sterilization⁷⁵ Though Kaufman's program emphasized "simple contraceptives",⁷⁶ women could arrange with a local doctor for a diaphragm fitting, the diaphragm would then be supplied to her by the PIB⁷⁷ In fact, Kaufman argued that this was still one more reason why clinics were unnecessary, in 1937 he wrote "Those mothers who are anxious to be fitted with a pessary and cannot go to a clinic can still attempt to have their family physician fit them We have over 500 doctors in Canada who fit pessaries without charge for indigent cases on our request We have an additional 600 or 700 doctors who buy contraceptive supplies from us"⁷⁸ The cooperation of individual physicians accelerated during and after the war, in 1941, Kaufman reported the assistance of 2,000 doctors - an estimated 20% of the total number of physicians in Canada "I was disappointed for some years' wrote Kaufman "in my hope that the satisfied mothers would refer others to my Bureau My hopes have been realized to a large extent during the last two years as former patients of the Bureau and the doctors now refer about 500 per month which reduces my cost per patient to about \$1 00 I pay my social workers from \$1 00 to \$1 50 according to density of population which brings the cost in such cases to slightly over \$2 00"⁷⁹ In

⁷³ Kaufman, letter to Gamble, May 29, 1935, CL, GP, Folder 955

⁷⁴ Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958

⁷⁵ See footnote #17

⁷⁶ See Chapter 3

⁷⁷ Kaufman, "Address in Montreal

⁷⁸ Kaufman, letter to Mr F T Cook, Provincial Dept of Public Health, Edmonton, Alta , September 9, 1937, CL, GP, Folder 958 These numbers are probably more accurate than the general round thousand indicated to Pillay At this time, Kaufman reported that 6% of PIB clients used the pessary Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958

⁷⁹ Kaufman, letter to Guy Irving Burch, February 26, 1941, CL, GP, Folder 961

1943, he claimed, "We have very little difficulty in finding cooperative doctors and, exclusive of Quebec, we now have the gratuitous cooperation of fully 40% of the Canadian doctors " As proof of the growing support of physicians and strongly illustrative of Kaufman's interest in physician support for birth control, he added, "the number of my bureau patients fitted with pessaries has risen from about 5% to 20% in about two years We think this is evidence that the bureau is being accepted by the medical profession as a responsible, cooperative organization " ⁸⁰

Kaufman hoped to circumvent the resistance of physicians to providing birth control services through the threat of a loss of clientele In 1937 he proselytized to an unconvinced correspondent, "You may think that you need a clinic to fit pessaries, but I wish to state that we have educated 1000 doctors across Canada to fit pessaries for us and they do so without charge Doctors who will not co-operate usually find their patients referred to some other doctor Doctors do not like having their patients go to other doctors on account of the risk that they will never return, which to our knowledge, has happened more than once For several years doctors were afraid of having anything to do with birth control for fear they would lose some practice General sentiment has gradually changed and doctors now find that they must co-operate or they will lose practice It is still the cash that influences the sentiment " ⁸¹

Kaufman may not have been entirely enthusiastic in his support of the medical profession, nonetheless, he valued the cooperation of as many physicians as he could either coax or coerce into the birth control venture Furthermore, in public pronouncements Kaufman was careful to appease the profession with declarations of thanks Kaufman's address in Montreal was

⁸⁰ Kaufman, letter to Dr Dickinson, July 29, 1943, CL, GP, Folder 961

⁸¹ Kaufman, letter to Dr A P Pillay, Bombay, India, July 3, 1937, SP In 1941, Kaufman wrote, "My Bureau has the gratuitous co-operation of about 2,000 doctors in Canada which is about 20% of the total My Bureau social workers personally contacted about 500 of these doctors and the 1500 wrote to us either as a result of our routine letters or to satisfy their patients who demanded help The appeal of patients to their doctors means considerable [sic] as the doctor knows he will likely lose the patient if he does not respond Even the Catholic doctors seem to have very little prejudice when their purse is affected " Kaufman, letter to Guy Irving Burch, February 26, 1941, CL, GP, Folder 961 And again in 1943, Kaufman, letter to Dr Dickinson, July 29, 1943, CL, GP, Folder 961

particularly full of appreciation for physicians "I wish to take this opportunity of thanking doctors in Kitchener and throughout the province, as well as elsewhere, for their gratuitous co-operation in helping unfortunate mothers whose gratitude has no doubt been a stimulant to them as well as myself " In discussing sterilization, Kaufman noted, "I must add in recognition of the doctors that we have very little difficulty in finding a surgeon who is willing to give gratuitous service in such cases "⁸²

The birth control program that Kaufman developed in the 1930s would continue to change in subsequent years In particular, with the war and subsequent to it, Kaufman's program redeveloped a greater dependency on the cooperation of members of the medical profession who proved increasingly responsive to such solicitations One aspect of the system would prove less malleable, however, and that was its centralized structure This feature remained operational for the duration of the PIB's existence

Before the Second World War, Kaufman had developed a birth control program that was entirely centralized with respect to both authority and distribution The implications of such centralization were the minimization of expenses, the formalization of the system according to Kaufman's agenda, and the demonstration of a process that Kaufman hoped and believed, should and could be promoted by social service organizations and, ultimately, by governments The single Parents' Information Bureau office in Kitchener was akin to a single clinic that served the entire country By maintaining only one office, overhead and the duplication of services and staff were minimized Furthermore, since the PIB distributed contraceptives subject to the approval of the application forms⁸³ submitted by PIB workers,

⁸² Kaufman, 'Address in Montreal It seems likely, however, that Kaufman did pay at least some doctors to perform sterilization operations In an in-house document in 1935 he wrote that physicians were offered \$15 for a sterilization operation, up from the previous \$10 "#15, Instructions to Social Service Workers," March 1, 1935, CL, GP, Folder 955

⁸³ The PIB used application and history forms which sought to determine the marital, familial, occupational, financial and "eugenic" status of applicants In obtaining an appropriate form, Kaufman received the assistance of Gamble who recommended one developed by the Milbank Memorial Fund and modified by Dr Dickinson It is possible, however, that Kaufman used his own form and not the ones recommended by Gamble, nonetheless, the fact that the development and use of a form was considered worthy of discussion is itself notable See Gamble, letter to Kaufman, September 10, 1935, and October 25,

physicians or the women themselves, a single approval process could be regularized and Kaufman's intention to provide contraceptives only to certain target populations could be consistently observed. Finally, Kaufman insisted that, "While I have taken the responsibility for doing some birth control work, I feel that this responsibility should be accepted and included in the Health Programs of Governments and Social Organizations which spend a great deal of money on social work that is palliative and not remedial"⁸⁴ Kaufman himself, ceased donating money to social service organizations which did not concern themselves with birth control and he encouraged other 'contributors to welfare organizations' to require the inclusion of birth control among the efforts of the social organizations to which they donated.⁸⁵ With respect to governments, Kaufman asserted his conviction that "a central office [like the PIB] should be state operated"⁸⁶ and he promoted birth control "in the hope that the need for this work and the results that can be accomplished will become impressed on municipal and provincial public health and social welfare officials who I feel should accept this work as their responsibility"⁸⁷ He even anticipated the creation of a federal ministry concerned with fertility control. He wrote, "I do not suppose I will ever get the job but if the Government ever offered me the position of Minister of

1935, CL, GP, Folder 955

⁸⁴ Kaufman, 'Address in Montreal

⁸⁵ Kaufman wrote, 'I think I was a comparatively generous contributor to welfare organizations until a few years ago, but I give very little now because during the last nine years in my experience with about 100,000 needy birth control cases, I have been more and more impressed with the futility of welfare work that does not include birth control as part of its service to the poor and dependent' he added, "My reason for writing this letter is to suggest that if you share my views you request the inclusion of birth control as part of the health and welfare measures of organizations you support" Kaufman, letter, 'To Contributors to Welfare Organizations, October 15, 1938

⁸⁶ Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958. See also Kaufman, letter to Mencken, August 10, 1937, CL, GP, Folder 958, and, Kaufman, letter to Dr. Dickinson, July 29, 1943, CL, GP, Folder 961

⁸⁷ Kaufman, letter, 'To Contributors to Welfare Organizations,' October 15, 1938. While he waited for the cooperation of welfare and government organizations, however, Kaufman solicited the aid of individual members of these institutions as he did with the medical profession

Contraception for Canada, I would accept it at \$1 00 per year "⁸⁸

In the late summer of 1937, Kaufman received a letter from the Provincial Department of Public Health in Alberta inquiring about birth control which suggested the eagerly anticipated development of governmental interest. Kaufman happily responded with quantities of literature, a lengthy letter of explanation, and the offer of an interview with a PIB worker in Lethbridge. Kaufman noted that "too many types of social work deal with the effect and not the cause, which fact your Government likely appreciates since the first sterilization bill [in Canada] was passed in Alberta." Kaufman expressed his desire not to impose his opinions or advice but suggested that "we can give you the benefit of more experience than you can get anywhere in Canada." He recommended the development of a central bureau to serve the whole province and the use of existing public health nurses, and other publicly funded nurses and social workers, to send in applications, contraceptives could either be dropped off by the workers or mailed, however the latter permitted the development of central files and the monitoring of the workers. In addition, Kaufman recommended that all the Relief Departments be instructed to advise contraception, at the discretion of the Department head. Kaufman argued that clinics were unsatisfactory since they failed to reach many women and provided a contraceptive device that many of the less intelligent types would not use consistently. However, he suggested that the Department set up a trial clinic "To satisfy those who think that birth control work cannot be done successfully except through a clinic." ⁸⁹ Despite Kaufman's enthusiasm, nothing appears to have come of this correspondence ⁹⁰

⁸⁸ Kaufman, letter to Dickinson, July 29, 1943, CL, GP, Folder 961

⁸⁹ Kaufman also cautiously suggested a travelling vehicle equipped for contraceptive work and possibly also vasectomies. Kaufman, letter to Mr. F. T. Cook, September 9, 1937, CL, GP, Folder 958

⁹⁰ Though some municipal governments supported birth control in the 1930s, notably Brantford, Ontario where Dr. William Hutton, the president of the Canadian Eugenics Society and the Medical Officer of Health for the city of Brantford, promoted birth control, it was not until the 1960s and 1970s, that provincial and federal governments would do so. See Angus McLaren, *Our own Master Race*, pp. 114-115, Dianne Dodd, "The Hamilton Birth Control Clinic of the 1930s," p. 71. Also, see Chapter 5

During the 1930s, Kaufman developed and promulgated a birth control program which sought to limit the fertility of the poor - the socially 'unfit'. Though he presented this effort as an humanitarian and spontaneous response to an apparent need - an assessment parroted by Bishop and the official histories of the Canadian family planning movement - the evidence suggests that Kaufman carefully and strategically developed a birth control program which served his eugenic prerequisites and accommodated itself to the existing social climate. He developed a domestic program which garnered the assistance of physicians where possible but was not dependent upon them, Kaufman was not anti-medical, he was strategic. In addition, he developed a centralized administrative structure which was capable of ready expansion and suitable for use by governments and social service organizations. Most importantly, Kaufman identified significant problems with the clinic system of birth control delivery and he promoted a home visitation, lay prescription and mail-order delivery system of birth control to overcome such difficulties. Since Kaufman had determined to limit the fertility of the poor, their non-attendance or limited attendance at birth control clinics was an obstacle to the progress of his eugenic goals which he could not accept. However, as the following chapter will argue, Kaufman's assessment of who would or would not attend clinics and who could or could not use certain contraceptive devices was itself a conclusion derived from his eugenic preconceptions.

Chapter Three Pre-World War II, Testing the Domestic Birth Control Program

Kaufman's intent in undertaking birth control efforts was to limit the fertility of the poor and the 'unfit'. Accordingly, he structured a birth control program that targeted these populations within the constraints imposed by legislative and institutional disapprobation. The conclusion that ideological preconceptions informed the evolving structure of Kaufman's birth control program, though important, is not entirely surprising. More intriguing is the corollary assertion presented in this chapter - that the structure of Kaufman's birth control program, and Kaufman's *a priori* convictions, themselves informed his perceptions. With Gamble's encouragement, Kaufman developed an interest in quantitative analyses of contraceptive efficacy, he sponsored a study of the Toronto birth control clinic and developed estimates of the efficacy of the PIB program. However, the evidence indicates that the structure of Kaufman's preferred birth control program limited the ease with which follow-up data on clients could be gathered, consequently, the data that was gathered was heavily influenced by the preconceptions of the researcher. In addition, Kaufman's prejudices influenced his understanding of the data he did gather, they coloured his assessment of the best types of contraceptives to be used and the best way to provide these contraceptives to the target population. Despite his adoption of the mantle of scientific objectivity, the conclusions Kaufman reached about the value of his program were patently conditioned by his eugenic preconceptions.

In the 1930s, Kaufman developed a preference for what he called "simple" contraceptives - but his use of the adjective "simple" must be problematized. By "simple" Kaufman meant simple to distribute, inexpensive and, in particular, appropriate for "simple" people. He argued that, ultimately, contraceptive efficacy was a function of acceptability to users - practical value - and was not solely attributable to abstract calculations of contraceptive potential, however, his understanding of contraceptive efficacy was premised upon eugenic interpretations of target populations. Kaufman

was not unique in his interest in "simple" contraceptives, the demand was frequently articulated in the American publications which dealt with birth control issues¹ The need for "simple" contraceptives addressed the eugenic desire to target specific populations, ones deemed unable to afford the best contraceptives, unable to consult physicians or clinics due to poverty or locale, and unwilling to practice "complicated" birth control In addition, the desire for "simple" contraceptives was incorporated within the general effort to 'scientize' the practice of birth control through the promotion of the study, development and testing of 'new or improved' methods Kaufman differed from the majority in his quest for "simple" contraceptives only through his cavalier attitude towards technical efficacy - though Gamble was on side² As James Reed has argued, he lacked the feminist or medical concern for the consequences of the individual's failure to successfully contracept³ His concern was with aggregate birth rates

Kaufman's selection of appropriate contraceptive devices was limited by concerns about expense and ease of distribution, in addition, he was receptive to the lure of new fertility limiting devices and techniques The decisions Kaufman made about appropriate birth control methods were, in turn, influenced by circumstances largely outside his control As his delivery system changed, over the course of the 1930s and after the war, from a doctor-dependent, to a doctor-independent and then back to a doctor-dependent system, the contraceptives he provided changed in response In the first half

¹ See Robert Latou Dickinson and Louise Stevens Bryant, *Control of Conception*, (Baltimore The Williams & Wilkins Co, 1932), p 2, Robert L Dickinson, 'Household Contraceptives,' *Journal of Contraception*, 1, 1 (February 1936), Hannah Stone, 'Clinical Experiences with the Foam Powder Method,' *Journal of Contraception*, 3, 1, (January 1938), Harold Mack & Roger Siddall, "Physical Factors in the Efficacy of Contraceptive Jellies," *Journal of Contraception*, 4, 1 (January 1939), Alla Nekrassova, 'Some Clinical Observations on Foam Powders,' *Journal of Contraception*, 4, 3, (March 1939) Reed argues that Dickinson had long encouraged a flexible approach to birth control - providing less "effective" contraceptives which paradoxically, if more frequently used, would prove more "effective" Reed, *From Private Vice to Public Virtue*, p 220

² Kaufman wrote, "A local doctor has quite a few intelligent patients who use jelly only and are quite content if a pregnancy does occur" Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958

³ James Reed, *From Private Vice to Public Virtue*, p 220

of the 1930s, before Kaufman's lay delivery system was developed, he supplied the diaphragm and jelly. In the latter half of the 1930s and during the war, his preferred "simple" contraceptives were contraceptive jelly and foam powder. After the war he concentrated increasingly upon the provision of male surgical sterilization.

Kaufman's initial favorite "simple" contraceptive was spermicidal jelly. In a published report in the *Journal of Contraception* in 1938,⁴ he reported that during the previous year the PIB had provided to a total of 23,068 "applicants", contraceptive jelly to 96.3% and the pessary and jelly to only 3.7% of the clients. Furthermore, he argued at this time that jelly was preferable to the diaphragm since it was easier for the target population to use, it involved a lower per capita cost and, unstated but equally true, it was necessitated by his lay distribution system. Concurrently, he took an interest in the development of new contraceptive devices and techniques, in particular, he experimented with contraceptive foam powder and by 1943, according to a published report in *Human Fertility*,⁵ foam had begun to dominate his birth control efforts. Kaufman reported that of the 6,212 women contacted by the PIB in 1942, 20% were provided with the pessary and jelly, 25% jelly and nozzle and 60% foam powder.⁶ He also paid casual attention in the 1930s to a new method of female sterilization by cornual cautery, though it remained largely an academic interest until after the war.⁷

⁴ A R Kaufman, 'The Parents' Information Bureau of Canada,' *The Journal of Contraception*, 3, 3, (March 1938), pp 54-55

⁵ "Clinic Reports Parents' Information Bureau, Kitchener, Ontario, Canada,' *Human Fertility*, formerly *Journal of Contraception*, 8, 4, (December 1943), p 119

⁶ Sic. Either there was an overlap of contraceptive methods prescribed, or there was a misprint. For information about Kaufman's developing interest in and experimentation with foam powder see Kaufman, letter to Dr, Hannah Stone, May 19, 1936, SP, Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958, Kaufman, letter to the Clinical Research Bureau, N Y, November 12, 1937, SP, Miss Florence Rose, secretary to Mrs Sanger, letter to Kaufman, November 23, 1937, SP, Kaufman, letter to Miss Florence Rose, December 1, 1937, SP, Kaufman, letter to Miss Florence Rose February 2, 1938, SP

⁷ Gamble wrote to Kaufman about cornual cautery. Gamble, letter to Kaufman, July 31, 1934, CL, GP, Folder 954, and again he recommended it. Gamble, letter to Kaufman, August 31, 1937, CL, GP, Folder 958

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⁴ A. R. Kaufman, 'The Parents' Information Bureau of Canada,' *The Journal of Contraception*, 3, 3, (March 1938), pp. 54-55.

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⁷ Gamble wrote to Kaufman about cornual cautery. Gamble, letter to Kaufman, July 31, 1934, CL, GP, Folder 954, and again he recommended it. Gamble, letter to Kaufman, August 31, 1937, CL, GP, Folder 958.

Female cautery, cornual cautery or cautery stricture was a method of female sterilization performed without surgery. The uterus was entered through the vagina and cervix and then the two uterine openings into the fallopian tubes were sealed by scar tissue, the scarring was effected through chemical or, more commonly, electrical means. A method of this sort had been proposed since the mid-nineteenth century but it was Dr Robert Latou Dickinson who pioneered its use in the early twentieth century in New York⁸ and physicians in Asia who used it most extensively in the 1950s and 1960s⁹. The method involved considerable risks of mortality and morbidity, and a low success rate which necessitated a large percentage of repeat procedures¹⁰. Kaufman implicitly admitted as much when he referred to this method as "what has been called in New York "the blind touch and sizzle method" "¹¹. Yet the advantages of such a method, if it could be safely and effectively accomplished, were such that Kaufman and others¹² continued to recommend its use. Kaufman was particularly interested in this technique because he believed that more wives than husbands were willing to be sterilized¹³. Cornual cautery could conceivably be completed outside a hospital setting, in a private physician's office, in a travelling birth control clinic or in a rural setting. Dickinson himself stated hopefully in the 1930s

⁸ R L Dickinson and L S Bryant, *Control of Conception*, pp 133-5, Norman E Himes, *Practical Birth-Control Methods*, (New York Modern Age Books, 1939, first printed 1938), pp 218-9

⁹ See Chapter 6

¹⁰ Despite the dangers, some form of cauterization continued to be used in North America and Britain in the 1970s and into the 1980s. See Herbert B Peterson et al, "Deaths Associated with Laparoscopic Sterilization by Unipolar Electrocoagulating Devices, 1978 and 1979," *American Journal of Obstetrics and Gynecology*, 139 (1981), "Female Sterilisation - No More Tubal Coagulation," *British Medical Journal*, 6220 (12 April 1980). Cited in Rosalind Petchesky, "Reproductive Choice" in the Contemporary United States: A Social Analysis of Female Sterilization," in *And the Poor Get Children: Radical Perspectives on Population Dynamics*, Ed Karen Michaelson (New York and London Monthly Review Press, 1981), p 86, footnote #18

¹¹ 'Address by A R Kaufman, Kitchener, Ontario to the Board of Directors of PFFA," January 17, 1957, DL, PIB, File Planned Parenthood - World Population

¹² For example, Drs Gamble, McClure and Koya, see Chapter 6

¹³ Kaufman, letter to Gamble, September 10, 1937, CL, GP, Folder 958

that it was "an office procedure simpler than vasectomy"¹⁴

The most important influence upon Kaufman's determination to provide "simple" contraceptives was his understanding of the persons targeted by the PIB for birth control. He viewed these persons as lacking in initiative, self-motivation and ability and hence incompetent in the task of personal fertility regulation. Whereas "with intelligent, careful people" either the pessary or jelly would be nearly "100% efficient"¹⁵ such was not the case with PIB clients. Kaufman maintained that the pessary was "one of the poorest methods to recommend to the more or less irresponsible type of humanity",¹⁶ it was pointless to recommend it "to mothers too slovenly to keep their own house clean"¹⁷. He argued that the distribution of the pessary would result in more pregnancies than would occur through the distribution of contraceptive jelly, since the latter article would be more consistently used.¹⁸ In his mind, most contraceptive failures were due to what he termed, "carelessness" or "non-cooperation"¹⁹ which could be correlated with the "calibre" of 'patients'. "most of the failures were confined to patients of the dull normal class who apparently are more inclined to use jelly and nozzle consistently than a pessary"²⁰. The condom too was considered inappropriate

¹⁴ R L Dickinson and L S Bryant, *Control of Conception*, p 133

¹⁵ Kaufman, 'Address in Montreal'

¹⁶ Kaufman, letter to How-Martyn, October 18, 1935, SP

¹⁷ #15, Instructions to Social Service Workers, March 1, 1935, CL, GP, Folder 955. The pessary was inappropriate for the 'shiftless' who would not cooperate. Kaufman, letter to Gamble, May 29, 1935, CL, GP, Folder 955. Dr Ratz did not agree with Kaufman in this respect it seems, in the "#13, General Procedure and Technique of Contraception," Dr Ratz, July 3, 1933, CL, GP, Folder 954, which was written for distribution by Kaufman, Ratz wrote with respect to the pessary that, "even women with very little education and very moderate intelligence are well able to learn the technique"

¹⁸ #15, Instructions to Social Service Workers, March 1, 1935, CL, GP, Folder 955

¹⁹ Kaufman used this term frequently to explain contraceptive failure. 'Report #1, Birth Control Activities and Procedure,' Dec 15 1933, "Montreal Address", Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958

²⁰ Kaufman, 'Address in Montreal'

because of the failings of males "Judging from the calibre of the people we help, I do not think even half of them use the condoms [provided by the PIB], as we find the type of men in this lower class much too selfish and inconsiderate "²¹

Kaufman developed a home-visitation birth control program for a number of reasons. He argued that the clinic delivery system - and by extension referral to private physicians, both of which were dependent upon physician-delivery and the diaphragm method of contraception - had a limited radius of access, and even within that radius, failed to reach a sufficient number of the women. Furthermore, the system could not be spread easily across the country, and if it was, it would prove difficult to centralize authority and control. Finally, it was not cost-effective. But buried within these arguments was the implicit concern that the clinic system not only failed to reach sufficient numbers of women, it could not reach the right kinds of women. Kaufman wanted to limit the fertility of specific target populations, not to indiscriminately distribute birth control to Canadian women. One of the clinic's most significant problems was its reliance upon the self-selection of its clientele. Kaufman was convinced that those whose fertility he wished to see limited lacked sufficient initiative, motivation and responsibility to actively seek out birth control and as a consequence he wished to minimize the importance of personal initiative in its delivery. His home visitation and mail-order delivery system sought to accomplish just that by replacing the self-selection of persons who themselves felt the need for birth control with the PIB's selection of persons it deemed in "need". The consequences of this transfer of decision-making power were several: it enormously reduced the problems of advertising the availability of services, it minimized the problems associated with the motivation of women to attend clinics - ambivalence, disinterest, fear - and the existing limitations on their ability to attend - child care, transportation, time, and, it ensured that services were only expended upon the target population, and not upon the "intelligent, careful people who are the type well able to help themselves, and whose present birth rate is unfortunately very low compared with the

²¹ Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958

others "²² Furthermore, by using women workers acting in a non-professional capacity, by conducting interviews in the client's own home and by encouraging women clients to pass on PIB information to friends in similar situations,²³ Kaufman's system insinuated itself into women's personal lives, utilized women's networks and benefited from the intense devotion of the female staff to their work and to the women they contacted ²⁴

Kaufman's program excelled in the promotion of access to birth control information and supplies, for rural women, for women who would not attend a birth control clinic it probably proved, as Kaufman consistently claimed, superior to birth control clinics. But Kaufman hoped for more than just superior access to birth control, he expected to facilitate increased use of birth control through the external selection of clientele and through the promotion of contraceptive jelly - a "simple" contraceptive, appropriate for the target population. The role of motivation in successful birth control use was generally understood by the birth controllers, contrary to Mary Bishop's assertion, Kaufman was probably not "the first in the world to develop the theory that motivation by the user was more important than the type of contraceptive itself"²⁵ But Kaufman minimized the meaning of motivation, he equated it with the absence of obstacles, rather than the presence of intent. Even his program could not insure the successful use of contraceptives and this failure he consistently refused, or was unable, to perceive.

Since the PIB engaged in little or no follow-up of the clients it

²² Kaufman, "Address in Montreal" Kaufman explicitly informed his workers that they were not to call on 'patients' indiscriminately, rather, they were to provide information to 'deserving cases only', (which, Kaufman was quick to point out, included Catholics) '#15, Instructions to Social Service Workers,' March 1, 1935, CL, GP, Folder 955

²³ Kaufman claimed that "about 10% of our applications are now received through former patients" Kaufman, "Address in Montreal'

²⁴ The compassionate concern of Kaufman's PIB workers - even where it was patronizing - was clearly articulated by both Vivian Dowding and Dorothea Palmer, see Dianne Dodd, "The Canadian Birth Control Movement on Trial, 1936-1937", Mary Bishop, "Vivian Dowding Birth Control Activist", Sarah Diamond, interview with Vivian Dowding, July 24, 1978, Women's Labour History Project, Summer 1979, Provincial Archives of British Columbia, Victoria, B C, Audio-tape, 3609 1

²⁵ Mary Bishop, "A R Kaufman Father of Birth Control in Canada," p 8

served, it was difficult for Kaufman to be dissuaded of his *a priori* beliefs. After the initial contact, clients were on their own. Orders for further supplies would have to be made independently and would have to be paid for by the client. Kaufman knew that less than half the persons the PIB sent initial supplies to re-ordered. However, he concluded from this fact that these persons had gained adequate knowledge about fertility limitation from the booklet enclosed with the initial order, which provided information about alternate methods.²⁶ Clearly, Kaufman's confidence in the success of his program derived from prior convictions that the objects of his fertility controlling interest were entirely lacking in birth control knowledge - a conviction of questionable validity. Furthermore, Kaufman's practice also derived from his disinterest in the individuals his organization contacted, concerning himself instead with aggregate reductions in the birth rate. Margaret Sanger was unimpressed with Kaufman's methods, in particular, with the absence of follow-up, she wrote²⁷

We all want the best possible methods which are as harmless and efficacious as possible. We know the results from clinics but I have never known what your results have been. I know you have given supplies to date to 6000 women but can you state that this number are still using the methods today? How many refused or neglected to use them at all and why? I gave away over 250,000 practical pamphlets giving every known contraceptive and addresses where to purchase them. I even gave the formula to make suppositories at home. But while I hoped that every mother who got a pamphlet (as she had requested it) found the practical methods and used them, I have no way of knowing except for the few who wrote. I gave it up and started clinics, and I still believe that the net results are

²⁶ Kaufman, letter to Gamble, March 12, 1936, CL, GP, Folder 957. Kaufman argued that despite the non-continuation with PIB supplies, the failure rates were only a little greater than 10%.

²⁷ Sanger, letter to Kaufman, July 21, 1937, SP. This letter is hand-written in response to a copy of a letter that Kaufman sent to a Dr. Pillay in which he denounces clinics and promotes the PIB system. Kaufman, letter to Dr. A. P. Pillay, Bombay India, July 3, 1937, SP. Ironically in this letter - about which Sanger was so critical - Kaufman wrote, "I think Mrs. Sanger is more enthusiastic about my methods now than she was a few years ago and the reason for it may be that she knows more about it now."

better than any other when results can be obtained

Yet Kaufman's convictions were unshakeable. Even when he did develop follow-up data on some of the PIB clients, the statistical assessments of his efforts were used only where they corroborated his prior beliefs. Contradictory data were explained away.

James Reed has argued that Kaufman strongly influenced Gamble to engage in the pursuit of 'simple contraceptives', which "would allow him to reach the indigent without aid of clinics or organized medicine"²⁸. Unexamined by Reed, but equally important, was the converse influence of Gamble upon Kaufman which available evidence suggests was significant. Gamble encouraged Kaufman both directly and by example to collect and publish 'scientific' data about contraceptive efficacy and to take an interest in scientific developments in the field of fertility control.²⁹ Kaufman, accordingly, sponsored a 'scientific' study of the Toronto birth control clinic by Lucy Ingram Morgan,³⁰ the data developed in this comprehensive study

²⁸ James Reed, *From Private Vice to Public Virtue*, p. 239

²⁹ Gamble, letter to Kaufman, April 8, 1936, CL, GP, Folder 957. See also Gamble, letter to Kaufman, June 4, 1935, CL, GP, Folder, 955, Gamble, letter to Kaufman, December 26, 1934, CL, GP, Folder 954.

³⁰ Lucy Ingram Morgan, "An Analysis of 2126 Cases Registered at the Toronto Birth Control Clinic Between October 3, 1933 and December 20, 1934," n.d., CL, GP, Folder 956. Birth control clinics in the United States and the United Kingdom were, to a substantial extent, developed to facilitate the scientific study of fertility control and the involvement of the medical profession, so studies of birth control clinics were a not infrequent occurrence. In the United States, Margaret Sanger's Clinical Research Bureau in New York explicitly articulated its role as 'a human laboratory for social and scientific experimentation'. See Abraham Stone, 'The Margaret Sanger Research Bureau: A Twenty-Year Survey,' *Human Fertility*, 8, 3 (September 1943), p. 76. However, Morgan's study of the Toronto clinic was probably the first of its kind in Canada and through its examination of social and fertility data of over 2000 women during the depths of the 1930s depression, it provides a unique Canadian source of generally unavailable information. For information about other clinic studies see Claire Davey, 'Birth Control in Britain During the Inter-war Years: Evidence from the Stopes Correspondence,' *Journal of Family History*, 13, 3 (1988). See also Enid Charles, *The Practice of Birth Control: An Analysis of the Birth-Control Experiences of Nine Hundred Women*, (London: Williams and Norgate, 1932), Lella Secor Florence, *Birth Control on Trial*, (London: George and Allen Unwin, 1930), Regine Stix, "Birth Control in a Midwestern City, A Study of the Clinics of the Cincinnati Committee on Maternal Health," *The Milbank Memorial Fund Quarterly*, 17 (1939), Regine Stix, and Frank Notestein, 'Effectiveness of Birth Control: A Study of Contraceptive Practice in

did not, however, impress itself favorably upon Kaufman and its findings remained unused and unpublished. Instead, Kaufman developed his own questionable data concerning contraceptive usage and efficiency among the clients of the Parents' Information Bureau, this data, with Gamble's encouragement, was both published in American journals and disseminated widely through Kaufman's correspondence and speeches. Through the use of quantitative description, statistical manipulation - on an amateurish scale - and the promotion of scientific studies, Kaufman assumed the mantle of scientific objectivity. Yet the scientific data he developed and used was constructed in accordance with his prior eugenic beliefs and provides clearer information about him than about the PIB clients apparently under study.³¹

Gamble took considerable professional interest in studies of contraceptive efficacy. According to James Reed, "from the late 1920s until his death in 1966, Gamble devoted a large part of his considerable wealth, energy, and intelligence to a search for a better contraceptive. He participated in almost every important experiment in population control, and he initiated, organized, or financed a considerable number of them."³² Gamble was particularly interested in developing and establishing the efficacy of 'simple' contraceptives for the "underprivileged masses."³³ For Gamble, Kaufman's birth control efforts during the latter half of the 1930s - since they concentrated on the provision of "simple" contraceptives and established

a Selected Group of New York Women, " *The Milbank Memorial Fund Quarterly*, 12 (1934), Regine Stix and Frank Notestein, "Effectiveness of Birth Control: A Second Study of Contraceptive Practice in a Selected Group of New York Women, *The Milbank Memorial Fund Quarterly*, 12 (1935), all cited in Gigi Santow, "Coitus Interruptus in the Twentieth Century: Survival and Demise," to be published in *Population and Development Review*, 1993

³¹ For an excellent case study of the manipulation of quantitative data and statistical analysis in accordance with prior belief see Stephen Jay Gould, *The Mismeasure of Man*, (New York, London, W W Norton & Co, 1981). See also Pauline Mazumdar, *Eugenics, Human Genetics and Human Failings, The Eugenics Society, its sources and its critics in Britain*, (London and New York Routledge, 1992)

³² James Reed, *From Private Vice to Public Virtue*, p. 226

³³ *ibid*, p. 241, Reed quotes from "Contraceptive Standards Program," Minutes of the Committee on Maternal Health, Robert Dickinson Papers, Countway Library, July 12, 1934. A research program to discover such "simple" methods was established by Gamble in 1934 through the National Committee of Maternal Health

contact with thousands of women - seemed to provide an opportunity to collect valuable data. In addition, Kaufman's consistently positive claims suggested that this data could corroborate Gamble's own findings. Their cooperative ventures were not, however, particularly productive. Though Gamble consistently encouraged Kaufman to develop data,³⁴ Kaufman was resistant to such entreaties. Though he cooperated in developing data that was publicized and published, Kaufman did not wish to become a full-time researcher. He argued that though research work was important, it would, unlike birth control work, continue without his support. He argued further that since the Parents' Information Bureau lacked the time and facilities to carry out the intensive studies that Gamble required, its funds and time would be devoted to practical birth control work.³⁵ Gamble was not to be discouraged, he wrote that he understood Kaufman's conflict between work and research but noted that his low failure rates were very interesting and some data should be written up.³⁶ In the end Kaufman did just that, he wrote up his 'findings' and provided Gamble with data of questionable validity, developed with flawed methodologies and permeated by *a priori* assumptions.

The data from the Toronto birth control clinic study, however, though developed in a reasonably rigorous manner, was neither used nor published by Kaufman or Gamble. Surprisingly, it has also been largely neglected by historians, though it is a rich source of detailed information about subject matter that is rarely available. This study, undertaken by Lucy Ingram Morgan, involved the "analysis of 2126 cases registered at the Toronto birth control clinic between October 3, 1933 and December 20, 1934". She analyzed such social data as the nationality, income, education and age of clients. She also analyzed data pertaining to birth control such as marriage

³⁴ See Gamble to Kaufman, July 31, 1934, CL, GP, Folder 954, Gamble to Kaufman, December 26, 1934, CL, GP, Folder 954, Gamble to Kaufman, May 21, 1935, CL, GP, Folder 955

³⁵ Kaufman wrote, "Some people think that I am so interested in getting results that I fail to appreciate the value of educational work. My observation is that my demonstration in my birth control work has more educational value in Canada than argument and statistics." Kaufman, letter to Gamble, March 12, 1936, CL, GP, Folder 957

³⁶ Gamble, letter to Kaufman, April 8, 1936, CL, GP, Folder 957

age, years of marriage, the number of pregnancies and pregnancies lost, the number of children born and living, the source of referral to the clinic, reasons for applying to the clinic, the contraceptive methods used prior to the clinic visit, the types of contraceptive advice given at the clinic and the contraceptive efficacy of these devices

The women who attended the Toronto birth control clinic in 1933-34 were primarily anglo-Canadian and British (90%), Protestant (88%), low income (of those who responded to this question, 66.4% were on complete or partial relief, another 22.6% survived on less than \$20 per week), and poorly educated (82% had at most completed grade school) The average age of the clients was 29 years The average registered woman had been married 8.6 years, she had experienced 3.6 pregnancies and had 2.8 living children These women can in no way be taken as representative of the fertile female population of depression-era Toronto³⁷ However, information about their experiences is instructive, if only because this information was deemed irrelevant by Kaufman By implication, therefore, this study reveals much about Kaufman's birth control interests and efforts

The most important section of Morgan's report is that which deals with "data relating specifically to contraception"³⁸ This section discusses the contraceptive practices of the clinic clients prior to the first clinic visit, the contraceptives prescribed and provided at the clinic and their efficacy The data indicated that, among those who answered the question, 74.5% admitted "practicing contraception"³⁹ prior to the clinic visit - a very high percentage The favoured contraceptive methods were coitus interruptus (59.07%), douche (48.30%), and, condom (33.55%) Of the women

³⁷ No comparison with census data is really warranted, since this is not a random sample, it is by definition not representative However, comparisons can be made with the 1931 Census, See Canada, Dominion Bureau of Statistics, *Seventh Census of Canada, 1931*, see especially Volume III, "Ages of the People," Ottawa, November 1, 1933, and, Volume V, *Earnings of Wage-Earners, Dwellings, Households, Families, Blind and Deaf-Mutes*, Ottawa, December 10, 1935

³⁸ Morgan, "An Analysis of 2126 Cases," Part III, pp 54-71

³⁹ Morgan does not clearly indicate how 'practicing contraception' was defined and there was probably underreporting See Diana Gittins, *Fair Sex Family Size and Structure, 1900-39*, (London Hutchinson, 1982), Chapter 6, Gigi Santow, *Coitus Interruptus*, pp 8-9

provided with contraceptive advice and devices by the clinic,⁴⁰ most received some form of pessary (68.85% a vaginal pessary and 7.22% a cervical pessary). Others received condom, jelly and nozzle applicator (23.52%), or jelly, or sponge and jelly (31%)

Morgan argued that robust conclusions about contraceptive efficacy could not be derived from the available data. She cautioned that the time periods of demonstrated contraceptive 'success' were minimal and that since more than 50% of the cases furnished incomplete data, any conclusions must be considered as "highly tentative"⁴¹. Nonetheless, Morgan did provide some tentative findings⁴²

Table 1, Toronto Birth Control Clinic Study - The Use of Contraceptives

<u>Method</u>	<u>Successes, %</u>	<u>Failures</u>
Vaginal pessary	89.37	10.63
Cervical pessary	91.07	8.93
Condom, jelly & nozzle	83.78	16.22

Morgan concluded further that approximately one-third of the failures could be attributed to "the carelessness of the patient",⁴³ she attributed only 6.6% of the known failures to defective materials.

Morgan's data and her conclusions seem not to have satisfied Kaufman. This can be safely deduced from his failure to make reference to the study or to attempt to publish its findings. Upon close examination, it is understandable why this was so. The women who attended the Toronto clinic were, for the most part, cognizant of birth control devices and techniques and the vast majority of them obtained from the clinic's contraceptive armamentarium a pessary of some sort and not the condom, jelly and nozzle, indicating that they could use such 'complicated' devices⁴⁴

⁴⁰ 8.5% were not for various reasons

⁴¹ Morgan, "An Analysis of 2126 Cases," p. 71

⁴² *ibid*, "Table 44," p. 67

⁴³ *ibid*, p. 69

⁴⁴ It is not entirely clear how a contraceptive was selected, presumably the clinic staff

Furthermore, Morgan's assessment of the efficacy of the contraceptives provided by the clinic indicated that the pessaries were significantly more successfully used than the condom, jelly and nozzle, even though the reasons for failure calculated by Morgan included 'carelessness', the 'omission of the method', 'uncooperative husband', and 'wrong technique'⁴⁵ None of this data substantiated Kaufman's *a priori* beliefs about the women whose fertility he wished to control and so he concluded that clinics reached the 'wrong' populations

In Kaufman's eugenically-fevered imagination, the women of the appropriate target populations knew little or nothing about their fertility and how to control it. Such women, and their partners, were so lacking in self-control that any method, however limited in technical efficacy, would prove more efficacious than more 'complicated' methods, because it was easy to use. Morgan's data, though corroborated by contemporary studies of birth control clinics in the United States and Britain,⁴⁶ did not satisfy Kaufman's preconceptions. Steeped as he was in the contemporary, eugenically-inspired concerns about differential fertility and the differential recourse to the use of contraception along class and ethnic lines,⁴⁷ Kaufman could not accept that

recommended an appropriate device to a client. The suggestion that women had no difficulty in learning to use 'complicated' contraceptives is evidenced by contemporary research, see 'Clinical Services in 185 American Birth Control Centers (a six months survey), *Journal of Contraception*, 4, 10 (December 1939), "Clinical Contraception in the United States. A Report of 202 Birth Control Centers for 1939," *Human Fertility*, 5, 5 (October 1940), Norman Himes, "Contraceptive Methods. The Types Recommended by Nine British Birth Control Clinics," *New England Journal of Medicine*, 202, 18 (May 1, 1930)

⁴⁵ Morgan, "An Analysis of 2126 Cases," p. 70

⁴⁶ Gittins, *Fair Sex*, pp. 165-174, R. K. Stix and F. W. Notestein, "Effectiveness of Birth Control," 1934, L. S. Florence, *Birth Control on Trial*, Claire Davey, *Birth Control in Britain During the Inter-war Years*, Regine K. Stix, 'Birth Control in a Midwestern City. A Study of the Clinics of the Cincinnati Committee on Maternal Health, cited in *Contraception in Practice*, *Human Fertility*, 5, 1 (February 1940), pp. 18-19, 'A Study of 31,000 Women,' *Birth Control Review*, 3, 8 (April 1936), p. 2

⁴⁷ W. B. Hurd, 'The Decline in the Canadian Birth-Rate,' *Canadian Journal of Economics and Political Science*, 3 (1937), W. B. Hurd, 'Decline of the Anglo-Saxon Canadian,' *Maclean's*, (September 1, 1937), Raymond Pearl, "Second Progress Report on a Study of Family Limitation," *The Milbank Memorial Fund Quarterly*, 12, 3 (July 1934), see also McLaren, *Our Own Master Race*

the Toronto birth control clinic had attracted the 'right' clientele. And so, even though the majority of the clinic clients were poor women - seemingly the population that he wished to target - Kaufman decided that there existed geographically and motivationally isolated persons for whom the PIB services were preferable. In this he was perhaps partially correct. Clearly the vast distances of Canada and the urban-centredness of the clinic suggested the limitations of such an approach, additionally, many women may have been unable to visit a clinic even if it were close. And the testimonials from PIB workers indicate that many of the women contacted by the home visitation system were genuinely appreciative of the services proffered.⁴⁸ Yet Kaufman's conclusion that clinics reached the wrong populations, that the women who attended the Toronto birth control clinic did not, in effect, require those services and, together with other poor women, could be better served through the provision of "simple" contraceptives in their own homes was founded on his faith in the essential inadequacy of the poor, despite the contrary data made available to him in Morgan's study.

Kaufman did not use the data provided in Morgan's study, instead, he developed his own data which he then promulgated widely. And though it was of dubious validity, it was widely presented as at least approximately factual.⁴⁹ In May of 1935,⁵⁰ Kaufman provided Gamble with some initial statistical data which had been developed in response to

⁴⁸ See Dianne Dodd, 'The Canadian Birth Control Movement on Trial, 1936-1937', Mary Bishop, 'Vivian Dowding Birth Control Activist'

⁴⁹ For examples of Kaufman's use of such data see A R Kaufman, 'Report #1, Birth Control Activities and Procedure,' May 15, 1934, CL, GP, Folder 954, Kaufman, letter to Gamble, May 29, 1935, CL, GP, Folder 955, Kaufman, Address in Montreal, Kaufman, letter to Gamble, March 12, 1936, CL, GP, Folder 957, Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958, Kaufman, letter to H L Mencken, August 10, 1937, CL, GP, Folder 958, Kaufman, letter to Mr F T Cook, Alta, September 9, 1937, CL, GP, Folder 958, Clarence J Gamble and Gilbert W Beebe, 'The Clinical Effectiveness of Lactic Acid Jelly as a Contraceptive,' *American Journal of the Medical Sciences*, (July 1937), pp 79-84, A R Kaufman, 'The Parents Information Bureau of Canada,' *The Journal of Contraception*, 3, 3, (March 1938), pp 54-55, "Clinic Reports Parents Information Bureau, Kitchener, Ontario, Canada, *Human Fertility*, formerly *Journal of Contraception*, 8, 4, (December 1943), p 119

⁵⁰ The following is from Kaufman, letter to Gamble, May 29, 1935, CL, GP, Folder 955

Gamble's requests Kaufman's methodology was not entirely clear He developed two sets of data the first involved 132 pessary cases from women referred to local doctors in Kitchener, with an average of two years exposure, the second were 193 PIB cases supplied with condom, jelly and nozzle or just with jelly and nozzle, with an average of one year's exposure Both lists were compared with birth records at City Hall, those women whose presumed use of birth control had resulted in a child - as recorded at City Hall - were contacted, and information about reasons for contraceptive failure was solicited There were substantial flaws with Kaufman's methods of data selection the two data sets, since they involved different average exposure times, were not directly comparable, in addition, Kaufman did not differentiate between those persons supplied with condom, jelly and nozzle and those supplied with just jelly and nozzle, furthermore, no compensation was made for mobility or death, and the city birth records easily under-reported contraceptive 'failures' The study could not account for the use of contraceptives other than those provided by the PIB or local physicians, nor could it account for those women who received but never used PIB supplies, or those who ceased being exposed to the risk of pregnancy Finally, Kaufman failed to explain how the total numbers of 132 and 193 were arrived at, it is possible that he selectively chose the most promising figures In short, his study is virtually valueless for what it reveals about contraceptive efficiency, the data is interesting, however, for the information it provides about him

Table 2, Kaufman's Data - The Use of Contraceptives

<u>Pessary Efficiency - 132 cases, 2 years average use</u>			
Failures through admitted carelessness	6 Catholics 8 Protestants	Sub-total 14	11%
Failures where patients claimed proper precaution	0 Catholics 3 Protestants	Sub-total 3	2%
			<u>Total 13%</u>

Jelly, nozzle and condom efficiency - 193 cases, 1 year average use

Failures through admitted carelessness	2 Protestants	Sub-total 2	1%
Failures where patients claimed proper precaution	5 Protestants	Sub-total 5	3%
			<u>Total 4%</u>

Having separated contraceptive failure into two neat categories - the careless and the careful, the fault of the individual and the fault of the device - Kaufman concluded that with the "lower types of people" there would be more failures with the pessary than with the jelly and nozzle, because "shiftless" people could not be "bothered" to insert the pessary. Because of Kaufman's suspect methodology, the clearest conclusions that can be derived from this data is the determinative importance of eugenic ideology in the interpretation of results. Failure was either blameless - it was due to technological inadequacy - or blameful - it was due to personal inadequacy. Those who were personally at fault were by definition "shiftless", these were the "lower types" whom Kaufman desired to see sterilized.

Though in retrospect, Kaufman's data appears obviously flawed, Gamble was impressed. He wrote to Kaufman, "your figures are quite convincing"⁵¹ and he continued to encourage Kaufman to develop more data. In the spring of 1936, Kaufman reported to Gamble the results of some "recently compiled" statistics⁵². Without explaining the source of this data, Kaufman stated that birth control failures with PIB methods averaged in excess of 10%, but that more than 90% of these failures were due to "admitted" "carelessness". From these results, Kaufman concluded that the variations in efficacy of different contraceptive methods were not half as important as the "calibre" of the patients contacted. In this correspondence Kaufman admitted that there were some problems with his data. He suggested that too large a percentage of the persons contacted by the PIB were unintelligent and

⁵¹ Gamble, letter to Kaufman, June 4, 1935, CL, GP, Folder 955

⁵² The following is from Kaufman, letter to Gamble, March 12, 1936, CL, GP, Folder 957

therefore failures were over-represented, more significantly, Kaufman admitted that many of the "patients" were consistently moving. Kaufman provided these cautions, however, not to minimize the validity of his conclusions, but to beg off from the duty encouraged by Gamble of developing data for publication - a duty Kaufman found onerous.

In July of 1937 Gamble published some of Kaufman's data in the *American Journal of the Medical Sciences*⁵³. He reported that Kaufman had followed up one thousand cases by comparing the names of recipients of contraceptive supplies with official birth records in three cities. After eighteen months, children had been born to 18% of these one thousand women, Gamble approximated that this data implied between 13 and 26 pregnancies per 1000 person years of use. Gamble argued, however, that in fact, Kaufman's data suggested a very small number of failures "while the method was being properly employed"⁵⁴. He quoted the following data from Kaufman:

Table 3. Kaufman's Data - Published in the *American Journal of the Medical Sciences*

<u>Reasons</u>	<u>% of Failures</u>
Failure to renew supplies	41
Irregular use	47
Condom broke	3
Failure of jelly	9

Shortly after the publication of this data, Kaufman wrote to Gamble to provide more recent data⁵⁵. He stated that while the published study of one thousand cases over one-and-a-half years' use had demonstrated a failure rate of 20% with 90% "admitted non-cooperation", a more recent

⁵³ Clarence J. Gamble and Gilbert W. Beebe, "The Clinical Effectiveness of Lactic Acid Jelly"

⁵⁴ *ibid*, p. 80. Ironically, in a contemporary article which Gamble co-authored concerning contraceptive efficacy in Puerto Rico, he admitted that dissatisfaction with a contraceptive and the consequent failure to use a contraceptive constituted the failure of the method, not the user. Jose Belaval, Charis Gould, C. J. Gamble, "The Effectiveness of Contraceptive Advice Among the Underprivileged of Puerto Rico," *Journal of Contraception*, 3, 12 (December 1938), p. 226.

⁵⁵ Kaufman, letter to Gamble, July 21, 1937, CL, GP, Folder 958.

survey of 1500 cases with an average of two-and-a-half years' use demonstrated a failure rate of 19%, again with 90% of the failures due to "non-cooperation" Kaufman argued, "I think the more recent report should also be given publicity sometime in view of the fact that the failures were only half over a longer period"⁵⁶

Kaufman was eager to see his findings published, however dubious, since he felt they corroborated his own beliefs He published two reports in the *Journal of Contraception*, in 1938 and in 1943 In the first of these, published in March 1938,⁵⁷ Kaufman wrote, "In a recent survey of a large group of our patients averaging two and a half years, we found that about 10% of the mothers had become pregnant These pregnancies were almost wholly due to non-cooperation on the part of the parents and not to the type of contraceptives used Failures in spite of consistent use of contraceptives averaged less than 1% " Kaufman added, "There are cases of the mentally weak who are incapable of using contraceptives properly and here sterilization is essential"⁵⁸ The second of these reports was published in December 1943⁵⁹ In this report, Kaufman surveyed 748 "patients" with an average of two years of use Interviews with these women revealed that 55% claimed to have been successful in the use of contraceptives, while 44% became pregnant The reasons for failure were as follows

Table 4, Kaufman's Data - Published in the *Journal of Contraception*

<u>Reasons for Failure</u>	<u># of Patients</u>	<u>%</u>
Planned pregnancies	52	15.2
Failed to renew supplies	132	42.6
Irregular use of supplies	86	26.9
Non-cooperation	46	14.9

⁵⁶ I do not know whether Kaufman was able to publish this data, through Gamble or through some other means

⁵⁷ A R Kaufman, 'The Parents Information Bureau of Canada'

⁵⁸ *ibid*, p 55

⁵⁹ 'Clinic Reports Parents Information Bureau, Kitchener, Ontario, Canada'

This data, like all the rest developed by Kaufman before it, created two categories of the unsuccessful user of contraceptives: the responsible and the irresponsible. The irresponsible was always the larger of the two, hence, individual failure was always a larger factor than failure of the technology or of the system.

Kaufman's data is of questionable validity for providing information about the contracepting behaviour of women in the 1930s and 1940s, its importance lies in what it reveals about Kaufman, his attitude towards these women and towards fertility control. Kaufman believed that, in general, the objects of his fertility controlling interest were ignorant. He believed that they knew very little about contraception and were of insufficient intelligence to use anything other than the 'simplest' contraceptives. He found evidence of these beliefs in the failure rates of those who used PIB-supplied contraceptives which were low and which attributed the majority of failures to personal inadequacy, he ignored evidence from Morgan's study of the Toronto birth control clinic which suggested that women did know about contraception, and that they often attended clinics to get different, potentially more reliable contraceptives. He minimized the possibility that the PIB system itself and the contraceptives it emphasized might be responsible for contraceptive failures. Kaufman believed that the fertility of the poor needed to be controlled and that birth control programs could best serve this end by minimizing personal initiative and facilitating external control. In general, his data corroborated this belief by failing to look for contraceptive "failure" due to deliberate pregnancy,⁶⁰ by using reasons for contraceptive failure like "non-cooperation" and by suggesting that those whose fertility was not successfully controlled warranted sterilization, he ignored evidence to the contrary in Morgan's study. Kaufman believed that the relevant indicators of successful fertility limitation among the poor were aggregate birth rates. His data was developed in pursuit of evidence of such success, he ignored the individual tragedies of the failure to contracept for those women who most wished to achieve this end, and added insult to injury by emphasizing the role of personal failure.

⁶⁰ With the exception of the data from the 1943 published report, where planned pregnancies are listed as a separate category.

Kaufman believed that the PIB system of birth control delivery and the use of "simple" contraceptives were the most appropriate and successful means of promoting fertility control among PIB clients, and he developed and published data which corroborated this belief. But, Kaufman's eugenically informed preconceptions about the persons whose fertility required limitation prejudiced the collection, manipulation and interpretation of data. The PIB system was poorly designed for the collection of adequate follow-up information, however, this limitation permitted Kaufman to develop data which readily conformed to his prior convictions. Kaufman's belief in the essential inadequacy of members of the target populations conditioned his interpretation of the need for home visitation and the provision of "simple" contraceptives and his assessment of the limited value of the clinic delivery system, even for local populations. Even when data was available that suggested that many of the poor were actively interested in controlling their fertility for their own reasons, Kaufman was unmoved. He interpreted available data in accordance with his beliefs and ignored that which could not be so interpreted. Blinkered by his fears of the fertility of the social underclass, convinced of the essentially inadequate nature of these populations and eager to appropriate as much of the decision-making about fertility control as he could, Kaufman, with the encouragement and approval of Gamble, pursued a birth control program which sought to exert external control over the population growth of the poor, and assessed this program as a quantitative success.

Chapter Four International Population Control

From the 1930s until his death, while Kaufman was developing and implementing his unique contraception and sterilization program in Canada, he also became involved in population control in "underdeveloped"¹ countries. The list of his efforts is long and impressive, he funded projects in Korea, India, Japan, Malaysia, Bangladesh, and St. Vincent in the Caribbean and his contacts extended to Thailand and Singapore. Both inside and outside Canada, Kaufman targeted the socially and financially disadvantaged. Internationally, he directed his attention primarily toward Asia. The Asian nations were the first to institute national policies and programs, beginning in the 1950s, to bring about fertility decline² and their growing populations were the objects of particular paranoia in the industrialized west.³ Kaufman's foreign fertility control efforts borrowed heavily from the approaches developed and tested in his domestic birth control programs and the lessons he learned internationally informed his efforts within Canada. In the types of contraceptives promoted, the delivery systems used and in the relationship with organized medicine, the domestic and extra-domestic efforts closely parallel each other. The similarity of targets and practices in Kaufman's domestic and extra-national fertility limiting efforts demonstrates the continuity of meaning and intent in both spheres of activity - the concern with population size and population composition. The foreign component of

¹ I will use "developing" and "underdeveloped" to avoid excess confusion, but I put these words in quotation marks to indicate the questionable value judgments implicit in such terms.

² *Family Planning in the Developing World, A Review of Programs*, Walter B. Watson, Ed., (New York: The Population Council, 1975, 1977), pp. 2-4.

³ John Robbins, *Too Many Asians*, (New York, Garden City: Doubleday & Co., Inc., 1959). In Paul Ehrlich's book, *The Population Bomb* (revised), (Riverside, Mass.: Riverside Press, 1968, 1971, 1975), p. 1, the example of overpopulation given was Delhi on a hot night in a taxi where 'The streets seemed alive with people. People eating, people washing, people sleeping. People visiting, arguing and screaming. People thrusting their hands through the taxi window, begging. People defecating and urinating. People clinging to buses. People herding animals. People, people, people, people.' See also, Mark Gayn, 'India's Unstoppable Explosion of Babies,' *Toronto Star*, (Saturday December 30, 1967), p. 10.

the Kaufman's birth control efforts and the continuity of purpose evident in both spheres has gone largely unexamined by historians of the Canadian birth control movement. Yet only through an examination of Kaufman's international involvements can the population control concerns of his domestic efforts be fully elucidated, furthermore, only through an understanding of the eugenic nature of his domestic work can the eugenic logic of his foreign attempts be made apparent.

The Second World War was a watershed in the development of international population control efforts. While some efforts had gone on prior to the war, particularly under the auspices of Margaret Sanger,⁴ it was not until the 1950s that international attention became intensely focused upon issues of international fertility. Yet Kaufman was active internationally both before and after the war, the efforts traced in this chapter illustrate the continuity of interest in the population growth of the foreign poor and draw attention to the fact that the war intensified rather than precipitated such concerns. Prior to World War II, Kaufman funded the efforts of a propagandist in India and experimented with the development of a contraceptive delivery system in Korea. After the war, his efforts were more extensive. In India, he funded a birth control clinic near Madras and the sterilization efforts of the Indian Christian Medical Missions. He also funded sterilization projects in Malaysia, Bangladesh and St Vincent. His efforts were not so substantial as to have been of demographic consequence, but, an examination of their development, methods and goals reveals the extra-national scope of Kaufman's fertility controlling interests and further clarifies the meaning and intent of his Canadian birth control involvements. In addition, the concerns about the growth of poor foreign populations that Kaufman's international efforts addressed were relevant to the development of domestic policy in Canada. Because of the delay until 1969 of the legalization of contraception domestically, the Canadian government did not become officially active in international population control efforts until the early 1970s,⁵ yet, Canada's voluntary "family planning" organization was

⁴ See Chesler, *Woman of Valor*, Chapter 17

⁵ Beryl Suttters, *Be Brave and Angry, Chronicles of the International Planned Parenthood Federation*, (Hertford Stephen Austin and Sons, 1973), pp 386-7

involved with international concerns through the IPPF beginning in 1963,⁶ and the Canadian public's concern about the world population "crisis" was instrumental in the development of a public consensus which permitted legislative change in favour of the decriminalization of birth control in Canada

Before the Second World War, Kaufman was involved with two international fertility control efforts. In India he sponsored Edith How-Martyn who accompanied Margaret Sanger on her first trip to India, these two women were interested primarily in spreading propaganda about the benefits of birth control. In Korea, Kaufman's efforts were more practical, he sponsored a Canadian public health nurse to distribute contraceptives. His interest in international population control was evident from the early 1930s. The Reverend A. H. Tyrer⁷ whom Kaufman financially backed, published birth control and sex hygiene tracts. Tyrer's "Some Facts About Birth Control" invoked Malthusian logic concerning the world population problem and identified the need for birth control to limit the population of the "swarming" peoples.⁸ Such ideas were promulgated with the explicit or implicit financial and ideological support of Kaufman.

Kaufman's interest in global population growth was articulated in 1935, in a professional-looking pamphlet entitled "Birth Control Notes" in which he set out his basic position on the social need for birth control on eugenic and health grounds. He noted the "problem" of the rapidly increasing world population, and argued that such 'overpopulation' could cause future starvation and wars. He made particular note of the situation in India, and of Edith How-Martyn's recent travels there to organize birth

⁶ Ian Bain, "The Development of Family Planning in Canada," *Canadian Journal of Public Health*, vol 55, 7 (July 1964), p. 339

⁷ On Tyrer see Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, pp. 93-99. Also see Mary Bishop, "The Rev. A. H. Tyrer, Iconoclast, Birth Controllers, and Father of Sex Therapy in Canada, 1870-1942," unpublished manuscript, n.d., DL, G10857

⁸ "Some Facts About Birth Control" Rev. A. H. Tyrer, the Birth Control League of Canada (in process of organizing), sent by Kaufman to Gamble along with an assortment of other Canadian birth control leaflets, July 12, 1934, CL, GP, Folder 954

control work⁹ In April, Kaufman wrote to her to offer a contribution of £500 towards her activities¹⁰ This was the beginning of Kaufman's first and last great international birth control propaganda effort, his involvement with more practical efforts would prove more enduring

Edith How-Martyn was a British feminist, graduate of the suffragette cause, early supporter of neo-Malthusianism, friend and supporter of Margaret Sanger and proponent of birth control both in her own country and abroad¹¹ How-Martyn spent much of 1934 in India, promoting birth control, fostering friendships with converted individuals and groups, and preparing for Sanger's visit, by invitation, to the All-India Women's Conference of 1935¹² Her role was that of propagandist - something that Kaufman may not have fully appreciated Kaufman wrote to How-Martyn in 1935 expressing an interest in her work and offering financial support He set out few stipulations - requiring that she raise £250 and use Kaufman's £500 as a secondary source of income - and he, in fact, asked for her recommendations on the use of his money How-Martyn suggested a tour through India, Ceylon, Burma, Malay, China, Japan, perhaps through the Philippines and Honolulu, and then back through Canada¹³ and Kaufman accepted the responsibility of meeting the cost of her trip¹⁴

The first sign of tension between the two came in June, apparently How-Martyn had not yet met Kaufman's stipulation that she raise £250 independently¹⁵ The correspondence continued in a hospitable manner until October when Kaufman wrote an elaborate letter of complaint He

⁹ 'Birth Control Notes', Pamphlet # 2, Parent's information Bureau, March 1, 1935, CL, GP, Folder 958

¹⁰ Kaufman to Mrs How-Martyn, April 5, 1935, SP

¹¹ See Chesler, *Woman of Valor*, pp 258-9, 355-6

¹² Barbara Ramusack, 'Embattled Advocates The Debate Over Birth Control in India, 1920-40,' *Journal of Women's History*, 1, 2 (Fall 1989), pp 47-49

¹³ How-Martyn to Kaufman, April 23, 1935, SP

¹⁴ Kaufman to How-Martyn, May 8, 1935, SP

¹⁵ Kaufman to How-Martyn, June 6, 1935, SP

expressed two basic concerns: the desire to be in control and set the agenda, and, connected to this, the belief that the techniques of birth control delivery he already had established in Canada were adequate, with minor modifications, for any new situation. Kaufman began with the assertion that, though his foreign experience with birth control was limited, his experience in Canada was substantial, and such experience was relevant because "human nature does not vary to any great extent."¹⁶ He sent How-Martyn a copy of a speech he gave in June of that year to the Annual Conference of the Combined American and Canadian National Conference of Social Work.¹⁷ This address contained no references to Kaufman's international efforts or interests; it referred exclusively to his domestic work. In it, he railed against clinics, championed the use of "simple" contraceptives and their delivery by home visitation and mail delivery, and strongly promoted eugenic sterilization. In the body of his letter, Kaufman admitted to the need, in foreign countries, to make some minor modifications to his domestic program. He recognized that in India, unlike Canada, poor women could not purchase contraceptive supplies, as a result, he promoted the use of home-made contraceptives using materials that he expected would be readily available. He suggested a cotton-tampon soaked in vinegar,¹⁸ but was receptive to recommendations about any other cheap, accessible and reasonably effective methods. Kaufman also saw room for change in the delivery system. He argued that local, indigenous workers should be hired to visit "mothers" in their homes to educate them in the use of the vinegar-soaked tampon; no mail system would therefore be required. Kaufman's preference for indigenous workers seems to have arisen more from his desire to save money than from a sensitivity to the preferences of clients for

¹⁶ Kaufman to How-Martyn, Copy to Margaret Sanger, October 18, 1935, SP

¹⁷ Kaufman, "Address in Montreal"

¹⁸ In his advocacy of such methods for the foreign poor, Kaufman was not alone. Dickinson, in particular, advocated household methods for the rural, tropical and Oriental poor. See Robert L. Dickinson, 'Household Contraceptives,' *Journal of Contraception*, 1, 4 (February 1936), Robert Latou Dickinson and Louise Stevens Bryant, *Control of Conception*, pp. 82-83, Norman Himes, *Practical Birth Control Methods*, pp. 106-7. Such methods were apparently advocated for the poor and ignorant by the majority of interested physicians within India, see 'Birth Control in India,' *Journal of Contraception*, 1, 4 (February 1936)

approachable workers, yet the latter concern was perhaps implied. Kaufman's promotion of the home-made contraceptive and visiting educator, rather than distributor of supplies, suggests the belief that the objects of his fertility controlling interests were fertile due to ignorance about the means to control fertility, rather than because of a lack of adequate methods or motivation to restrict fertility.

The similarities between Kaufman's domestic and international programs existed in his assessment of the targeted populations, the methods of contraception and the delivery systems he promoted and also in his desire to retain absolute control over the projects he funded. He objected to How-Martyn's behaviour on two counts: one, that she had not met his stipulation to raise additional funds, and, two, that he was the sole supporter of a project he did not direct.¹⁹ Had he known that he was to be the sole supporter, Kaufman argued, he would have directed the operation himself. His custom in Canada was to hire workers to put his programs into practice, perhaps that had been his hope with How-Martyn. Given How-Martyn's background, however, it is not surprising that she proved resistant to such a plan. Kaufman claimed not to be impressed with extensive travels and meetings, public displays and celebrations - all for the purpose of education. In what would prove to be an oft-repeated refrain, Kaufman claimed that "the best educational work is a demonstration."²⁰ He wanted results, and results, meant a lowered birth rate. Finally, he argued that the best way to proceed with fertility control operations was one step at a time. One place - one project - should be begun and worked upon until satisfactory results were achieved. As examples of such an approach, Kaufman mentioned his Canadian efforts and also his recent experiments with fertility control in Korea. Kaufman summed up his approach to such efforts with the quip, "I can drive my Korean automobile from the back seat in Kitchener."²¹

It is ironic that, despite Kaufman's strong reservations about the

¹⁹ Cable, Kaufman to How-Martyn, October 16, 1935, SP

²⁰ Kaufman to How-Martyn, Copy to Margaret Sanger, October 18, 1935, SP

²¹ *ibid*

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public-relations trip he funded, historians have seen fit to accord such activities some significant value²² The excursion which Kaufman supported was How-Martyn's second to India, her role was to accompany and aid Margaret Sanger, who was making her first visit According to Barbara Ramusack, these foreign women played an important role They were distinguished propagandists - a role that was difficult for indigenous women to assume,²³ they stimulated the development and maintenance of indigenous fertility control groups, and, they acted as bridges between Indian women and male-dominated organizations²⁴ While in India, Sanger engaged Gandhi in public debate over the issue of birth control, Gandhi took the position that abstinence was the only moral form of birth control Sanger was not able to sway him significantly, but she obtained support for birth control in principle through Gandhi's acceptance of the rhythm method At any rate, the encounter of Sanger with Gandhi was a significant public relations success²⁵ How-Martyn's presence, though not crucial to the success of Sanger's trip, was an important contributing factor²⁶ And despite Kaufman's reservations, we must credit his behind-the-scenes efforts Accidentally, this first, and what would prove to be Kaufman's last, international venture in population control propaganda was an important event For the most part, however, his efforts, both in Canada and abroad, would be intended to achieve observable results - irrespective of the public attention they garnered

²² Ramusack, "Embattled Advocates", Chesler, *Woman of Valor*, pp 356-358

²³ Ramusack, 'Embattled Advocates,' p 57

²⁴ *ibid*, p 58

²⁵ *ibid*, pp 50-51 Even Kaufman took an interest in Gandhi In the April 5th letter to How-Martyn he stated that he believed Gandhi to have "the welfare of the masses at heart and to not be "influenced by blind prejudice" How-Martyn responded in letter of April 23, 1935 stating that she would convey Kaufman's views to Gandhi's attention She claimed that Gandhi "will be impressed that someone in Canada should care so much about the welfare of the masses in India and elsewhere as you do"

²⁶ National Birth Control Association, London, U K to Kaufman, November 7, 1935, SP

Kaufman had the opportunity to engage in a number of overseas fertility control efforts. He was internationally known as a philanthropist with a strong interest in birth control and requests for his financial assistance were frequently made. In 1937, both Anne Chou from Shanghai, China and Dr Pillay from Bombay, India, requested that Kaufman provide funds for the operation of birth control clinics in their respective countries²⁷. In refusing their requests, Kaufman asserted that he was not averse to making a contribution to foreign birth control work but that if he did, "the money must be spent in harmony with my ideas"²⁸. In Korea, Kaufman found the opportunity to direct his own foreign population control program in accordance with this philosophy. Kaufman had no particular interest in Korea, he undertook a fertility control program there because he had the opportunity to make the "proper contacts"²⁹. He considered that there he would be able to develop and direct his own fertility control program - he could 'drive his Korean automobile from Kitchener'. His personal preference was India, since it was a British possession where, given the prevalence of English, correspondence would be easier³⁰.

It is difficult to determine exactly when Kaufman began his involvement with fertility control in Korea. Correspondence between Kaufman and Gamble in July of 1934 indicates that Kaufman had established contact with a Dr Douglas Avison of Seoul, Korea and was interested in pursuing birth control work there³¹. Kaufman intended to meet with Avison in August of that year but no record of that visit, if it occurred, has survived and Avison is not mentioned again in Kaufman's correspondence. By October 1935, however, Kaufman was directing a Korean fertility control

²⁷ Kaufman to Pillay, July 3, 1937, SP, information about Anne Chou is contained in this letter

²⁸ *ibid*

²⁹ Kaufman to Gamble, July 12, 1934, CL, GP, Folder 954

³⁰ *ibid*

³¹ Gamble to Kaufman, July 4, 1934, CL, GP, Folder 954, Kaufman to Gamble, July 12, 1934, CL, GP, Folder 954

program which appears to have been in continuous operation until at least 1939. No mention of a continuing program in Korea appears in Kaufman's correspondence in the 1940s or 1950s, it appears that the war put an end to such efforts³²

Kaufman's Korean birth control program imitated his domestic birth control program in a number of ways. The most important similarity was the determination to limit the fertility of a defined target population. In Canada, this included the poor, the 'feeble-minded' and the 'non-supporting' classes, in Korea, this population was composed of the Korean masses. In order to target these somewhat different populations, some alterations were required in Kaufman's domestic program, but the basic system was retained. As in Canada at this time, Kaufman preferred to use female workers, externally directed contact and delivery systems, and "simple" contraceptives.

Kaufman's Korean program was implemented by a Canadian public health nurse, a "Miss" Elma Rosenberger, who worked out of Eastgate Hospital in Seoul, Korea³³. Her parents lived in Kitchener,³⁴ and it is quite likely that Kaufman, who was an active figure in his community, contacted her through her parents. Through this main field worker, Kaufman channeled funds and commands. Rosenberger hired local, native workers to undertake the home-visiting aspect of the program. Kaufman's use of a main field worker and indigenous, female direct-contact workers in Korea paralleled his domestic system. The advantages of using non-professional and local female workers were many, they were both non-threatening to the women whose homes they visited and inexpensive³⁵.

In Canada, Kaufman preferred to provide "simple", cheap contraceptives in accordance with his beliefs that fertility control knowledge was absent in the persons he targeted, that such persons could only use "simple" contraceptives and that success and failure was to be gauged on the

³² Bishop, 'A R Kaufman Father of Birth Control in Canada, p 34

³³ Kaufman to Sanger, June 22, 1938, SP

³⁴ Kaufman to National Birth Control Association, London, U K , Oct 4, 1938, SP

³⁵ Kaufman to How-Martyn, Oct 18, 1935, SP

basis of efficacy in reducing the general birth rate. Armed with these beliefs, Kaufman approached the Korean experiment. It is not clear which contraceptive methods he chose to provide. If, as he often stated, his efforts in Korea were undertaken in accordance with PIB methods,³⁶ it is likely that jelly or foam powder was used. But in 1936 Kaufman wrote "it's useless to offer jelly to Koreans"³⁷. Instead, he prepared a leaflet called "Household Contraceptives" which explained how a cotton tampon could be soaked in diluted vinegar, lemon juice or fats and oils, and inserted in the vagina prior to intercourse and left for eight hours afterward.³⁸ Kaufman did not believe that this was the most effective contraceptive but maintained that for a country like Korea, where other methods might not be available, it would be adequate. "We naturally must recognize the practical difficulties," he wrote, "and confine recommendations to methods that we think poor people are likely to use"³⁹.

Despite Kaufman's apparent desire not to distribute contraceptive jelly, it appears that jelly is exactly the contraceptive that his Korean program used. In November of 1937, Kaufman wrote to the Clinical Research Bureau in New York to obtain information about contraceptive foam powder since the jelly that he was distributing became almost liquid during the hot weather.⁴⁰ The contraceptive foam was highly recommended to him⁴¹ and Sanger apparently sent some to Rosenberger after meeting her while in Japan. However, in October of 1938, Kaufman's Korean program continued to distribute jelly, though Kaufman still expressed an interest in gradually switching over to foam powder and in making this powder

³⁶ Kaufman to Pillay, July 3, 1937, SP

³⁷ Kaufman to Gamble, March 12, 1936, CL, GP, Folder 957

³⁸ 'Household Contraceptives', n.d., sent to Gamble March 12, 1936, CL, GP, Folder 957

³⁹ Kaufman to Gamble, March 12, 1936, CL, GP, Folder 957

⁴⁰ Kaufman to Birth Control Clinical Research Bureau, NY, Nov 12, 1937, SP

⁴¹ Florence Rose, Secretary to Sanger, letter to Kaufman, November 23, 1937, SP. Kaufman was strongly encouraged to go to a particular supplier who had acted ethically in the eyes of the Clinical Research Bureau. Kaufman, however, wanted to find a cheaper supplier.

himself⁴² In January, 1939 Kaufman had apparently still not switched to contraceptive foam and he wrote to Gamble that he had decided to make his own powder. Gamble must have protested that it was inappropriate to use a contraceptive whose efficacy had not been tested since Kaufman wrote "I cannot say that I entirely defend my plan of using foam powder that has not had more tests, but even if the powder is not 100% effective, it will still do a great deal more good than harm in a place like Korea"⁴³ By 1939, Kaufman's Korean experiment was nearly over, so it seems likely that jelly was the only contraceptive consistently used, though the contraceptive literature provided under Kaufman's auspices included the household contraceptives described above

The fertility control program Kaufman developed in Korea involved a number of different distribution networks. Pamphlets were made freely available and the mails were used to distribute literature⁴⁴ Additionally, because of Rosenberger's affiliation with public health, contraception was delivered through a clinic under the auspices of the Child Welfare Union⁴⁵ But Kaufman insisted that the most valuable distribution system was the home visitation of women, or as he called them, "mothers", by local workers⁴⁶ He maintained that the Korean home visitors were the most important element in his program, despite "interfering mothers-in-law, tradition, no privacy, etc , etc "⁴⁷ Kaufman insisted that the greatest

⁴² Kaufman to National Birth Control Association, London, U K , Oct 4, 1938, SP

⁴³ Kaufman to Gamble, January 5, 1939, CL, GP, Folder 959 This debate relates to the ongoing discussion between Kaufman and Gamble about the 'science' of fertility control See Chapter 3

⁴⁴ Kaufman to Sanger, June 22, 1938, SP The use of the mails ceased around June 1938 according to the Rosenberger quote, though the reason for termination is not clear

⁴⁵ Kaufman to Birth Control Clinical Research Bureau, NY, Nov 12, 1937, SP, Kaufman to Sanger, June 22, 1938, SP This letter quotes from a letter from Rosenberger to Kaufman, Kaufman to National Birth Control Association, London, U K , Oct 4, 1938, SP, Kaufman to Gamble, January 5, 1939, CL, GP, Folder 959

⁴⁶ Kaufman to Pillay, July 3, 1937, MSP, Kaufman to National Birth Control Association, London, U K , Oct 4, 1938, SP

⁴⁷ Kaufman to National Birth Control Association, London, U K , Oct 4, 1938, SP

proportion of women were "helped" through the home visitation rather than the clinic delivery system. In his assessments, he claimed that "to date 472 mothers were referred through the Child Welfare Clinic and 723 through the visitation staff of the Seoul Child Welfare Union"⁴⁸ Just over two months later, he claimed that "in Korea we have helped 1500 mothers, 60% of whom were contacted in their homes by native nurses, 40% of the 1500 were contacted and helped through the public health clinic"⁴⁹ This data, which Kaufman righteously called "my experience and not my theory",⁵⁰ fully supported his dogmatic assertion that clinics were an inferior form of delivery system. However, of those persons his system did contact, half never obtained more than the first set of supplies, as a result, Kaufman decided that information booklets should be provided which would detail an easy-to-make household contraceptive - in this case, a cotton tampon with vinegar.⁵¹

Kaufman's intent in sponsoring a fertility control program was to decrease the birth rate among the populations he targeted. His interest was in the aggregate, not the individual. Results, as he had reminded How-Martyn, meant a reduced birth rate. Kaufman held as a central belief, that the individuals whom he targeted completely lacked knowledge about how to control their fertility.⁵² The direct results of this belief were two-fold: the promotion of "simple" contraceptives, and, the insistence upon a system of delivery that involved the external determination of who required contraceptive information and supplies rather than a system of delivery that required or facilitated self-selection. These philosophies and the programs

⁴⁸ Kaufman to Sanger, June 22, 1938, SP

⁴⁹ Kaufman to National Birth Control Association, London, U K, Oct 4, 1938, SP

⁵⁰ Kaufman to National Birth Control Association, London, U K, Oct 4, 1938, SP

⁵¹ Kaufman to Gamble, March 12, 1936, Countway, Folder 957. See footnote #18

⁵² Ironically, even Gamble, in a study of the underprivileged of Puerto Rico' had discovered that prior to the initial clinic visit, the majority of women (54%) had used some form of contraception, see Jose Belaval, Charis Gould and Clarence J. Gamble, "The Effectiveness of Contraceptive Advice Among the Underprivileged of Puerto Rico," *Journal of Contraception*, 3, 12 (December 1938)

they helped structure were common to both the Canadian and the foreign sphere. And in Korea, as in Canada, it is unlikely that Kaufman's expectations were realized. His faith in the greater efficacy of the home visitation over the clinic delivery system was premised on his conviction that, since no prior knowledge about fertility control existed among the target population, the delivery of birth control supplies and an information booklet would suffice to limit fertility. Furthermore, his desire to influence aggregate fertility was, given the scope of his efforts, an impossible goal⁵³. He was probably successful in directing Rosenberger and the workers she hired to target the appropriate populations. However, he was never able to control the subjects themselves, we must assume that they accepted and rejected the information and supplies offered through him in accordance with their own wishes. His assumption that people were entirely ignorant of ways to limit their own fertility was specious, in Korea, demographic evidence indicates that fertility was already clearly being limited⁵⁴. Women were not generally seeking initiation into the "mysteries" of fertility control, rather, many sought different, or perhaps better, methods of fertility control - methods that Kaufman was uninterested in providing.

In January, 1939 Kaufman anticipated expanding his Korean experiment. He wrote to Gamble that he had recently met a YMCA worker with the requisite interests and background to serve as a second field worker. This man was born in Korea, but crucially, he was "of Canadian extraction" and Kaufman contemplated funding fertility control efforts through him in some part of Korea other than Seoul. In addition, this unnamed YMCA worker had stated that he thought the home visitation method might be tried in India, Kaufman's preferred locale⁵⁵. But his timing was poor. In both Canada and Korea, the Second World War would severely limit Kaufman's

⁵³ During the Japanese occupation, population data is quite complete and shows no birth rate decline. Taek Il Kim, John Ross & George C. Worth, *The Korean National Family Planning Program: Population Control and Fertility Decline*, (New York: The Population Council, 1972), p. 13.

⁵⁴ Kim, Ross & Worth, *The Korean National Family Planning Program*, pp. 8-10, they list the separation of spouses and abortion as probable causes.

⁵⁵ Kaufman to Gamble, January 5, 1939, CL, GP, Folder 959.

domestic, and temporarily end his foreign, fertility control endeavours. Not until the war was over would he return to the international scene.

Both before and after the Second World War, Kaufman's international population control efforts mimicked his domestic efforts. In Canada prior to the war, Kaufman had been particularly interested in promoting "simple" contraceptives - ones easy to use, easy to distribute and cheap, furthermore, he stressed lay prescription and mail-order delivery. Similarly, outside Canada, Kaufman promoted "simple" contraceptives and endeavoured to set up a PIB-like birth control program in Korea. After the war, in Canada, he increasingly turned to surgical sterilization as a permanent mode of fertility control that foreclosed on the issue of individual motivation, in addition and in consequence, he became increasingly dependent upon physicians. Outside Canada, Kaufman stressed surgical sterilization even more intensely, as the preferred or only mode of fertility limitation for the foreign poor. And he discovered his most valuable population control ally in a physician - Dr Robert Baird McClure.

After the war, Kaufman involved himself in population control projects in a number of countries. These efforts, though of little demographic consequence, placed him in contact with some of the most important and influential international population controllers. In Japan, his contacts were the father and son team of Drs Yoshio and Tomohiko Koya. Yoshio Koya served as the director of Japan's National Institute of Public Health, furthermore, he was the author of some of the most successful population limitation projects ever undertaken. Dr Tomohiko Koya, Yoshio Koya's son, practiced female sterilization by cornual cautery. In India, Kaufman's indigenous contact was Dr Sripati Chandrasekhar, who became the Indian Minister of Health and Family Planning and was a vigorous proponent of surgical sterilization. As Minister, he embarrassed the Canadian government by requesting the donation of substantial funds for the Indian birth control program, when contraception was still technically illegal in Canada.⁵⁶ In India and then Malaysia and St Vincent too was Dr Robert Baird McClure,

⁵⁶ '\$5 million asked for birth control in India,' *Globe and Mail*, January 18, 1968, p W4

the United Church of Canada medical missionary Through McClure, Kaufman made contacts with other important international figures Dr Edwin McDaniel of Chiang Mai, Thailand who was an expert in female sterilization and the use of Depo-Provera,⁵⁷ and Dr Benjamin Sheares of Singapore Dr Sheares pioneered the use of female sterilization by cornual cautery in Singapore and taught McClure the method, he was an influential academic who became president of Singapore in 1971⁵⁸

After the war, Kaufman experimented with the sponsorship of two foreign population control efforts before the 1960s These two efforts, in Japan and in India, were conducted without the supervision of Dr Robert Baird McClure, whom Kaufman did not meet until 1959 Instead, they were supervised by a YMCA worker, Earle Buckley, and an Indian physician, Dr Sripati Chandrasekhar Neither effort was entirely satisfactory, the former because very little was tried and the latter because Chandrasekhar, with Kaufman's funds, developed a project that Kaufman could not entirely support It was not until Kaufman met McClure that he found an international 'agent' with whom he was in fundamental agreement concerning appropriate means and ends

Kaufman's first post-war international population control effort took place in the early 1950s His involvement was apparently minimal, a YMCA worker, Earle Buckley, directed some "on-the-spot" birth control work in Japan⁵⁹ In a letter written in the 1970s that is less than entirely reliable,⁶⁰

⁵⁷ McDaniel began testing Depo-Provera among the hill tribes around Chiang Mai, Thailand in the mid-1960s, in this way he played an important role as a researcher for Upjohn See Lynn Duggan, 'From Birth Control to Population Control Depo-Provera in Southeast Asia,' *Adverse Effects Women and the Pharmaceutical Industry*, ed Kathleen McDonnell, (Toronto Women's Press, 1986), p 162 See also Edwin B McDaniel and Tieng Pardthaisong, 'Acceptability of an Injectable Contraceptive in a Rural Population of Thailand," paper presented to the IPPF Southeast Asia and Oceania Congress (n p n d) cited in Betsy Hartmann, *Reproductive Rights and Wrongs The Global Politics of Population Control and Contraceptive Choice*, (New York Harper & Row, 1987), p 329, footnote #37

⁵⁸ Saw Swee-Hock, *Population Control for Zero Growth in Singapore*, (Oxford University Press, 1980), p 113 As McClure noted, 'Is it then any wonder that Singapore has an advanced family planning program?' McClure, letter to Kaufman, February 25, 1975, DL, PIB, Box 2, File Dr, McClure

⁵⁹ W X Toole, letter to Mary Bishop, May 3, 1979, this letter mentions Erle [sic] Buckley by

Kaufman wrote,⁶¹

In 1952? [sic] I asked a Canadian friend living in Japan to see what could be done to promote birth control in Japan. He contacted a friend who was a high Government Official who said he favored promotion of birth control but he was sure little could be accomplished before there was evidence that an attempt would likely be successful. We decided to try to demonstrate in a fishing village, a mining village, and an agricultural village. I quietly financed the cost which was moderate in Canadian dollars. The attempt was successful, and the convinced Japanese Government has been perhaps the most successful nation in the world in reducing its national birth rate.

Kaufman was clearly exaggerating the impact of his involvement and may even have invented that involvement. The letter suggests that 'the Canadian friend living in Japan', probably Earle Buckley, contacted a 'high government official', presumably Dr Yoshio Koya. Kaufman claims he then 'quietly funded' a project in three villages. Kaufman's narrative is suspiciously similar to the story of Gamble's involvement in Dr Yoshio Koya's "Three Village Study". After the legalization of abortion in Japan in 1948, Koya "appalled by the waste involved in population control by abortion", "tried to interest the government in including contraception in the public health program", to obtain the government's assistance, Koya had to establish the efficacy of this approach in a field study and it was Clarence Gamble who provided the funds for such a study.⁶² It is of course possible

name, W X Toole, letter to Mary Bishop, January 29, 1979, this letter mentions that Kaufman's "support of family planning extended to Japan, India, Bangladesh, Indonesia and the Caribbean" DL, PIB, Box 2, File Bishop, Mary F. Kaufman, letter to Dr Tomohiko Koya, Tokyo, Japan, February 11, 1975, this letter also mentions Earle Buckley by name, indicating that Kaufman had recently received a letter from him, this letter also mentions Tomohiko's involvement with female sterilizations DL, PIB, Box 2, File Koya, Tomohiko

⁶⁰ The letter states that Kaufman was involved with birth control work in Korea after the war.

⁶¹ Kaufman, letter to Marilyn E Schuma, International Project, Association for Voluntary Sterilization, May 7, 1974, OA, MU4468, File Kaufman, A R

⁶² James Reed, *From Private Vice to Public Virtue*, p 295. Information about this study is also available in, Sutters, *Be Brave and Angry*, p 131, and, Yoshio Koya, *Seven Years of a Family*

that Kaufman provided some funds, together with his close compatriot Gamble, it is more probable, however, that he only learned about this successful project from Gamble. At any rate, Kaufman somehow established contact with the Koyas from whom he received reports which encouraged his enthusiasm for female sterilization by cornual cauterization, Kaufman wrote in 1957,⁶³

I know a surgeon in Tokyo [Tomohiko] who has done about 1,500 female cauterizations to the end of 1956 and most of them during the last two years. He had 95% success on first attempts. This surgeon's father is also a doctor [Yoshio] who has been the Director of Public Health in Japan for over ten years. He just informed me that reported female cauterizations to date total about 50,000 and he believes there were an additional 150,000 not reported. Japan is desperate and acts to replace 2,000,000 abortions per year with sensible methods of birth control.

Kaufman's next experiment with international fertility control is more certain, in the latter half of the 1950s, Kaufman funded a rural family planning project in India through Dr. Sripati Chandrasekhar. At the time, Dr. Chandrasekhar was the Director of the India Institute for Population Studies in Gandhinagar, Madras. In the Tamil village of Mangadu, near Madras, Chandrasekhar set up a birth control clinic, the "Kaufman Family Planning Clinic",⁶⁴ which dispensed "simple" contraceptives. The clinic was financed by Kaufman for approximately two years, from the beginning of 1966 until 1968. Chandrasekhar's intention was to examine the extent of the desire for

Planning Program in Three Typical Japanese Villages," *Milbank Memorial Fund Quarterly*, 36, 4, (October 1958), pp. 363-72. See also Yoshio Koya, "Does the Effect of a Family Planning Program Continue?" *Eugenics Quarterly*, 11, 3 (1964), pp. 141-7, Yoshio Koya, *Pioneering in Family Planning: A Collection of Papers on the Family Planning Programmes and Research Conducted in Japan*, (New York: Population Research Council, 1963), Yoshio Koya, "The Program or Family Planning in Japan," *Eugenical News*, 38, 1 (1953), pp. 1-3, all cited in Edwin D. Driver, *World Population Policy: An Annotated Bibliography*, Lexington, Massachusetts: Lexington Books, 1971.

⁶³ 'Address by A. R. Kaufman, Kitchener, Ontario to the Board of Directors of P.P.F.A., January 17, 1957, DL, PIB, Box 2, File: Planned Parenthood - World Population

⁶⁴ Sripati Chandrasekhar, 'Family Planning in Rural India,' *Antioch Review*, 19, 3, (Fall 1959), p. 400

family planning in a typical Hindu village and to ascertain the barriers to fulfilling this assessed desire⁶⁵ A survey indicated the desire for fertility control and ignorance about "the basic rules of health and personal and public hygiene" as well as illiteracy and "ignorance of the structure and function of the human reproductive system", this, together with the rural conditions, convinced Chandrasekhar to forego the diaphragm and jelly in favour of "simple" contraceptives⁶⁶ Initially, the contraceptive device provided was the rubber sponge to be used with oil⁶⁷ However, Kaufman and Chandrasekhar soon decided to investigate the possibility of using contraceptive foam powder and foam tablets⁶⁸ Kaufman, however, was particularly interested in sterilization, he wrote,⁶⁹

I guess we must do the best we can with the methods available and hope for good results However, the best method is still sterilization, but I do not know how you can manage to sterilize a hundred million people Vasectomies are comparatively easy, and do not create incapacitation to any extent You know that in Japan the cautery operation is comparatively simple in efficient hands, and the patient can go home in a few hours I hope you can find a few doctors who will do vasectomies and female cauteries in a portable van which could be taken to the various villages if the roads are good enough

⁶⁵ As Mahmood Mamdani has argued, however, the assessments by population controllers of the desire for fertility control were often flawed They failed to account for "politeness", as villagers often chose to provide outsiders with the information they were believed to want, see Mahmood Mamdani, *The Myth of Population Control*, 19 For a comprehensive critique of Knowledge-Attitude-Practice (KAP) surveys see Donald Warwick, *Bitter Pills*, p 35, & Chapter 7

⁶⁶ Sripati Chandrasekhar, "Family Planning in Rural India, pp 403, 404

⁶⁷ Chandrasekhar, letter to Gamble, March 4, 1957, CL, GP, Box 83, File 1314

⁶⁸ Kaufman was unsure whether the humidity in India would make this contraceptive ineffective and correspondence between Kaufman, Gamble and Chandrasekhar was brisk on this point Kaufman, letter to Chandrasekhar, August 10, 1956, Kaufman, letter to Gamble, August 13, 1956, Gamble, letter to Kaufman, August 23, 1956, Kaufman, letter to Chandrasekhar, September 21, 1956, Gamble, letter to Kaufman, September 25, 1956, Kaufman, letter to Chandrasekhar, October 12, 1956, CL, GP, Folder 962

⁶⁹ Kaufman, letter to Chandrasekhar, August 10, 1956, CL, GP, Folder 962

Kaufman was also particularly unimpressed with the clinic delivery system. He wrote to Chandrasekhar about the latter's dream of a national network of clinics that this venture was probably not "worth the effort or the expense". He informed Chandrasekhar of his own lack of success with the clinic in Toronto and though he recognized that the situations in Canada and India were not identical he argued,⁷⁰

it must not be forgotten many mothers would not come to the clinic for lack of clothing, time initiative, shyness, etc. These possibilities should be well investigated before you decide you want a chain of clinics. I think we can get considerably more results from social workers calling at the homes

Kaufman solicited Gamble's advice about this, who informed him that the India-Harvard-Ludhiana project, or Khanna study, had established the greater efficacy of home visitation over clinics. It is unlikely that the Khanna study,⁷¹ which was a tremendous failure in terms of population limitation, proved any such thing. Nevertheless, Gamble's advice corroborated Kaufman's preconceptions and he passed this recommendation on to Chandrasekhar and added, "We can do our work now on the home visitation basis, and you can recommend a clinic later when you think it advisable."⁷²

Later that month Kaufman recommended to Chandrasekhar another of the contraceptive methods fondly approved by Gamble - salt. Gamble had been interested in the quest for the ultimate "simple" contraceptive since the initiation of his interest in fertility control. One of his pet projects which he continued to believe in and promote was the use of a

⁷⁰ Kaufman, letter to Chandrasekhar, August 10, 1956, CL, GP, Folder 962

⁷¹ Gamble provided some funding for this the first population control experiment which used a control group, in the words of James Reed, this study provided a detailed explanation of why Indian peasants remained indifferent to family limitation despite the best-laid plans of social engineers. Reed, *From Private Vice to Public Virtue*, p. 301, Mamdani outlines the failure of this project in Mahmood Mamdani, *The Myth of Population Control*, The official report is John B. Wyon and John E. Gordon, *The Khanna Study, Population Problems in the Rural Punjab*, (Cambridge: Harvard University Press, 1971)

⁷² Kaufman, letter to Chandrasekhar, September 20, 1956, CL, GP, Folder 962

salt solution,⁷³ this method was inexpensive, seemingly readily available,⁷⁴ and easy to use. Gamble continued to push this method, despite the resentment that this provoked among international fertility controllers and the metaphorical significance of this method as the symbol of "the white man's contempt for colored people."⁷⁵ Kaufman shared Gamble's enthusiasm for "simple" contraceptives and he informed Chandrasekhar that salt used with a cotton tampon had provoked no complaints among Koreans and was, therefore, probably suitable for India.⁷⁶ He argued that "the difficult and expensive contraceptive methods", "are not going to reach the millions in India because there is insufficient money and too many people. Please investigate this method thoroughly as my big hope at present is on this method which is cheap and I hope readily available in all homes."⁷⁷ In response to Kaufman's request, Chandrasekhar wrote to Gamble for more specific information and in particular, for "Any printed scientific evaluation of its success in Indian conditions that may be available",⁷⁸ a request that Gamble would have had difficulty meeting.

Kaufman's expectations were not met by the project he funded near Madras. The prime reason for the failure was his partner in the project - Chandrasekhar. Chandrasekhar had a different agenda than Kaufman and he was less than entirely forthright about his own position and the situation in India. Kaufman seems to have been unaware of the Indian government's commitment to fertility limitation and he believed that the objective of his

⁷³ James Reed who states that Gamble 'gave up experimenting with salt as a spermicide in 1956' is clearly wrong, *From Private Vice to Public Virtue*, p. 302. McClure and Gamble were still exchanging correspondence about the successful use of salt in 1963, see McClure, letter to Gamble, "Re - Report for Last Half of 1962," February 4, 1963, CL, GP, Box 87, Folder 1385.

⁷⁴ Though Chandrasekhar pointed out that the salt used in India was not the white refined variety but was unrefined and available as rough, large brown crystals, see Chandrasekhar, letter to Gamble, March 4, 1957, CL, GP, Box 83, Folder 1314.

⁷⁵ Reed, *From Private Vice to Public Virtue*, p. 297.

⁷⁶ Kaufman, letter to Chandrasekhar, September 21, 1956, CL, GP, Folder 962.

⁷⁷ Kaufman, letter to Chandrasekhar, October 12, 1956, CL, GP, Folder 962.

⁷⁸ Chandrasekhar, letter to Gamble, March 4, 1957, C, GP, Box 83, Folder 1314.

project was to inspire government involvement, he wrote in 1956, that, "Our objective in the work we are doing is to demonstrate the work can be done, and then hope the Government and any philanthropically minded wealthy people will follow in our footsteps. I naturally do not expect to help four hundred million people and need Government help. It is a relief to know that the Government is at least interested and sympathetic. The dire need will no doubt influence the Government to take some action after someone has demonstrated what actions are likely to be successful."⁷⁹ Again in 1958, he wrote, "We hope that after five years of demonstration we can convince the Government that our birth control methods are successful and should be adopted on a national scale by the Government."⁸⁰

In addition, Kaufman wanted to use a delivery system of home visitation rather than a clinic⁸¹ and he preferred to promote sterilization, he wrote, "Sterilization would be a godsend but it is difficult to arrange because there are no facilities in the villages and to go to the nearest city at a specified time is difficult and expensive." He decided to try to arrange for a medically equipped van which could perform sterilizations, cauteries and vasectomies and he wrote to Gamble to ask for funds to cover the exorbitant expense.⁸² In 1974, in retrospect, Kaufman referred to his Madras project as an example of the failure of the clinic delivery system, he wrote, "I established a clinic near Madras in India on the recommendation of Dr. Chandrasekhar, but found it the same relative failure as in Canada. Sterilization is likely essential for 75% of India's parent population."⁸³

⁷⁹ Kaufman, letter to Chandrasekhar, September 20, 1956, CL, GP, Folder 962

⁸⁰ Kaufman, letter to Gamble, March 28, 1958, CL, GP, Folder 962

⁸¹ Though in his 1958 letter to Gamble he referred to the project as a clinic. Kaufman, letter to Gamble, March 28, 1958, CL, GP, Folder 962. In fact the Kaufman clinic provided basic health care to mothers and children, an undertaking Kaufman would have considered a complete waste of resources. Sripati Chandrasekhar, *Family Planning in Rural India*.

⁸² Kaufman, letter to Gamble, March 28, 1958, CL, GP, Folder 962. In this letter Kaufman explained that he expected to spend \$35,000 on the project over a period of five years.

⁸³ Kaufman, letter to Mrs. G. W. Cadbury, May 7, 1974, DL, PIB, Box 2, File G. W. (Mr and Mrs) Cadbury

It was not until 1958 that Kaufman discovered that he was no pioneer,⁸⁴ and that sterilization was in fact possible in India and was even being promoted by the government. Gamble sent him a clipping from the *New York Times*, "2 States in India Push Birth Curbs"⁸⁵ which stated that "the states of Madras and Mysore, with a combined population of almost 50,000,000 have taken the lead in trying to encourage mass sterilization through payment of subsidies." Kaufman must have been quite surprised by the following information, the article continued, "The strongest advocate of mass sterilization is Dr. Sripati Chandrasekhar, director of the Indian Institute for Population Studies. He is a noted Indian economist, who received degrees at Columbia and New York Universities. He would like to see 100 rupees (about \$21) offered to every male in Madras State with two or more children if the father agreed to be sterilized. Pointing out that there were a minimum of legal and religious barriers to birth control in India, Dr. Chandrasekhar recently said "There is more freedom on the question of family planning in Bombay than in Boston ""

Kaufman responded to this news with a gracious letter to Chandrasekhar, he remarked that "I hope the report is entirely true", but "I wonder whether our clinic in Mangadu will serve much purpose if the Indian Gov't is tackling this problem with so much enthusiasm now."⁸⁶ Their cooperation on this project likely ended at this time but relations remained cordial. In the late 1970s, while Chandrasekhar was working in the United States as a visiting professor at Oregon State University, he wrote to Kaufman to inform him that he wished to dedicate a recently completed book to him.⁸⁷ Chandrasekhar learned that Kaufman had recently died and so he dedicated the book, "To the memory of Alvin R. Kaufman (1885-1979)

⁸⁴ Population control had been officially promoted in India since the early 1950s, see K. Mahadevan, et al, "Development of Population Policies in India," *Fertility Policies of Asian Countries*, ed. K. Mahadevan, (London: Sage Publications, 1989)

⁸⁵ Elie Abel, "2 States in India Push Birth Curbs," *New York Times*, (November 16, 1958), p. L7

⁸⁶ Kaufman, letter to Chandrasekhar, November 26, 1958, CL, GP, Folder 962

⁸⁷ Chandrasekhar, letter to Kaufman, June 26, 1979, DL, PIB, Book 2, File Chandrasekhar

Canada's birth control pioneer for all his generous support" ⁸⁸

While travelling overseas in the winter of 1958-59⁸⁹ Kaufman met Dr Robert Baird McClure⁹⁰ in Delhi, India at the International Family Planning Conference held there in February of 1959 ⁹¹ McClure would prove to be a steadfast ally in Kaufman's efforts to limit the fertility of some of the international poor Kaufman funded McClure's fertility limiting endeavours in India, Malaysia and St Vincent, and through him also, he funded a project in Bangladesh The successful cooperation of Kaufman and McClure was due to their shared approach to the issue of "overpopulation" Though they differ in some respects, both viewed the persons targeted by their programs as lacking in the initiative and intelligence required to practice fertility limitation independently or in a trustworthy manner,⁹² consequently, both arrived at the conclusion that sterilization was a particularly appropriate form of birth control for the international poor

McClure was not the front-man solely for Kaufman, he solicited and collected funds from various sources to carry on the extra medical tasks

⁸⁸ S Chandrasekhar, *A Dirty, Filthy Book' The Writings of Charles Knowlton and Annie Besant on Reproductive Physiology and Birth Control and an Account of the Bradlaugh-Besant Trial*, (Berkeley University of California Press, 1981), frontispiece

⁸⁹ See collection of letters from Kaufman to family and friends from Pakistan, Singapore, Austria, Bangalore, New Zealand, December 1958 - February 1959, DL, PIB, Box 1, File Russian Trip Memories

⁹⁰ For information about McClure at this time, see Scott Munroe, *McClure, Years of Challenge*, Vol 2, Kenneth Bagnell, *God's Front-Line Surgeon*, *Maclean's* Vol 79, 18 (September 17, 1966), pp 26, 28, 30

⁹¹ This was the sixth international conference, see Sutters, *Be Brave and Angry*, p 163

⁹² 'The simpler Indian mind and poor economic conditions do not lend themselves to spacing children much in an Indian family ', McClure, article about his medical efforts to be distributed among doctors on other mission fields, included in McClure, letter to Floyd Honey, May 3, 1959, UCC, 83 042c, Box 15, File 457, "The future in my opinion, lies with permanent sterilization when the required number of children is reached " McClure, letter to Doug Forman, March 7, 1958, CL, GP, Box 83, Folder 1332, "Two characteristics of the Indian person whom we meet is (a) They are not much on foresight and planning and (b) They are not outstanding in persistence ' McClure, letter to Gamble, June 3, 1958, CL, GP, Box 83, Folder 1332, "If patients were intelligent " McClure, letter to Gamble, CL, GP, Box 83, Folder 1332

for which missionary funds could not suffice, either because of expense or, in the case of birth control, to avoid compromising the church. Aside from Kaufman, a particularly important source of funds from 1957 until the donor's death in 1966 was Clarence Gamble. It should come as little surprise that both Kaufman and Gamble, whose approaches to fertility control were so similar, would find a common agent in McClure.

At the Delhi Conference, Kaufman met with Drs Chandrasekhar, Gamble and McClure.⁹³ At that time he would have learned from McClure that Gamble was funding a fertility control project which involved the provision of certain "simple" contraceptives, in particular, Gamble promoted the sponge and saline method with which McClure was well pleased.⁹⁴ McClure wrote, "Let me say that after 25 years or more of family planning work your sponge and 10% saline seem to me to be the nearest thing to perfect in the conditions that we meet with in India."⁹⁵ After meeting McClure, Kaufman wrote to him to inquire about enlarging the existing sterilization program at the Ratlam Mission Hospital where he worked, McClure responded that "I have become convinced that sterilization is probably going to be the best and perhaps even the most popular tool for control of population in India."⁹⁶ However, he had to inform Kaufman that

⁹³ He may also have met Dr Benjamin Sheares there, who gave a paper, see Saw Swee-Hock, *Population Control for Zero Growth in Singapore*, p. 97

⁹⁴ "(1) For the ignorant woman the sponge rubber and saline or perhaps she uses vinegar at times seems to work best from the economic point of view and from patient acceptance standpoint (2) For the more educated the foaming tablets seem to be ideal and only in about 25% of the cases does the husband object to the irritation (3) What is far more popular in India both for men and women is permanent sterilization." McClure, letter to Doug Forman, March 7, 1958, CL, GP, Box 83, Folder 1332. See also, McClure, "Report on Family Planning," CL, GP, Box 83, Folder 1332. Though he tried, Gamble was unable to obtain the scientific, statistical verification from McClure that he so desired, see McClure, letter to Gamble, June 3, 1958, CL, GP, Box 83, Folder 1332, McClure, letter to Gamble, CL, GP, Box 85, Folder 1364, Gamble, letter to McClure, July 3, 1961, CL, GP, Box 85, Folder 1364.

⁹⁵ McClure, letter to Gamble, January 26, 1957, CL, GP, Box 83, Folder 1314. "Let me just say that we consider the sponge and 10% saline to be our 'standard' method here." McClure, letter to Gamble, June 3, 1958, CL, GP, Box 83, Folder 1332.

⁹⁶ Kaufman wrote on November 17th, this information is provided in McClure's response McClure, letter to Kaufman, December 17, 1959, CL, GP, Box 84, Folder 1343.

Gamble had already arranged to expand his program to include free sterilizations for both men and women and he had no extra time to devote nor were more funds required

During the Delhi Conference, Gamble arranged to fund McClure to provide, at no charge to the client, 200 female and 200 male sterilizations a year for at least two years⁹⁷ The male sterilizations were to be vasectomies, but the female sterilizations were to be performed by cornual cautery⁹⁸ In the summer of 1959 McClure travelled to Singapore to learn the method of cornual cautery from Dr Benjamin Sheares⁹⁹ Sheares had apparently performed about 300 successful cases at this time, while in Japan, approximately 200,000 cases had been completed¹⁰⁰ Upon meeting McClure, Sheares revealed that he had had one fatality and he confessed that a surgeon in Japan had given up on the method after 1,000 cases or more, but McClure felt that Sheares would not "continue to use a method that he felt was risky in the hands of others"¹⁰¹ Despite his own enthusiasm and Kaufman's encouragement, McClure met with constant difficulties in trying to use this method, neither the electrodes used for the cautery nor the method itself proved efficient In addition, cornual cautery could not be used post-partum - the time at which most women were available and willing to have such a procedure performed - so McClure more commonly performed tubal ligations¹⁰² By 1962, Gamble admitted to a growing disinterest in cornual

⁹⁷ McClure never came close to meeting these targets

⁹⁸ McClure, letter to Gamble, March 9 Also McClure, letter to Floyd Honey, May 3, McClure letter Doug Forman, May 3, 1959, UCC 83 042c Box 15, File 457

⁹⁹ McClure, "Female Sterilization by Cornual Cautery" submitted for presentation at the 29th annual Conference on Medical Missions in Chicago - June 9-12, 1959, CL, GP, Box 84, Folder 1343 Sheares was the first person to openly advocate sterilization as a means of population control in Singapore, in June 1959 At the time he was a professor, the Head of the Department of Obstetrics and Gynecology at the University of Singapore, and he insisted that he was speaking solely from an academic point of view See Saw Swee-Hock, *Population Control for Zero Growth in Singapore*, pp 96-7

¹⁰⁰ McClure, letter to Gamble, March 9, 1959, UCC 83 042c Box 15, File 457

¹⁰¹ McClure, letter to Gamble, August 23, 1959, CL, GP, Box 84, Folder 1343

¹⁰² McClure, letter to Kaufman, March 18, 1962, McClure, letter to Gamble, July 10, 1962, CL, GP, Box 86, Folder 1373

cautery, primarily due to Dr Allan Guttmacher's disapproval, which was particularly salient as Guttmacher was about to become president of the Planned Parenthood Federation of America. Additionally, Gamble had begun to promote the use of intra-uterine devices as a form of "temporary sterility", preferable to the more permanent surgical variety and he offered to supply McClure with the new plastic loop developed by Dr Lippes to complement McClure's existing supply of metal Grafenberg rings¹⁰³ McClure did not immediately give up on the cornual cautery method, but he had never performed many, probably less than ten,¹⁰⁴ and soon the method disappeared from his correspondence¹⁰⁵

Meanwhile, Kaufman was waiting in the wings, trying to devise a project that McClure could direct¹⁰⁶ As was the case with Chandrasekhar, Kaufman was particularly interested in concentrating on sterilization¹⁰⁷ In this, he allied himself with the developing consensus that sterilization was the most appropriate way to tackle the population "problem" in India¹⁰⁸ In

¹⁰³ Gamble, letter to McClure, July 3, 1961, CL, GP, Box 85, Folder 1364, Gamble, letter to McClure, July 25, 1962, CL, GP, Box 86, Folder 1373, Gamble, letter to McClure, July 28, 1961, CL, GP, Box 87, Folder 1392, In this letter Gamble argues that the pill is too expensive to make it practical in India

¹⁰⁴ McClure mentions trying 'some', letter to Gamble, December 23, 1961, CL, GP, Box 85, Folder 1364 he mentions trying 'a few' in a letter to Kaufman, March 18, 1962, CL, GP, Box 86, Folder 1373 The only definite number given is three, letter to Gamble, "Ratlam Report for First Half of 1962," July 10, 1962, CL, GP, Box 86, Folder 1373

¹⁰⁵ The last mention, still hopeful, is in a letter to Gamble, Re Report for Last Half of 1962, February 4, 1963, CL, GP, Box 87, Folder 1385

¹⁰⁶ He offered to finance McClure's efforts and in 1960, when McClure was having difficulty getting Gamble's money, because of transfer problems, McClure considered switching to Kaufman, see McClure, letter to Floyd Honey, January 30, 1960, "Mr Kaufman of Kitchener is terribly interested in it and had Dr Clarence Gamble not undertaken this Kaufman would, I believe, have underwritten the whole thing", McClure, letter to Fred G Scovel, Christian Medical Council for Overseas Work, February 27, 1960, in this letter McClure suggests that a possible solution to the money problems would be to dump Gamble and get another sponsor, UCC, 83 042c, Box 16, File 484

¹⁰⁷ He wrote, "I am pleased with the results of the vasectomy camps set up in India. A wholesale basis is necessary to make any impression on a population of 450 million" Kaufman, letter to McClure, September 9, 1963, CL, GP, Box 87, Folder 1385

¹⁰⁸ Articles sent by McClure to Gamble, December 23, 1961, CL, GP, Box 85, Folder 1364, see

McClure, he found a more cooperative ally than Chandrasekhar, and together, Kaufman and McClure considered developing a travelling sterilization team "The idea would be to have a large operating truck fitted out with operating room, linen and instrument sterilizers and cornual cautery with electric generator and all that and go from village to village as a mobile clinic The idea would be to have a jeep with a publicity team of personnel to go along first and advertize and educate and line up cases and then the same team could take out vasectomy stitches and things like that 10 days after the other"¹⁰⁹ McClure hoped to put such a team on the road in 1962 but the experiment was never tried, he had so many other activities to attend to and Gamble was still waiting for McClure to locate and hire a public health nurse who could follow-up his beloved salt and sponge cases¹¹⁰

It is not entirely clear whether Kaufman provided funding for McClure's fertility limiting efforts before 1966,¹¹¹ it was not until that date, however, that a definite program was developed for which Kaufman's funds were an essential ingredient In 1965, McClure began planning for a "Family Planning Project for Christian Hospitals in India"¹¹² In order to deal with India's "population explosion", and in accordance with a decision reached by

"Road to Survival," *Times of India*, December 22, 1961, Surgical Camp Extended, Good Public Response," *Times of India*, December 23, 1961 Also, articles sent to Gamble, February 4, 1963, CL, GP, Box 87, Folder 1385, see Vasectomy Operations, Kolhapur Sets Record, *Times of India*, n d See also K Mahadevan, et al, Development of Population Policies in India,' pp 187-213, Davidson R Gwatkin, 'Political Will and Family Planning The Implications of India's Emergency Experience," *Population and Development Review*, 5, 1 (March 1979)

¹⁰⁹ McClure, letter to Gamble, June 25, 1961, CL, GP, Box 85, Folder 1364 McClure wrote to Gamble that the travelling team would also attend to general family planning needs, but the emphasis was clearly on sterilization

¹¹⁰ Gamble, letter to McClure, July 3, 1961, CL, GP, Box 85, Folder 1364, McClure, letter to Kaufman, March 18, 1962, CL, GP, Box 86, Folder 1373

¹¹¹ McClure stayed in contact with Kaufman throughout the first half of decade, see McClure, letter to Kaufman, March 18, 1962, CL, GP, Box 86, Folder 1373, Kaufman, letter to McClure, September 9, 1963, CL, GP, Box 87, Folder 1385, McClure, letter to Gamble, also sent to Kaufman and another sponsor, "Re -Report & Account for Last Half of 1964, January 3, 1965, CL, GP, Box 87, Folder 1401

¹¹² R B McClure, Family Planning Project for Christian Hospitals in India, *The Journal of the Christian Medical Association of India*, (September 1965), CL, GP, Box 87, Folder 1401

representatives of Church World Service, the Government of India, the Rockefeller Foundation, and the Christian Medical Association, McClure proposed that Christian hospitals be enlisted in a fertility control program through financial and structural incentives. According to the plan, the hospitals would dispense IUDs and would perform male and female sterilizations.¹¹³ Because of approaching famine in India, McClure thought the timing of the project particularly appropriate.¹¹⁴ Kaufman was willing to provide funding for this project, but his money was to pay for male and female sterilizations only.¹¹⁵ The support of one of the sponsors fell through, however, and only Kaufman's funds arrived on time, so with Kaufman's blessing McClure proceeded with the use of his money for IUD insertions in addition to sterilizations.¹¹⁶ The "India Report" for 1966 reported success for the project, during the first three-quarters of the year more than one hundred of the 212 Christian Hospitals in India had enrolled and there were "3,784 IUD insertions, 1,864 tubal ligations and 492 vasectomies."¹¹⁷ The project continued even after McClure left India, and Kaufman provided funds until he grew disappointed with the efficacy of the program in 1972,¹¹⁸ but it was

¹¹³ In this article, McClure sets out a perspective that distinguished him from Kaufman in important respects, he wrote, "when we call it 'family planning', the facilities and interest should extend to, and include equipment for, dealing with sterility cases also. If we are not going to do this sort of a thing as a minimum then just call it a contraceptive clinic." R B McClure, "Family Planning Project for Christian Hospitals in India," p 5

¹¹⁴ McClure, letter to William Strong, Planned Parenthood Consultant, Church World Service Department, December 22, 1965, CL, GP, Box 87, Folder 1401, McClure, letter to Kaufman, January 11, 1966, CL, GP, Box 87, Folder 1407

¹¹⁵ Gamble, through his Pathfinder Fund would pay for an equipment allowance for the hospitals, Oxford Famine Relief was to pay for the IUDs and Church World Service was to fund and provide the administration, the project was due to begin on January 1, 1966, see McClure, letter to Gamble, October 5, 1965, McClure, letter to William Strong, Planned Parenthood Consultant, Church World Service Department, December 22, 1965, McClure, letter to David Burleson, The Pathfinder Fund, December 24, 1965, CL, GP, Box 87, Folder 1401

¹¹⁶ McClure, letter to William Strong, January 17, 1966, McClure, letter to David Burleson, January 27, 1966, CL, GP, Box 87, Folder 1407

¹¹⁷ "India Report, 1967, UCC, 83 043c, Box 11, File 16

¹¹⁸ Kaufman, letter to John S McKim, Depts of Community Medicine and Pediatrics, University of Western Ontario, Liaison Officer, International Medical Education, November 24, 1972, PIB Papers, Box 2, File Dr Robert McClure. Kaufman, letter to Ausma Acworth, Field

the end of an era Gamble began to fail in the spring of 1966 and died in July of that year¹¹⁹ and McClure retired from his mission posting in India in November 1967 and returned to Canada ¹²⁰

Back in Canada, McClure was elected to the post of Moderator of the United Church of Canada in August 1968, a position he held until January 1971 ¹²¹ In this role, he toured the country extensively and proved himself an outspoken advocate for several causes, in particular, he advocated sex education, early and arranged marriages, legal abortion, family planning, voluntary sterilization and compulsory sterilization of the 'unfit' He was very concerned about the "population explosion"¹²² and was also heavily involved with the Family Planning Federation of Canada ¹²³ As a *Globe and Mail* editorial stated, he "set the battle rolling" in the discussion over family planning ¹²⁴ When his term as Moderator expired, he completed a survey of family planning in South-East Asia for Oxfam, from April through July, this trip and his reports "helped shape much of Oxfam's family planning efforts in South-East Asia throughout the 1970s "¹²⁵

McClure returned to active missionary service in December 1971, this time as a volunteer on a pension He set up in a mission hospital in

Secretary for South India, Oxfam, England, November 2, 1972, DL, PIB, Box 2, File Oxfam of Canada

¹¹⁹ Doone & Greer Williams, *Every Child a Wanted Child*, p 435

¹²⁰ Munroe Scott, Vol 2, p 219

¹²¹ Munroe Scott, *Years of Challenge*, Vol 2, pp 222-3, p 249 Maclean's Interviews, Dr Robert McClure, *Maclean's*, Vol 81, 12 (December 1968), pp 16, 70-72

¹²² Munroe Scott, *Years of Challenge*, Vol 2, p 252

¹²³ See PPFC records, NA, MG 28I463, Vol 3, Binder Executive Committee Meetings McClure was a member of the executive, he undertook a tour of western Canada and made new PPFC contacts, he was also a member of the Medical Committee

¹²⁴ Editorial, 'To set the battle rolling,' *Globe and Mail*, (Wednesday, April 30, 1969) 'The intelligent and the educated in our society - and, indeed, in most Western societies - are already doing a great deal of family planning Where it is being done least effectively is among those who need it most - the slightly retarded and the ignorant '

¹²⁵ Munroe Scott, *Years of Challenge*, Vol 2, p 252

Sarawak, Malaysia¹²⁶ and was once again in a position to solicit contributions from Kaufman and others for fertility controlling efforts among the Asian poor. Kaufman wrote, "I have asked him [McClure] to consider whether it is practical to promote sterilization only at a reasonable cost"¹²⁷ In fact, McClure was already working on a family planning project. Dr Edwin McDaniel of Chiang Mai, Thailand had visited him in Kapit, Sarawak in August of 1972. Dr McDaniel introduced McClure to Depo-Provera, an injectable hormonal contraceptive,¹²⁸ and a new type of female sterilization performed under local anaesthetic.¹²⁹ However, it was not until the spring of 1973 that McClure's program got under way, for this program Kaufman funded female sterilizations and offered to fund a doctor to travel to other hospitals to do sterilizations, while another supporter paid for vasectomies, pills, IUDs in addition to female sterilizations.¹³⁰ McClure's year-end report for 1973, explained that the program had been surprisingly successful. McClure had decided at the commencement of the program that "we should emphasize more emphatically sterilization as a true solution to family planning in Sarawak. Pills, injections and loops are all useful for spacing children but when the desired number of children have been born then sterilization is the answer. We had, of course, hoped to push male

¹²⁶ Lorne Direnfeld, 'Robert McClure and the Wild Men of Borneo,' *Saturday Night*, (December 1973), pp 15-18

¹²⁷ Kaufman, letter to John McKim, November 24, 1972, DL, PIB, Box 2, File Dr McClure

¹²⁸ Munroe Scott, *Years of Challenge*, Vol 2, p 261. 'The Continuing Saga of Bob McClure and his Good Wife Amy,' Christmas Greeting, 1972, UCC, 83 069c, Box 22, File Ad Hoc

¹²⁹ McClure, letter to Kaufman, September 24, 1974, DL, PIB, Box 2, File Dr McClure, in this letter McClure recommends McDaniel to Kaufman's attention as a leading authority on Depo-Provera injection method for use in a rural population. He is an active and ardent sterilizer. He was with me for a week or so in 1972 and it is to him that I owe the method of tubal ligation under local anaesthetic that we used with such success in Kapit, Sarawak. If he needs any financial support he is a man whom you could back with confidence and with pride. I consider him to be the greatest family planning technical man in mission work today in any land." McClure also wrote to McDaniel, n.d., DL, PIB, Box 2, File Dr McClure, he recommended Kaufman as 'a steadfast and loyal supporter of mine and I should not have been able to function had it not been for his support. It is not clear whether this recommendation led to any support by Kaufman of McDaniel.

¹³⁰ McClure, letter to Kaufman, January 4, 1974, DL, PIB, Box 2, File Dr McClure

sterilizations because they are such a much simpler operation. However we have found both in Iban and in Chinese culture there is strong resistance to male sterilization. What we did have is a breakthrough in female sterilization." McClure claimed that the Iban women, who were chiefly illiterate, learned about the operation by word of mouth and came to McClure to have their tubes tied.¹³¹ The totals were 325 tubal ligations in 1973 and 135 in the first six months of 1974.¹³²

McClure left Sarawak in May, 1974 when the hospital was transferred to the Malaysian government, before his departure, there were sufficient funds from Kaufman to continue the family planning work and enough to leave money for the continuation of family planning efforts. Even after his departure from Malaysia, McClure maintained an interest in continuing population control efforts there. He wrote to the Family Planning Association of Sarawak, Malaysia in 1975 to explain the success of his family planning program in Kapit. He explained that the program had involved the provision of contraceptives for spacing pregnancies to be followed by permanent surgical sterilization when the required number of children were born. He wrote that there were Canadian sponsors interested in a family planning program to be financed on a piece-work basis - Kaufman was one of the sponsors.¹³³ At the same time, McClure counselled Kaufman to support the work of Indian Rotary Clubs in conducting vasectomy camps in India.¹³⁴ In 1976, when McClure was in St Vincent, the Caribbean for a few short months, Kaufman helped to fund a "vigorous family planning program of female sterilizations"¹³⁵ which he continued to fund after McClure's

¹³¹ McClure to Jack Martin (the other financial supporter), also sent to Kaufman, January 3, 1974, DL, PIB, Box 2, File Dr McClure

¹³² McClure, letter to McDaniel, n d , DL, PIB, Box 2, File Dr McClure

¹³³ McClure, letter to the Executive Secretary, Family Planning Association of Sarawak, East Malaysia, February 25, 1975, DL, PIB, Box 2, File Dr, McClure, it is not clear whether this offer was ever accepted

¹³⁴ Kaufman, "Interview with Dr McClure at my home," April 18, 1975, DL, PIB, Box 2, File Dr, McClure

¹³⁵ McClure, letter to Chowdhury, February 10, 1977, DL, PIB, Box 2, File McClure

departure¹³⁶

In the summer of 1975, McClure wrote with a plan for Kaufman to finance an innovative sterilization program in Bangladesh. He had learned from the editor of the *United Church Observer*, Al Forrest, who had been in Bangladesh on a tour, that Dr. Zafrallah Chowdhury of the Gonoshasthya Kendra Health Centre in Bangladesh had pioneered a distribution system for female sterilization that circumvented the Muslim restrictions which disallowed male doctors and technicians from operating on women. He trained young women to perform tubal ligations and sent these female paramedics into villages to do the procedure. McClure wrote to Kaufman that this project warranted his support in order to expand the existing program. He added that though the family planning program he began in Sarawak had continued, too much emphasis was placed upon the use of Depo-Provera, McClure felt that sterilization was best for Sarawak and that female paramedics might prove to be a great innovation which could be "sold" in Malaysia, which after all, was also officially Moslem.¹³⁷

Kaufman was suitably impressed and McClure served as the go-between to arrange his support of Chowdhury's program. Kaufman offered to support an expansion of existing efforts with female paramedics doing female sterilizations in villages, he offered \$10,000 per year for five years, conditional upon his continuing satisfaction.¹³⁸ The contract was presumably accepted because the next available correspondence was written in 1977. This correspondence indicated that there were some problems with the transfer of funds and that some six-month reports were overdue.¹³⁹ More significant was a letter from Chowdhury to McClure which indicated a fundamental

¹³⁶ W X Toole, letter to Mary Bishop, May 3, 1979, DL, PIB, Box 2, File Bishop

¹³⁷ McClure, letter to Kaufman, June 19, 1975, DL, PIB, Box 2, File Dr McClure. McClure also informed Kaufman that Chowdhury was a friend of their mutual friend, Dr. Edwin McDaniel.

¹³⁸ McClure, memorandum to W X Toole, acting for Kaufman, September 10, 1975, Toole, rewritten memorandum for McClure, October 15, 1975, DL, PIB, Box 2, File Dr McClure

¹³⁹ McClure, letter to Chowdhury, February 10, 1977, McClure, letter to W X Toole, November 25, 1977, DL, PIB, Box 2, File Dr McClure. It is not clear how long Kaufman continued to fund Chowdhury's efforts.

difference of opinion between himself and Kaufman, he wrote, "As a policy, I do not believe family planning should be run in isolation, it must be integrated with a total health plan"¹⁴⁰ In fact, had Kaufman read the progress report sent to him by McClure from Chowdhury's People's Health Centre before he began to fund the project, he would have realized how differently he and Chowdhury viewed the role of family planning, Chowdhury had written,¹⁴¹

Overpopulation is often presented as an isolated problem, whose solution (by technical means of birth control) will bring automatic prosperity. In reality, population growth is only one symptom of the poverty syndrome. Are we poor because we are overpopulated or overpopulated because we are poor? Is it just a coincidence that we are also illiterate and unemployed?

Our village people are no duffers. When it makes sense to have fewer children, they will do so. It is for practical and economic reasons that most are choosing even now, to have many. In the absence of a welfare state, the members of a rural family depend very heavily on one another. A father sees in his sons income for the present, security for the future. In the social context to which he belongs, it is a grave risk not to have several children.

Kaufman did not share this perspective, quite the reverse, he adhered to the neo-Malthusian and eugenic belief that poverty was a result of excessive and improper breeding. He felt that population limitation should be carried out in isolation from issues of general health and economic justice, such efforts involved the waste of scarce resources and time.¹⁴² And he

¹⁴⁰ Chowdhury, letter to McClure, November 4, 1977, DL, PIB, Box 2, File Dr McClure

¹⁴¹ "Gonoshasthya Kendra, Progress Report," April 1975, DL, PIB, Box 2, File Dr McClure, emphasis in original. In fact, Hartmann discusses the efforts of the People's Health Center as an exemplar of "healthier approaches" to fertility control. She writes, 'the People's Health Center (Gonoshasthaya [sic] Kendra) has effectively integrated family planning into a broader program of basic health care and social change. Betsy Hartmann, *Reproductive Rights and Wrongs*, pp 289-291

¹⁴² Kaufman explicitly expressed this belief when he withdrew support from the CMAI project, see Kaufman, letter to John McKim, November 24, 1972, DL, PIB, Box 2, Folder McClure

concluded that the best form of fertility control for the international poor was sterilization since only this method could completely circumscribe motivational limitations in fertility control - if, of course, the persons could be convinced or coerced to undergo the procedure. Kaufman expressed this conviction many times in his correspondence. He wrote "I am of the opinion that almost all the poor in the underdeveloped countries cannot be helped to limit their families except through sterilization",¹⁴³ he added, "In my estimation, birth control in many countries should be confined to sterilization, which alone is almost an insurmountable task. Welfare is commendable, but it should not be at the expense of more vital sterilization progress"¹⁴⁴. In discussing the need for sterilization, Kaufman explicitly compared his birth control experiences in Canada and abroad, he argued that "my experience in Canada, and over a small scale in a few places abroad, convinces me that only sterilization can be effective in underdeveloped countries"¹⁴⁵. Kaufman was so enthused with sterilization that he approved of the use of vasectomy camps. During the "Emergency Period" from June 1975 until March 1977, mass sterilizations were carried out on an unprecedented level in many parts of India. Approximately ten million sterilizations were performed, with inadequate post-operative care and widespread coercion. Ironically for Kaufman, these efforts severely damaged the credibility of family planning projects in India, particularly of male sterilization.¹⁴⁶

¹⁴³ Kaufman, letter to Dr N C Stoskopf, University of Guelph, January 21, 1975, DL, PIB, Box 2, File Stoskopf, N C

¹⁴⁴ Kaufman, letter to P G Krishna Murthy, Sr Documentation Officer, National Institute of Family Planning, New Delhi, India, November 23, 1976, DL, PIB, Box 2, File Murthy, Krishna. See also Kaufman, letter to Ausma Acworth, Oxfam, November 2, 1972, DL, PIB, Box 2, File Oxfam. "I consider contraception largely useless in India for lack of communication, motivation, privacy, and money. In my opinion, only sterilization can be helpful to most of the poorly educated Indians."

¹⁴⁵ Kaufman, letter to John Crispo, Dean, Faculty of Management Studies, University of Toronto, January 8, 1975, DL, PIB, Box 2, File Crispo, John

¹⁴⁶ Kaufman, letter to Mrs Cadbury, May 7, 1974, DL, PIB, Box 2, File Cadbury, Kaufman, "Interview with Dr McClure at my home, April 18, 1975, DL, PIB, Box 2, File McClure, Kaufman, "Discussion with Dr R B McClure, October 18, 1975, DL, PIB, Box 2, File McClure. For information about the Emergency see K Mahadevan, et al, "Development of Population

Though Kaufman is a crucially important figure in the Canadian birth control movement, existing histories carefully examine only his domestic efforts. The neglect of Kaufman's extra-domestic efforts has had multiple consequences. On the one hand, this oversight has resulted in the minimization of his contribution. This is true not only on the more obvious level of the recognition of the diversity and scope of his efforts, but also on the more symbolic level of the acknowledgment of Kaufman as an internationalist and as such, a significant player in an international politics of fertility control. On the other hand, the failure to examine Kaufman's extra-Canadian birth control efforts has resulted from and contributed to an isolationist scholarship, though the influence of international ideas and protagonists on the Canadian birth control movement is generally acknowledged, the absence of attention to the international interests of, and practical international interventions by, Canadians has encouraged the misinterpretation of the domestic movement as an intra-national phenomenon - one driven and directed by Canadians solely in the context of national priorities. Kaufman's extra-domestic birth control efforts, like his domestic efforts, were centrally informed by an eugenic desire to limit the population of certain target groups. Both sets of programs developed similar structures to meet this goal - structures which involved the externally-directed assessment of need and the promotion of methods of birth control that fostered a minimum of personal motivation, first through "simple" contraceptives and then through sterilization. The concurrency and similarity of Kaufman's international and national birth control efforts, and their mutually influential and reinforcing nature, suggests the inadequacy of an exclusively domestic analysis of the birth control movement in Canada, since international concerns clearly influenced domestic practices. Furthermore, an examination of Kaufman's foreign efforts can fruitfully contribute to a greater understanding of the international fertility control movement. Though the Second World War unquestionably served as a turning point in the development of an international population control

Policies in India,' *Fertility Policies of Asian Countries*, Ed K Mahadevan, (Sage Publications, 1989), pp 187-213, Davidson Gwatkin, "Political Will and Family Planning,"

consensus, and the machinery to implement that consensus, it did not precipitate the genesis of concern with the fertility of the foreign poor. An analysis of Kaufman's international population control efforts, which spanned the 1930s through to the 1970s, significantly assists in clarifying the longevity and continuity of international population control politics.

Chapter Five Post-World War II, The Domestic Birth Control Program Continues

The domestic birth control program that Kaufman developed in the 1930s did not continue to operate without alterations throughout his life. On the contrary, Kaufman's program was changed quite radically by the war and by the domestic climate after the war. Gradually, Kaufman dropped his focus on lay prescription, home visitation and the mail order delivery of contraception. In part as consequence and in part as cause, he dropped his dependency upon "simple" contraceptives and switched increasingly to sexual sterilization, consequently, he came to rely to a greater extent upon physicians. Kaufman did indeed change his tactics, yet in one essential respect his domestic program was unchanged by the war or by subsequent developments - he retained his eugenically informed determination to target the social underclass. Eugenics became something of a dirty word after the Second World War. It did not disappear by any means, but many of its proponents attempted to sanitize its image¹. Kaufman, unfazed by the Nazi atrocities, persevered in his commitment both to the logic and oftentimes to the semantics of old school eugenics. And he promoted his vision of fertility control both in practical efforts and in his efforts to lobby the organizations and governments that increasingly assumed responsibility for fertility control policy in post-World War II Canada. Though Kaufman's postwar birth control efforts have been largely ignored by historians, his interest in the control of the fertility of Canadians continued until his death in 1979, as did his interest in eugenic and population control justifications for such interventions.

The salience of Kaufman's convictions was comparatively clear in the 1930s, his eugenic and population control attitudes were tested in the

¹ See McLaren, *Our Own Master Race*, Chapter 8, Daniel Kevles, *In the Name of Eugenics*. The racist attitudes which informed eugenics retained their intellectual, emotional and political dominance in Canada despite the horrors of the war. Abella and Troper chronicle the effect of such attitudes on Canadian Jews and the countless Jews seeking asylum before, during and after the Holocaust see Irving Abella, Harold Troper, *None is Too Many: Canada and the Jews of Europe, 1933-1948*, (Toronto: Lester Publishing Ltd, 1991, first published 1983)

crucible of the Eastview birth control trial and found acceptable. After the war, however, no equivalent public forum (or fora) for the testing of Kaufman's particular set of assumptions and priorities took place. After the war too, Kaufman's public role changed. A radical birth control advocate in the 1930s, he became a historical figure, a pioneer of the increasingly respectable "family planning" movement in the 1950s and thereafter. The difficulty of gauging the potency of Kaufman's agenda is compounded by the endurance of his involvement. From the war until his death, political and social changes were manifold and are not readily reducible to a clear set of policies. Demographically, the nation moved from a "birth dearth" in the 1930s, through one of the largest "baby booms" in the post-war world, to a "baby bust" in the 1960s.² Such fluctuations hint at, but do not expose or explain, the profound changes occurring in the normative practice of fertility control. In the sphere of public debates about fertility control, a diversity of interests were expressed. Explicitly eugenic legislation and policy was defeated in the late 1960s and the early 1970s.³ Instead, proponents of "family planning" spoke of the need for the 'democratization' of access to birth control.⁴ This meant making fertility control available to less-advantaged members of society, whose access was widely believed to have been most restricted by legal prohibition. Implicitly, therefore, an indirect targeting of certain sub-sections of the population was deemed both worthwhile and acceptable.⁵ The 'second-wave' of the Canadian women's movement did not

² A Romanuc, *Current Demographic Analysis, Fertility in Canada From Baby-Boom to Baby-Bust*, (Ottawa Minister of Supply and Services, Statistics Canada, 1984), Michael Teitelbaum and Jay Winter, *The Fear of Population Decline*, (Orlando Academic Press, 1985)

³ Canadian eugenic sterilization laws were repealed in 1972 in Alberta and 1973 in British Columbia. During the consultation process for changes to the Criminal Code restriction of abortion, an amendment which would have allowed explicitly eugenic indications for a therapeutic abortion was defeated. See, Bernard Dickens, "Eugenic Recognition in Canadian Law," *Osgoode Hall Law Journal*, 13 (1975), pp 560, 562

⁴ For example, see Barbara Cadbury, 'Birth Control as Social Policy,' *Canadian Welfare*, 44, 1 (January-February 1968)

⁵ As Dickens notes with respect to the failed amendment to allow therapeutic abortions for eugenic reasons, [f]ailure to enact an express eugenic indication does not show that eugenic factors are excluded from contributing to a psychiatric indication, of course." He adds, "if factors of personal eugenics regarding the likely physical or mental condition of the prospective child, or of social eugenics regarding the material and emotional environment into

gain force until the early 1970s, as a result feminist concerns, though sometimes voiced, played a largely insignificant role in the debate over the legalization of birth control and the liberalization of abortion and in the development and implementation of public fertility control policy⁶ Canadian concern about international population growth, on the other hand, was widely expressed Its impact on the domestic fertility control agenda has been largely unexamined but a cursory look through the plentiful published and archival material pertaining to such concerns suggests its importance⁷ The complexity of the public debate over the substance and meaning of fertility control in Canada after the Second World War, and the paucity of scholarship pertaining to these questions, means that the relevance and potency of Kaufman's eugenic and population control concerns remains unknown However, it is clear that he retained these concerns and

which it is likely to be born, are to be influential, they must operate in law as considerations pertinent to the pregnant woman's health " Dickens also notes concerning birth control, that '[c]onsistent with principles of social eugenics and economic foresight, provincial agencies may meet the cost of certain supplies to welfare recipients and the federal government shares the costs of contraceptives supplied through provincial and local governments " Dickens, "Eugenic Recognition," p 563 footnote #91, p 563, and p 553 respectively

⁶ Karen Dubinsky, "Lament for a "Patriarchy Lost"? Anti-feminism, Anti-abortion, and R E A L Women in Canada," *Feminist Perspectives*, 1 (March 1985), Cerise Morris, "'Determination and Thoroughness" The Movement for a Royal Commission on the Status of Women in Canada, *Atlantis*, 5, 2 (Spring 1980), Janine Brodie, Shelley A M Gavigan and Jane Jensen, *The Politics of Abortion*, (Toronto Oxford University Press, 1992), especially Chapter 2

⁷ See for example Milton Freeman, *People Pollution Sociologic and Ecologic Viewpoints on the Prevalence of People*, sponsored by the Canadian Society of Zoologists (Montreal, London McGill-Queen's University Press, 1974), Jane Lommel, "Family Planning, A Long Way to Go in Canada and Around the World," *Canadian Consumer*, 4, 6 (December 1974), Cope Schwenger, "Toward Living in Harmony with Our Environment," *Canadian Welfare*, 48, 4 (July-August, 1972), Brian Abel-Smith, 'Needed Population Policies for Planet Earth,' *Canadian Welfare*, 50, 3 (May-June 1974), George Cadbury, 'Human Population - A Problem?' *Canadian Audubon*, 33, 3 (May-June 1971), Michael Barrett and Chris Taylor, *Population and Canada*, (Toronto Guidance Centre, Faculty of Education, University of Toronto, 1977, 1978), *A Population Policy for Canada? The Proceedings of Two Seminars on the Need for a Canadian Population Policy and the Impact of People on the Environment*, (Toronto The Conservation Council of Ontario and the Family Planning Federation of Canada, 1973), *Public Consultation on Population Questions, A Report to the Government of Canada*, (Toronto Canadian Institute of International Affairs, The Family Planning Federation of Canada, the Inter-Church Project on Population, 1974), "Resolution Concerning the Population Explosion, Part of Submission by the National Council of Women of Canada to Government, 1968, As Prepared by the Family Planning Federation of Canada," NA, MG28I463, Vol 31, File 114-0

strategically modified his delivery system to put them into practice more successfully. Furthermore, this chapter will argue that Kaufman's continuing efforts demonstrate the continuing viability of eugenic and population control logic in the public forum.

The Second World War altered Kaufman's domestic program. By 1942, fewer clients were being contacted, fewer PIB workers were making contacts, and more clients were being serviced by physicians.⁸ Kaufman admitted that, "during the war nurses were not readily available and unemployment diminished with the result that Bureau work was less extensive."⁹ Yet when the war was over, Kaufman's domestic program did not revert to its 1930s form. The domestic climate had changed and would continue to change. Increasingly, voluntary, professional and activist organizations lobbied for changes in the legislation prohibiting birth control and for pro-active government policy in favour of the dissemination of birth control. In 1969 contraception was legalized and in the 1970s the Federal government included family planning within the provenance of domestic and foreign policy. Kaufman responded to these changes with a revised system of fertility control still trained on the poor, his contraceptive delivery system shrank and he turned to sterilization - for pragmatic reasons, vasectomy. In the 1970s, his services became largely redundant, and he himself, though still quite vigorous for his advanced years, was in decline. He now directed his attention primarily toward public and private fertility control policy in an effort to convince others to embrace his agenda - the

⁸ By 1943 foam powder had begun to dominate Kaufman's birth control efforts, of the 6, 212 women contacted by the PIB in 1942, 20% were provided with the pessary and jelly, 25% Jelly and nozzle and 60% [sic] foam powder, see "Clinic Reports Parents' Information Bureau, Kitchener, Ontario, Canada," *Human Fertility*, p 119. See also Kaufman, letter to Dr R L Dickinson, National Committee in Maternal Health, N Y , July 29, 1943, CL, GP, Folder 961

⁹ "Address by A R Kaufman, Kitchener, Ontario to the Board of Directors of Planned Parenthood Federation of America," January 17, 1957, DL, PIB, File Planned Parenthood - World Population. Kaufman admitted to the reduction in PIB workers and consequent reduction in scope of the PIB in Kaufman, letter to Mrs G W Cadbury, May 17, 1974, DL, PIB, File G W (Mr and Mrs) Cadbury, 'A R Kaufman's Experience and Observations in Doing Social Work,' December 1976, OA, MU 4468, File Kaufman, A R. For information about women's increased job opportunities during the war, see Ruth Roach Pierson, '*They're Still Women After All*' *The Second World War and Canadian Womanhood*, (Toronto McClelland and Stewart, 1986, 1990)

direct targeting of the social underclass

From 1939 until 1965 the Parents' Information Bureau contacted approximately as many new cases as it had contacted between 1935 and 1939. The peak year for new contacts was 1936 with 24,909 new cases, by 1960 there were only 3,229 new contacts and in the first half of 1965 approximately only 750 new clients were contacted¹⁰. Though the available data indicate a significant decline in the numbers of new contacts made by the PIB after the war, they do not indicate the senescence of Kaufman's domestic program. During and after the war, the contraceptive delivery aspect of the PIB program went into decline due to the loss of workers and the increasing availability of contraception through private physicians, particularly with the arrival of the pill in the 1960s. Furthermore, Kaufman wished to restrict the fertility of the welfare 'classes', but many of the persons who applied to the PIB for supplies did not fit into this category¹¹. Still, the statistics list only the new and not the repeat contacts, more importantly, this data obscures the concurrent growth of another fertility control strategy - the promotion of sterilization.

Kaufman's most important and most strategic innovation in the provision of fertility control services after the war was his promotion of vasectomy¹². He had consistently maintained that sterilization was a

¹⁰ See Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State*, p. 112, also "Number of New Cases," March 29, 1961, which was updated in June 11, 1965, DL, PIB, File PIB "Misc" not correspondence.

¹¹ A. R. Kaufman, "Progress of Birth Control in Canada," 1974, NA, MG28I463, Box 5/45, File III, Historical Matters. In this tract, Kaufman complained that an advertisement in the local paper offering free contraception and sterilization to parents on welfare was responded to only by parents *not* on welfare.

¹² Kaufman also introduced new contraceptives into the PIB program, for example the IUD, see Kaufman, letter to Gamble, December 15, 1964, CL, GP, Folder 964. In this letter Kaufman asked Gamble for information about 'IUCDS', about which he had been reading. He wished to include the IUD in the PIB's contraceptive program since, "They may be a substitute for most male and female sterilizations when patients have normal intelligence", in addition, IUCDS should be a much cheaper and better substitute than Jelly, nozzle and condoms plus pessary occasionally." Kaufman was hopeful that, unlike female surgical sterilizations, IUDs could be inserted in doctor's offices - like vasectomies, Kaufman, letter to Dr. C. P. Blacker, England, 6/3, 1965, CL, GP, Folder 964. Kaufman wrote, "The PIB has just started to offer Lippes Loops free to Doctors who will insert them for mothers who have applied for help. I hope and expect the loop will become popular rapidly thus making another method of birth control independent of hospitals and arbitrary Medical Boards."

necessary component of his birth control efforts, prior to the war, however, he had supported eugenic sterilization and it comprised only a fraction of his domestic efforts and did not enter into his foreign involvements. After the war, the emphasis of Kaufman's birth control program shifted from contraception to sterilization both at home and abroad and because of the greater ease of access to male sterilization surgery, he emphasized vasectomies. The reasons for this shift were many. In the international forum in particular, surgical sterilization was a widely advocated form of fertility limitation, one that Kaufman considered the best method of birth control for the foreign 'disadvantaged' classes. It is highly probable that Kaufman transferred some of his enthusiasm for the sterilization of foreign populations to his birth control program in Canada. Kaufman must also have responded to the increasing willingness of physicians to provide, and refer persons for, sterilization, and of Canadians to welcome this permanent form of birth control. Moreover, Kaufman turned to sterilization for its potential to reduce the importance of personal motivation in the control of fertility.

Prior to the war, Kaufman developed the home-visitation PIB program to compensate for a perceived flaw in the clinic delivery system. Clinics relied for initial contact upon the self-selection of clientele, Kaufman, who wanted to specifically target the poor and the 'social liabilities' for fertility limitation, found this structural dependency upon the self-assessed needs of the target populations unacceptable. In the pre-war period he also promoted "simple" contraceptives, contraceptives that could be easily and cheaply distributed and were "simple" to use. After the war, Kaufman continued his efforts to directly target specific populations, and he encouraged others to deliberately direct their efforts to this end, furthermore, he intensified his efforts to obviate the central stumbling block in the path of the fertility limitation of the poor - personal motivation. After the war, increasingly sophisticated birth control technologies proliferated,¹³ and there was little room for the promotion of "simple" contraceptives, particularly in a wealthy country with a large and well established medical community like Canada, conversely, more technological and invasive methods became

¹³ James Reed, *From Private Vice to Public Virtue*, Chapters 23-27

increasingly acceptable. After the war therefore, an acceptable, accessible and effective method of fertility limitation was surgical sterilization¹⁴. Though increasing numbers of Canadians came to view sterilization as a release from worry once the desired number of children were born, Kaufman was uninterested in this aspect of the potential of sterilization. He wanted to see this birth control method used by the poor to permanently curtail their fertility and to minimize the influence of motivation in personal fertility limitation - once the person had been convinced to undergo the procedure, personal motivation ceased to be of relevance for birth control.

Kaufman sought to bypass the objections of the organized medical profession, as he had in the 1930s, by soliciting the aid of individual physicians in the provision of fertility control services. In the 1930s Kaufman had endeavoured to obtain physician cooperation for the fitting of diaphragms and for birth control referrals, after the war the emphasis shifted to the physician-provision of sterilization. Obstacles to such cooperation were many: the legal interpretation developed by the Medical Protective Association (MPA) and accepted by the Canadian Medical Association (CMA), the resistance of hospitals to provide legally ambiguous procedures, and, the resistance of individual physicians to perform such services¹⁵.

Kaufman had always promoted sterilization as an aspect of his fertility control program. In the 1930s and early 1940s, he argued that about 900 persons had been sterilized through the PIB¹⁶. In 1957 he reiterated the thesis developed in the 1930s that "At least 5% of the people contacted by my Bureau lack the calibre to use contraceptives properly and consistently. These people need sterilization."¹⁷ But in the 1960s sterilization, and in particular

¹⁴ For information about the use of surgical sterilization as a contraceptive measure in the United States see Rosalind Petchesky, "Reproductive Choice in the Contemporary United States: A Social Analysis of Female Sterilization," in *And the Poor Get Children: Radical Perspectives on Population Dynamics*, Ed. Karen Michaelson, (New York and London: Monthly Review Press, 1981).

¹⁵ Medical schools did gradually accept responsibility for educating physicians in methods of fertility limitation, see Christopher Tietze, et al, "Teaching of Fertility Regulation in Medical Schools: A Survey in the United States and Canada, 1964," *Canadian Medical Association Journal*, 94 (April 2, 1966), pp 717-722.

¹⁶ See Chapter 2.

¹⁷ Kaufman, "Address to the Board of Directors of PFFA," January 17, 1957, DL, PIB File PP-

male sterilization, became of central importance in the PIB program not just for the few but for the majority¹⁸ and Kaufman embarked upon a "thriving business in male sterilizations"¹⁹

In a 1961 *Maclean's* article, "The Safe Certain Birth Control that Doctors Won't Talk About,"²⁰ Kaufman and his PIB were identified as the referees for 1,335 men who had received vasectomies. These few men had been provided for by six Canadian doctors, one in Toronto, one in Kitchener, three in Vancouver and one in Edmonton, and referred by numerous others. A much larger, but incalculable, number of men went to the United States for their operations.²¹ Kaufman not only referred men to these six physicians, the PIB pre-screened their applications and required that "husbands and wives sign extensive Application and Consent forms that state reasons for the sterilization request."²² In addition, Kaufman subsidized the cost of the operation to the extent of \$25 per patient if the client paid the physician less than that amount.

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¹⁸ Kaufman revised the history of the PIB's involvement with sterilization to reflect a clear shift in focus from female to male sterilizations from before the war until after the war. In the late 1960s and 1970s, Kaufman claimed that between 1930 and 1935, a local doctor (or local doctors) had sterilized approximately 400 women in hospitals until "outside influences prevented their continuation." Kaufman, letter to The Honourable John Munro, Minister of National Health and Welfare, September 24, 1970. This letter was sent to Miss M P Hyndman, NA, MG 30 E98, Volume 1, "Progress of Birth Control in Canada," Address by A R Kaufman, to Class on Contemporary Religious Issues, Waterloo Lutheran University, December 2, 1969, NA, MG 28 I 463, Box 5/45 FPFC, File III, Historical Matters, "Brief Read to Members of the Ontario Cabinet in Kitchener on June 11, 1975," DL, PIB, Box 1 File Cabinet Speech, Marilyn Cooper, 'Ontario's Birth Control Pioneers,' *Globe and Mail*, Thursday, April 13, 1967, Kaufman, letter to Dr C P Blacker, England, 6/3, 1965, CL, GP, Folder 964, Kaufman, letter to Department of Sociology, York University, August 20, 1968, NA, MG30E98, Vol1

¹⁹ M Cooper, "Ontario's Birth Control Pioneers"

²⁰ Arnold Bruner, "The Safe, Certain Birth-Control Method that Doctors won't Talk About," *Maclean's*, (August 12, 1961), pp 12, 50-1

²¹ Kaufman claimed later that he had referred Canadian men to American doctors whose names were solicited from the the New York-based Association for Voluntary Sterilization. Kaufman, letter to Dr George Denniston, Medical Director of Population Dynamics, Seattle, Washington, June 22, 1977, DL, PIB, Box 2, File Population Dynamics

²² Kaufman, "Progress of Birth Control in Canada,' December 2, 1969

As suggested by the title of the *Maclean's* article, many physicians were unwilling to involve themselves with surgical sterilizations. The Canadian Medical Protective Association, which gave advice to the medical profession concerning the legality of medical practices and defended physicians against medical malpractice suits, advised against the provision of surgical sterilization for other than "medical" causes and this was the official position of the Canadian Medical Association.²³ As a consequence, sterilizations on women could sometimes be arranged where the woman's life and health (narrowly defined) was threatened by continued pregnancies or where sterilization would be the consequence of a medically necessary procedure, these sterilizations would be performed in hospitals. But sterilization of the male could almost never be medically justifiable. Kaufman sought to circumvent the limitations placed on access to surgical sterilization by emphasizing male sterilizations which could be performed easily, quickly and safely in a doctor's office. "Hospitals refuse the cases" Kaufman wrote, "but Doctors do them in their own offices. I doubt whether hospitals influenced by Medical Associations will change their attitude before it is amply evident that Doctors can do the operation independently."²⁴

Kaufman was not averse to the sterilization of women, of the operations arranged by the PIB prior to 1943, half were performed on women. He retained an interest in the procedure and remained informed about new methods, particularly in the 1970s when the access situation improved.²⁵ In 1957, Kaufman suggested to the PPFBA Board members a method of female

²³ Arnold Bruner, 'The Safe, Certain Birth-Control Method,' pp 12, 50-1, Dr T L Fisher, secretary of the Medical Protective Association was anti-surgical sterilization, see T L Fisher, "Legal Implications of Sterilization," *Canadian Medical Association Journal*, 91 (1964), pp 1363-65. T L Fisher, "Sexual Sterilization," *Canadian Medical Association Journal*, 76, 9 (1957), pp 785-87. Of course numerous individual physicians and legal commentators considered sterilization as legal and justifiable as other elective surgery, for example John Desmond Morton, professor of criminal law at Toronto's Osgoode Hall law school, cited in the *Maclean's* article, p 50.

²⁴ Kaufman, letter to Dr McClure, September 9, 1963, CL, GP, Box 87, Folder 1385.

²⁵ Dr D S Ernst, Kitchener, letter to Kaufman, August 24, 1972, DL, PIB, Box 2, File Dr D S Ernst. This letter was a response to a request from Kaufman for information about the laparoscopic procedure for female sterilization, which was introduced "in recent years." Kaufman then made this information available in a circular "Tubal Sterilization by Laparoscope," n d, DL, PIB, Box 1, File Forms, Publications - numbered series.

sterilization that might circumvent hospital restrictions, he was "going to try get private hospitals to do vasectomies and female cauteries"²⁶ However, it is doubtful that he was able to convince Canadian physicians to experiment with this method, instead, Kaufman resorted to the promotion of vasectomies - a safe office procedure PIB clients who requested a female sterilization were sent form #20, "An Alternative to Female Sterilizations"²⁷ The PIB received frequent inquiries for female sterilization, form #20 stated, and would like to cooperate but hospitals were reluctant to provide this procedure unless the "mother's" health was seriously impaired Male sterilizations, on the other hand, could be performed in a doctor's office and the PIB could probably arrange for one - literature enclosed

To obtain the cooperation of physicians, Kaufman sought to encourage their financial acquisitiveness,²⁸ and to assuage their concerns about the legality of the method He procured a favourable legal interpretation of sterilization and made it available to physicians²⁹ This interpretation argued that since the Criminal Code made no specific reference to sterilization, it could be considered with all other operations under section 45³⁰ and that "it has not been established in Court that a requested operation for eugenic [ie non-medical] reasons is illegal" The eugenic sterilization laws still in force (until the early 1970s) in British Columbia and Alberta were

²⁶ Kaufman, "Address to the Board of Directors of PPFA," January 17, 1957

²⁷ Form #20, n d , DL, PIB, Box 1, File Forms, Publications - numbered series

²⁸ We had no trouble finding co-operative Doctors who were gradually showing more financial interest in vasectomy than their regular practice Kaufman, letter to Marilyn E Schima, International Project, Association for Voluntary Sterilization, New York, May 7, 1974, OA, MU 4468, File Kaufman, A R

²⁹ Kaufman printed a circular, #21, Re The Legality of Sterilization , signed by A R Kaufman, n d This circular was undated but it changed over time Of the two versions available, one which makes less explicitly eugenic statements was presumably written later See #21, n d , earlier?, OA, MU 4468, File Kaufman, A R , #21, n d , later?, NA, ARCAL, MG28I350, Volume 5, File 5-7

³⁰ Section 45 stated "Every person is protected from criminal responsibility for performing a surgical operation if the operation is performed for the benefit of the patient, with reasonable care and skill, and it is reasonable to perform the operation having regard to the state of health of the person, and to all the circumstances of the case "

cited approvingly³¹

In addition to the favourable legal interpretation, Kaufman provided physicians with circulars which explicitly encouraged the provision of vasectomy, he provided clients with information about sterilization, took care of much of the paperwork involved in the approval and consent process for sterilization, gave physicians the requisite forms and provided a financial subsidy³² He even went so far as to provide the premises for the performance of vasectomies at 410 King Street West, Kitchener, Ontario, the offices of the Kaufman Rubber Company, for a fee of twenty dollars³³

Kaufman's strategy of emphasizing vasectomy was fairly successful In 1962 the PIB provided for 500 vasectomies, the next year it provided for approximately 700 with the cooperation, by this time, of "about a dozen Doctors scattered across Canada"³⁴ Kaufman estimated that prior to

³¹ In what is probably an earlier version of this circular, the position paper states, We hope other provinces will pass similar legislation as it definitely protects Doctors who perform sterilizations on persons incapable of giving legal consent Such handicapped persons cannot be good parents even for normal children " The later version argues simply that, This [the BC and Alberta legislation] is encouragement for doctors but does not make the listed types more legal than they were without the provincial legislation, nor make unlisted types illegal ' For information about eugenic laws in Canada, see Dickens, 'Eugenic Recognition'

³² A R Kaufman, 'Planned Parenthood Progress in Canada,' n d This circular provides information about the PIB but primarily about vasectomies - it is intended for doctors Statement #21 is to be attached to it, "Form #5, General Information on Sterilization, n d This circular explains male and female sterilization to prospective clients, Form #15, Dear____, n d This form acknowledges the request of a client for sterilization, form #10 to be attached, "Form #10, Vasectomy (Sterilization of the Male),' n d , 'Form #17,' n d This form provides the client who wants a vasectomy with the name of the physician to whom the PIB has forwarded the client's history card and signed request form, Form #25, n d This circular was sent to the appropriate physician together with a signed request and consent form and a copy of the application and history card for a certain client All forms in DL, PIB, Box 1, File Forms, Publications - numbered series

³³ "Form #23," n d This circular was sent to a client to confirm his appointment at 410 King St West Kaufman, letter to Dr C P Blacker, England, 6/3, 1965, CL, GP, Folder 964, Kaufman wrote, The PIB has local Doctors doing vasectomies in its own equipped office " I have also received information through a personal contact which corroborates the conclusion suggested by this form for the 1960s

³⁴ Kaufman, letter to Dr McClure, September 9, 1963, CL, GP, Box 87, Folder 1385 A number of physicians were very keen to provide vasectomies In particular, Dr Philip Alderman in North Vancouver, B C claimed a total of 7,000 by September 1975 Philip M Alderman, letter to Kaufman, September 4, 1975, DL, PIB, Box 2, File Alderman, Philip, M , Dr D J Dodds in Toronto, probably the physician identified in the *Maclean's* article as Dr "Zed" who performed his own vasectomy, was also keen Kaufman, letter to Dr D J Dodds, July 18, 1975, DL, PIB, Box

1969 the PIB had arranged 4,000 vasectomies while concurrently and independently Canadian physicians sterilized another 12,000 men³⁵ In 1963, Kaufman expressed the hope that PIB referral of sterilization would be redundant in ten years³⁶ In 1969 he claimed that the "hush, hush subject is now freely discussed, and over half the applicants are now referred to us by satisfied friends who have been sterilized " He added, "I hope the services of the Parents' Information Bureau in referring vasectomy cases will soon be superfluous "³⁷

As for most of Kaufman's practical fertility control efforts, it is hard to determine the extent to which his contribution was significant Already, in 1961, when the *Macleans*' article was published which so increased the volume of Kaufman's sterilization practice, the General Council of the United Church had approved sterilization for men to prevent the transmission of a "hereditary defect" and for women to preserve a woman's mental and physical health, in addition, medical insurance in Ontario paid for voluntary vasectomies for policy holders³⁸ In 1971, the Canadian Medical Association reversed its earlier stand and took the position that an individual could voluntarily consent to sterilization in the absence of "medical" indications³⁹ Sterilization became increasingly publicly acceptable

2, File Dodds, DJ

³⁵ Kaufman, "Progress of Birth Control in Canada," December 2, 1969

³⁶ Kaufman, letter to Dr McClure, September 9, 1963, CL, GP, Box 87, Folder 1385

³⁷ Kaufman, "Progress of Birth Control in Canada,' December 2, 1969 Kaufman also wrote to the Honourable John Munro that in 1969 the operation was no longer a secret Kaufman, letter to The Honourable John Munro, Minister of National Health and Welfare, September 24, 1970

³⁸ Bruner, "The Safe, Certain Birth Control ', pp 50-51

³⁹ "Any procedure for the purpose of producing sterilization of either male or female is acceptable in the following circumstances

- 1 When it is performed by a duly qualified medical practitioner,
- 2 And if performed in an active treatment public hospital or other locations with adequate facilities and documentation,
- 3 And if performed with the written permission of the patients and after the patient has signed a statement to the effect that he or she understands that sterility will in all likelihood be permanent similar approval of the spouse or guardian, if applicable, should be obtained whenever possible " See "Canadian Medical Association, 104th Annual Meeting,

and accessible in the 1970s⁴⁰ and the PIB's services grew redundant. Kaufman wrote in 1974, "Years ago Hospitals would not accept sterilization cases but during the last few years many co-operate and do both vasectomies and the laparoscopic female sterilizations"⁴¹ In fact, sterilization became a popular form of birth control in Canada, it is estimated that in 1976, 30.5% of married women were sterilized⁴²

However, Kaufman's role in the birth control movement in Canada had always extended beyond the mere provision of fertility control information and supplies. He insisted upon the priority of practice above pedagogy but despite his claims, he consistently played a role as a public supporter of the birth control cause. In the 1930s, the most important instance of this role occurred as a result of the Eastview birth control trial. After the war, Kaufman's importance as a provider of birth control diminished while, concurrently, his role as a public figure expanded and diversified. He both presented himself, and was perceived, as a still-active pioneer of fertility control in the popular press, among fertility control organizations, welfare organizations and representatives of various levels of government.

Kaufman took advantage of a number of opportunities to present descriptions of the development and continuing efforts of his fertility control program. He gave an address to the Board of Directors of the Planned Parenthood Federation of America in 1957 about the "methods and progress of the Parents' Information Bureau" which was well received⁴³. In 1969,

Halifax, Nova Scotia," *Canadian Medical Association Journal*, 104 (June 19, 1971), p. 1133

⁴⁰ Carl F. Grindstaff and G. Edward Ebanks, "Vasectomy: Canada's Newest Family Planning Method," *Canada's Mental Health*, Vol. 21, 5, (September - October 1973), Marion G. Powell, "Female Sterilization," in *Family Planning in Canada: A Source Book*, ed. Benjamin Schlesinger, (Toronto: University of Toronto Press, 1974), Lise Fortier, "The Role of Doctors in Family Planning," in *Family Planning in Canada: A Source Book*, ed. Benjamin Schlesinger, (Toronto: University of Toronto Press, 1974).

⁴¹ "Progress of Birth Control in Canada," From December 1, 1969 to December 31, 1974, By A. R. Kaufman, President, Parents' Information Bureau, NA, FFFC, MG28I463, Box 5/45, File III, Historical Matters.

⁴² A. Romaniuc, *Current Demographic Analysis*, pp. 42-43.

⁴³ Kaufman, "Address to the Board of Directors of Planned Parenthood Federation of America," January 17, 1957. Among those who wrote to Kaufman to congratulate him on the substance and

Kaufman presented an address to the "Class on Contemporary Religious Issues" at Waterloo Lutheran University (now Wilfrid Laurier University) and attempted to impress upon his young audience the potential value of their contributions as volunteers in the cause of birth control⁴⁴ In the press, he was presented to the public view as a pioneer and continuing advocate of birth control⁴⁵ All of these narratives, with some variations in detail, illustrated Kaufman as he conceived of himself - as one who responded to a presented need with a philanthropy of fundamental efficacy, one who was independent, courageous and pioneering, defiant in the face of the general ignorance of his contemporaries and determined to see the deed done In general, and particularly in the more detailed accounts, these many illustrations suggest the efficacy of Kaufman's approach to birth control and its delivery and implicitly, the failure of less directly targeted programs By itself this is neither particularly surprising nor very interesting Of greater import is the consequence of Kaufman's self-assessment on his dealings with others, and in particular, his constant attempts to influence the perspectives and practices of others These endeavours are apparent in his dealings with welfare organizations, with municipal, provincial and federal levels of government and with the family planning organizations which were his organizational heirs In general, it is difficult to interpret the success of Kaufman's efforts to have the imagery and structure of his birth control program adopted by those he lobbied The clearest case of the approval of his agenda is apparent among voluntary "family planning" organizations Even among other individuals and groups, however, far from being censored, Kaufman's message was entertained and even solicited Therefore, the most

impact of his address were William Vogt, National Director, PFFA, NY, January 21, 1957, Mary Steichen Calderone, MD, Medical Director, PFFA, January 22, 1957, Mrs Walter E Campbell, President, PFFA, January 21, 1957 All in DL, PIB, File Planned Parenthood - World Population

⁴⁴ "Progress of Birth Control in Canada, Address by A R Kaufman, to Class on Contemporary Religious Issues, Waterloo Lutheran University, December 2, 1969, NA, MG 28 I 463, Box 5/45 FPFC, File III, Historical Matters

⁴⁵ Hugh Garner, "Mister Birth Control", Bill Stephenson, 'The Great Birth Control Trial,' *Maclean's*, (November 23, 1957), pp 23, 76-77, Arnold Bruner, "The Safe, Certain Birth-Control Method that Doctors won't Talk About", Herc Munro, "The Eccentric World of Alvin Ratz Kaufman", Marilyn Cooper, Ontario's Birth Control Pioneers"

defensible conclusion in the absence of more extensive research, is that Kaufman's perspectives and priorities remained viable in the public sphere

One, admittedly minor, consequence of Kaufman's self-assessment was his antipathy towards large organizational efforts. This antipathy embraced both the efforts of welfare organizations in general and of organizations concerned directly with fertility control issues. In the former case, Kaufman maintained that these organizations expended inadequate energy on the 'fundamental' causes of poverty - excessive or inappropriate fertility, in the latter case, his concern was the waste of resources on bureaucratic manipulations and the limitations this imposed on independent initiative. Kaufman complained to correspondents about the wastefulness of the International Planned Parenthood Federation and the Association for Voluntary Sterilization and refused contributions to both World Vision and Cansave⁴⁶ but reserved the most intense expressions of his disdain for the Children's Aid Societies. Kaufman had consistently argued that welfare organizations should be involved with birth control work, both in the 1930s and after the war. In 1969 he argued,⁴⁷

Welfare Organizations, including Children's Aid Societies, should be the leaders in promoting birth control, but they shirk their responsibilities for reasons I can only guess. They cannot avoid seeing the desperate need, and could likely do the most effective work at the least cost, if they tried. They seem to be able to remain comfortably aloof and indifferent to the tragedy of more children being born in families where parents cannot or will not give their children proper care, and may also be deliberately cruel. Perhaps a cut in Welfare budgets will arouse the Welfare Boards into a critical analysis of their function.

⁴⁶ William J Newell, Executive Director, World Vision of Canada, letter to Kaufman, May 4, 1976, and Kaufman's note on the bottom of this letter, DL, PIB, Box 2, File World Vision, R F Briggs MD, President, Cansave Children, Canada, letter to Kaufman, November 1974, W X Toole, per Kaufman, letter to Dr Briggs, January 6, 1975, William B Stock, Executive Secretary, Cansave Children, January 31, 1975, DL, PIB, Box 2, File Dr, Robert B McClure, Kaufman letter to Mrs GW Cadbury, May 7, 1974, DL, PIB, File G W (Mr & Mrs) Cadbury, Kaufman, letter to Dr D J Dodd, July 18, 1975, DL, PIB, Box 2, File Dodds, D J, Kaufman, "Interview with Dr McClure at my home," April 18, 1975, Kaufman, "Discussion with Dr McClure," October 18, 1975, DL, PIB, Box 2, File Dr Robert B McClure

⁴⁷ Kaufman, "Progress of Birth Control in Canada," December 2, 1969. Emphasis in original

The origin of Kaufman's particular dislike of the Children's Aid Societies appears to have been a 1964 form letter he sent to the CASs in Ontario which suggested that they provide birth control information and materials to the parents of their clients and offered the free cooperation of the PIB. Kaufman's offer was either ignored or politely refused with the statement that CAS policy was to "leave the matter of family planning to parents and their physicians"⁴⁸. Kaufman was infuriated by this rejection and thereafter singled out the CAS from among other welfare organizations as being willfully negligent⁴⁹.

I wish to refer specifically to the Provincial Children's Aid Societies which consist of Catholics and Protestants. They passed a resolution some years ago to the effect that "We are not responsible for Birth Control". This is a strange attitude for an Organization that reports a 400% increase in child abuse. About five years ago the Kitchener C A S had an unexpected financial surplus for the year. The remark was made that "Birth Control may have been the reason".

Though Kaufman was not involved in lobbying for changes in the Criminal Code concerning birth control, the liberalized atmosphere in the latter half of the 1960s and the legalization effected in 1969 was accompanied by the progressive development of fertility control policy at all levels of government. With this particular aspect of government business, Kaufman

⁴⁸ A copy of the circular letter Kaufman sent out is unavailable but judging by the response sent by the Ottawa CAS, Kaufman's letter was dated May 1, 1964. See Daniel B Fenny, Executive Director, The Children's Aid Society of Ottawa, letter to Kaufman, May 5, 1964. Kaufman responded to a general request for funds from the CAS in Waterloo in 1975 with the response that he had tried unsuccessfully for years to persuade the CAS to offer birth control 'to parents who cannot, or carelessly do not, support their children properly', see W A Hunsberger, Executive Director, letter to 'Dear Friends', August 14, 1975, Kaufman, letter to Mayor Mrs E MacIntosh, Kitchener, also councillor and regional representative on the the Board of the Waterloo Region CAS, October 23, 1975, DL, PIB, Box 2, File Children's Aid Society, Ottawa.

⁴⁹ Kaufman, letter to Dr G P A Evans, June 2, 1976. Emphasis in original. See also 'Progress of Birth Control in Canada,' December 2, 1969, Kaufman, letter to the Honourable John Munro, September 24, 1970, A R Kaufman's Experience and Observations in Doing Social Work," December 1976. Kaufman, "Overpopulation, *Globe and Mail*, Letters to the Editor, (September 30, 1969).

was considerably more interested

At the municipal level of government, Kaufman had some influence upon the decision of the Scarborough township, in 1966 "set up a birth control clinic in conjunction with the regular children's health clinics established in several township churches"⁵⁰ This open contravention of the prohibitions of the Criminal Code was not itself a profoundly innovative step In the city of Brantford, Dr Hutton had initiated what was probably the first municipal birth control program in Canada in the 1930s, and many private physicians, hospitals and clinics had been quietly contravening the law for years⁵¹ But Scarborough was the first of metro Toronto's municipalities to "demonstrate its distaste for this ridiculous law [the CC prohibition of birth control]" and it attracted the attention of the press Privately, Kaufman was credited by Margaret Birch, who chaired the Scarborough Board of Health at the time and later became the Provincial Secretary for Social Development in Ontario, with having inspired this endeavour through his visit to the Board of Health⁵²

Kaufman seems to have been most active at the provincial level of government, specifically in Ontario In 1974, Ontario Health Minister Frank Miller announced the creation of "a comprehensive program designed to provide information, education and services, [to be] readily available and easily accessible to individuals who wish assistance in conception control and family planning" The program was justified through a number of arguments the earlier initiation of sexual activity and the consequent need to

⁵⁰ Editorial, "In Criminal Scarboro," *Globe and Mail*, (March 5, 1966)

⁵¹ In fact, Kaufman claimed that he provided birth control, at cost, to hospital clinics, Hugh Garner, "Mister Birth Control," p 11

⁵² Margaret Birch, Provincial Secretary, Ontario, Provincial Secretary for Social Development, to Kaufman, October 26, 1976, DL, PIB, Box 1, General Files - Planned Parenthood Dinner, October 26, 1976, Kaufman, letter to Ms Margaret Birch, April 6, 1977, DL, PIB, Box 2, File Birch, Margaret Margaret Birch paid this credit to Kaufman at his PPO testimonial luncheon, though presumably true in general, it is not entirely clear that Kaufman was a sole or primary motivating force In 1966, Birch explained the development of Scarborough's family planning program as a response to the high maternal mortality resulting from criminal abortions See Conference Report, Public Family Planning Clinics - How to Organize, How to Operate, November 17, 1966, Inn-On-The-Park, Toronto, G D Searle & Co of Canada, NA, MG281463, PFFC, Vol 46, File Health & Welfare, Research Grant - Conference Reports, p 20

promote "more responsible individual behaviour", the rapid rate of increase of therapeutic abortions and the potential health risks involved, the need to insure the "dignity and overall well-being of the people of Ontario", and finally, because "links can clearly be identified between high fertility and poverty, with its associated social ills"⁵³ Implementation of the new program was to be the responsibility of each local official health agency, with funds channeled solely through the Ministry of Health

In his attempt to influence the development of provincial fertility control policy, Kaufman appealed to the Ministry of Community and Social Services, representatives of whom sat on the Inter-Ministerial Committee on family planning Kaufman contacted the Minister of this program, René Brunelle⁵⁴ and met with Doris Guyatt, the Program Development specialist in the Social Services Division of the Ministry to whom he recommended the use of home visitation for clients of welfare organizations⁵⁵

More importantly, Kaufman presented a brief to the Ontario Cabinet in 1975 Justifying his input on the basis of his extensive experience "in helping about 250,000 women in family limitation", he recommended "that outreach programs, with the use of a home visitation service, would be useful in providing services, particularly to needy mothers who might be poorly motivated and unable to seek out services themselves" He argued that clinics were expensive and aided only those women in the self-supporting classes of society and failed "to reach the most needy"⁵⁶

At the level of the practical implementation of provincial fertility control policy, Kaufman had dealings with two regions He

⁵³ Remarks by the Honourable Frank S Miller, Ministry of Health, 'Conception Control and Family Planning," December 12, 1974, DL, PIB, Box 2, File Cabinet Speech, June 11, 1975

⁵⁴ Kaufman, letter to Brunelle, October 23, 1974, Brunelle, letter to Kaufman, October 30, 1974, DL, PIB, Box 1, File Cabinet Speech, June 11, 1975

⁵⁵ Doris Guyatt, letter to Kaufman, March 19, 1975, Doris Guyatt, letter to Kaufman, March 26, 1975, Rene Brunelle, letter to Kaufman, April 2, 1975, DL, PIB, Box 1, File Cabinet Speech, June 11, 1975, Doris Guyatt, letter to Kaufman, April 4, 1975, DL, PIB, Box 1, General Files - Planned Parenthood Dinner, October 26, 1976

⁵⁶ "Brief Read to Members of the Ontario Cabinet in Kitchener on June 11, 1975," DL, PIB, Box 1, File Cabinet Speech, June 11, 1975

responded to the request of the Waterloo Regional Health Unit for information about the birth control resources provided by his bureau⁵⁷ with a lengthy letter outlining his efforts. He argued that clinics were an "expensive failure" and that home visitation was an efficacious alternative, he also took the opportunity to heap scorn upon "Federal [birth control] Clinics in Ontario", the Federal Department of Health and Welfare, and provincial Children's Aid Societies⁵⁸. More fruitful correspondence developed between Kaufman and Gale DePauli, the family planning coordinator of the Hastings and Prince Edward Counties' Health Unit in Belleville. She had read Kaufman's brief to the Ontario Cabinet and was favourably impressed by his recommendation of home visitation. Given the rural nature of the area within her purview, Guyatt thought home visitation might provide the best delivery system and she requested Kaufman's direction⁵⁹. Kaufman responded with advice about a program that would most successfully target the social underclasses. He wrote that clinics were expensive failures and that "During recent months several clinic directors have contacted me because the clinics have not been successful, and apparently my simple and much cheaper method has been effective". Kaufman then listed his advice in the following order: the program was not to bother with educational literature, "those who need help won't read it and the taxpaying class has initiative to help itself, they should not expect the poor to attend a clinic, home visitation workers should be plainly dressed and approachable, workers should not avoid recommending sterilization, since "some parents cannot be helped except by sterilization", sterilization should be compulsory for parents who abuse their children, the program could use "grateful mothers" as promoters, and, the program could use application and history forms similar to those used by the PIB⁶⁰. DePauli responded to this letter with thanks, she wrote, "We support

⁵⁷ Dr G P A Evans, Medical Officer of Health for the Family Planning Local Advisory Committee and for the Waterloo Regional Health Unit, letter to the PIB, April 13, 1976, DL, PIB, Box 2, File Evans, Gerard

⁵⁸ Kaufman, letter to Dr G P A Evans, Medical Officer of Health, June 2, 1976, DL, PIB, Box 2, File Evans, Gerard

⁵⁹ Mrs Gale K DePauli, Family Planning Coordinator, Hastings and Prince Edward Counties Health Unit, letter to Kaufman, June 24, 1975, DL, PIB, Box 2, File DePauli, Gale

⁶⁰ Kaufman, letter to Mrs Gale DePauli, July 15, 1975, DL, PIB, Box 2, File DePauli, Gale

your program and would like very much to accept your invitation to come to Kitchener as a group to meet with you later in the year '61

At the federal level of government, Kaufman's influence was less significant than at the other two levels. This was partially due to the fact that the federal government had limited jurisdiction over family planning since health was primarily a provincial concern. Nonetheless, Kaufman clearly articulated his preferences for a family planning policy of home visitation rather than clinics, one that targeted the poor and left the well-off to manage themselves independently, and one that promoted sterilization. He also expressed his dissatisfaction with the practical consequences of federal policy. In 1969, Kaufman recommended through Dr. Robert Baird McClure, then the moderator of the United Church of Canada and a heavily-involved member of the Family Planning Federation of Canada, that "the government should advise all Welfare Departments to offer free family planning information to the dependent poor and also pay the cost of sterilizations not covered by insurance."⁶² He then directed his recommendations in a letter to the Federal Minister of Health, the Honourable John Munro in 1970. He expressed his pleasure with the legislative changes made by the government and the decision "to support family planning promotion in Canada and abroad, but I fear that the evidently logical methods of promotion in Canada may not be the effective ones." He followed this introduction with some "helpful suggestions in the formation of Government policy" which were the result of forty years of experience. Clinics were denounced as of little value since taxpayers had already reduced their birth rates while most welfare recipients would "not go to clinics for lack of initiative, clothes, time, transportation, etc." He promoted sterilization as more efficacious than contraception for such welfare recipients and encouraged the use of social workers who could visit parents in their homes. He wrote,⁶³

⁶¹ DePauli, letter to Kaufman, July 24, 1975, Kaufman, letter to DePauli, August 13, 1975, DL, PIB, Box 2, File DePauli, Gale. It is unclear whether this meeting ever took place.

⁶² Kaufman, letter to McClure, August 21, 1969, UCC, 83 069c, Box 13, File Miscellaneous 4

⁶³ Kaufman, letter to The Honourable John Munro, Minister of National Health and Welfare, September 24, 1970, NA, MG30E98, Vol 1. Kaufman makes a similar point in, "A R Kaufman's Experience and Observations in Doing Social Work, December 1976, OA, MU4468, File

3 Contraception for most welfare recipients is helpful only to a very limited extent on account of lack of motivation, caliber, etc and also due to the fact that assured family allowances, based on the size of the family, are no incentive to fathers of uncertain earning capacity to even look for work

4 Sterilization for either parent is the best method and now readily available, and also encouraged by Insurance allowance There have been 20,000 to 25,000 Vasectomies done in the last five years

In general, Kaufman was dissatisfied with the implementation of federal family planning policy. Misunderstanding the federal-provincial allocation of powers, he complained that the federal birth control clinics were failures⁶⁴ However, in 1972, Kaufman, who attended the first National Conference of Family Planning in Ottawa⁶⁵ must have been gratified to hear a presentation by Dr. Court Mackenzie, Chairman of the University of British Columbia's Department of Health Care and Epidemiology who claimed "that Canada's most successful family planning program was the one initiated in the Thirties by A. R. Kaufman of Kitchener"⁶⁶ Mackenzie estimated that Kaufman's program reached about one in ten Canadian families with more than 100,000

Kaufman, A. R. and in Kaufman, 'Notes for 'A. R. K.' for Interview on October 21, 1974 with the Honourable René Brunelle, Minister, Ministry of Community and Social Services, Ontario, DL, PIB, Box 2, File Brunelle, René. Kaufman's estimate of the number of vasectomies may not be that far off. In 1973, Grindstaff and Ebanks estimated that, at a minimum, 100,000 men in Canada had had a vasectomy. Grindstaff and Ebanks, "Vasectomy: Canada's Newest Family Planning Method," *Canada's Mental Health*, Vol 21, 5, (September - October 1973), p. 4

⁶⁴ Mrs. Gale K. DePauli, Family Planning Coordinator, Hastings and Prince Edward Counties Health Unit, letter to Kaufman, June 24, 1975, DL, PIB, Box 2, File DePauli, Gale, Kaufman, letter to Dr. G. P. A. Evans, Medical Officer of Health, June 2, 1976, DL, PIB, Box 2, File Evans, Gerard

⁶⁵ Photograph, National Health and Welfare Information Services, February 29, 1972, The National Conference on Family Planning in Ottawa, DL, PIB, Box 1, File Clippings. This picture shows Kaufman seated at a table with Dr. M. LeClair, the Deputy Minister of National Health at the official luncheon for delegates to the Conference. For information about the Conference, see 'Recommendations of the First National Conference on Family Planning, *Family Planning in Canada: A Source Book*, ed. Benjamin Schlesinger, (Toronto: University of Toronto Press, 1974)

⁶⁶ Kaufman's program most successful, *Globe and Mail*, (March 3, 1972)

women helped through home visitation

In general, Kaufman was less involved with direct lobbying concerning fertility control policy development and implementation than were activist, voluntary and professional organizations and individual parliamentarians. Instead, he was an avid letter-writer, firing off correspondence and PIB literature to journalists and to numerous other persons whose fertility control exploits he read about in newspapers and journals. One such correspondence was a letter to the editor of the *Globe* which articulated his position in an admirably pragmatic manner, in this letter Kaufman assumed the mantle of the defense of voluntarism. He argued that while overpopulation could "bring disaster sooner than we choose to realize," nonetheless "voluntary control may bring the desired results faster in Canada than attempted regulation which is almost impossible, and beyond the courage of politicians." He insisted that, though in general, Canada's birth rate had declined, this was true in spite of the "continued high birth rate in the families of those on welfare." As a result, "welfare organizations, and especially the Children's Aid Societies" should aid poor families to limit the sizes of their families, and would find that most poor families appreciated such aid. While it was true that "sterilization may be necessary in cases where motivation is lacking", he argued that "at least 90 per cent could be accomplished on a voluntary basis." He pleaded with his readers to try consensual programs before resorting to coercive ones saying, "I agree something must be done to avoid the severe penalties of population explosion, but why not try the voluntary methods first?" In closing, however, Kaufman adopted a more punitive language and argued for compulsory sterilization for criminals, a position less liberatory than that articulated in the remainder of the letter.⁶⁷

One of the most important lobbying organizations with which Kaufman had some dealings was the Family Planning Federation of Canada (FPFC)⁶⁸. The FPFC began as the Canadian Federation of Societies for

⁶⁷ Kaufman, "Overpopulation," *Globe and Mail*, Letters to the Editor, (September 30, 1969)

⁶⁸ For information about the history of this Federation see Ian Bain, "The Development of Family Planning in Canada," *Canadian Journal of Public Health*, Vol 55, 7 (July 1964), Raymond Boutin, "A History of the Family Planning Movement in Canada," in *Family Planning and Social Work*, Canada, Department of National Health and Welfare, Family

Population Planning in 1963 That same year it affiliated with the International Planned Parenthood Federation (IPPF), Canada was the thirty-second country to do so and one of the last of the "major world powers" to join (China and the USSR had not yet joined) In 1966, the Federation changed its name to the Family Planning Federation of Canada-Fédération pour la Planification Familiale du Canada (FPFC) and in 1975 the name was changed again to the Planned Parenthood Federation of Canada-La Fédération pour le Planning des Naissances (PPFC) The objectives of the Federation in 1969 were ⁶⁹

- a To provide a national organization for societies and associations with similar objects and to represent such societies and associations before any international planned parenthood association,
- b To promote research and education on population problems,
- c To inform the public on the problems arising from uncontrolled population growth,
- d To promote the understanding and adoption of family planning and to encourage good citizenship through responsible family life

In general, though he could agree with the FPFC's platform, Kaufman did not involve himself in the workings of this or other fertility control organizations ⁷⁰ He was asked to join the Federation but refused,⁷¹ he

Planning Division, (Ottawa, 1976)

⁶⁹ 'Family Planning Federation of Canada, Annual Report, 1969, NA, PPFC, MG28I463, Vol 4, File May 1970 - 1970 Annual Meeting (FPFC)

⁷⁰ Though he did join Zero Population Growth in 1975, see Dennis M Power, ZPG-Toronto Chapter, Department of Zoology, University of Toronto, letter to Kaufman, April 10, 1970, in response to Kaufman's letter of April 6, PIB, letter to ZPG, June 9, 1975, Chris Taylor, National Coordinator, ZPG-Toronto, letter to Kaufman, July 7, 1975, Kaufman, letter to Chris Taylor, July 23, 1975, Kaufman, letter to ZPG, August 21, 1975, PIB, letter to ZPG, January 30, 1976, Janice Palmer, President, ZPG, letter to Kaufman, February 15, 1976, DL, PIB, Box 2, File Zero Population Growth

⁷¹ Canadian Federation of Societies for Population Planning, Ottawa, February 26, 1966, the minutes indicated that the PIB had been asked 'again' to join the Federation, NA, PPFC, MG28I463, Vol 14 Kaufman was also asked to attend AGMs, November 4, 1972, for AGM in December, NA, PPFC, MG28I463, Vol 3 Mary Bishop, p 110

wrote "When the Family Planning Federation of Canada was organized, I decided I should remain independent in order to be able to act promptly and independently when considered advisable"⁷² But though Kaufman remained independent of these organizations, they adopted him as a pioneer of the movement they represented as did the Family Planning Division of the Department of National Health and Welfare, in operation from 1972 until 1978⁷³

Kaufman was more involved with the provincial family planning organization, Planned Parenthood Ontario than with the national organization. He received considerable help and encouragement from the Executive Director of the group, Eleanor McDonald, in the preparation of his brief for the Ontario Cabinet⁷⁴ and he lobbied the organization to prefer home visitation over the clinic delivery system of birth control, he even encouraged Planned Parenthood Ontario to consider persuading physicians who visited outlying areas several times a year "at Government expense" to provide sterilizations⁷⁵ It was through the efforts of the PPO that Kaufman received his most public congratulation - a testimonial luncheon in 1976. At this

⁷² Kaufman, letter to Marilyn E. Schuma, International Project, Association for Voluntary Sterilization, May 7, 1974, Ontario Archives. Kaufman, letter to Dr. C.P. Blacker, England, 6/3, 1965. "The Bureau co-operates with the local society members of the Canadian Federation of Societies for Population Planning but functions independently otherwise." Kaufman, letter to Department of Sociology, York University, August 20, 1968. "We are not members of the Family Planning Federation of Canada because we do not wish to embarrass the Federation by any change in policy or procedure prompted by circumstances as they arise."

⁷³ *Current Status of Family Planning in Canada*, second edition, Published by the authority of the Honourable Marc Lalonde, Ottawa, 1973, p. 2, Raymond Boutin, "A History of the Family Planning Movement in Canada," *Family Planning and Social Work*, Ottawa: Department of National Health and Welfare, Family Planning Division, 1976, pp. 17-18, *Family Planning in Canada: A Source Book*, ed. Benjamin Schlesinger, (Toronto: University of Toronto Press, 1974), dedication, Ian Bain, "The Development of Family Planning in Canada," *Canadian Journal of Public Health*, Vol. 55, 7 (July 1964). 'Historical Sketch,' Appendix A, Planned Parenthood Report, 1976, Thomas Melville Bailey, "For The Public Good, A History of the Birth Control Clinic and the Planned Parenthood Society of Hamilton, Ontario, Canada," (Hamilton: The Planned Parenthood Society of Hamilton, 1974) 3-4, 13, 23-25, NA, PPO, MG281463, Box 5/45, File III, Historical Matters.

⁷⁴ In fact, she encouraged him to tone down his vitriol. Kaufman, letter to McDonald, May 13, 1975, McDonald, letter to Kaufman, May 22, 1975, DL, PIB, Box 2, File PPO.

⁷⁵ Kaufman, letter to Eleanor McDonald, Executive Director, Planned Parenthood Ontario, September 8, 1975, DL, PIB, Box 2, File Planned Parenthood Ontario.

luncheon he was honoured as a family planning pioneer by members of the organized family planning community, by members of parliament and by notable Canadians, though not all attended, many sent their respects in their absence. Dignitaries of the Canadian family planning movement attended, in addition, Dr Benjamin Viel, the Regional Director of the Western Hemisphere Region of the International Planned Parenthood Federation gave a speech in Kaufman's honour. In his absence, a letter from Dr Robert Baird McClure was read. McClure, some of whose international fertility limiting efforts Kaufman had funded, expressed his "appreciation and gratitude" for Kaufman's unfailing support for his efforts in India and Malaysia.⁷⁶ Finally, Kaufman was presented with a plaque which celebrated Kaufman as "The Pioneer Canadian Family Planner", "Farseeing, Unstinting, Intrepid, he brought happiness to homes across the land"⁷⁷

Kaufman's close and collegial relationship with the PPO which had developed prior to and over the course of these proceedings was not to continue. As he aged, he grew even more dogmatic and resistant to the opinions of others. By the mid to late 1970s, Kaufman, who had never minced words, began to write with increasing vitriol about the objects of his fertility controlling interest.⁷⁸ He wrote about the dangers of "race" and "national" suicide as a consequence of the government support of the unemployed and the "social liabilities".⁷⁹ He recommended that parents on

⁷⁶ McClure, letter to Ms Eleanor McDonald, PPO, "Re Tribute to Mr A R Kaufman," September 21, 1976, OA, MU4468, File Luncheon for Mr A R Kaufman

⁷⁷ The luncheon took place on October 26, 1976, see DL, PIB, Box1, File General Files - Planned Parenthood Dinner, October 26, 1976. See '91-year-old family planner honored,' *Globe and Mail*, (October 27, 1976), p. 14, "Kaufman vision recognized," *K-W Record*, (October 30, 1976), 'Kaufman honored as birth control pioneer,' *K-W Record*, (October 27, 1976), "Lawbreaker 40 years ago birth control pioneer feted," *Toronto Star*, (October 27, 1976), p. E12. In 1973, Kaufman had been honoured by Ortho Pharmaceutical who opened a birth control museum and hung the portraits of five Canadian birth control pioneers Kaufman, Dr Elizabeth Bagshaw, Lise Fortier and George and Barbara Cadbury. See 'Family Planning Pioneers Honored,' *The Toronto Star*, (May 16, 1973)

⁷⁸ It is quite possible that this impression, which one gains from reading Kaufman's papers, is a material artefact - more of his correspondence survives from the 1970s than from other decades and the ideas expressed so blatantly in this correspondence are not essentially different from the attitudes he expressed throughout his career

⁷⁹ Kaufman, letter to the Honourable Rene Brunelle, October 23, 1974, DL, PIB, Box 2, File Brunelle, Rene. Kaufman, letter to the Mayor, Mrs E MacIntosh, Kitchener, Ontario, October

welfare be restricted to a maximum of two children, "as this new generation is likely to be unwilling to work when they see their fathers doing nothing I expect most of these children will not only be unemployed, but also unemployable, and may resort to crime to obtain money"⁸⁰ And he strenuously proposed the adoption of compulsory sterilization and even castration for a variety of crimes Rape "with violence" called for sterilization for a first offence and castration for a second offence Child abuse warranted the sterilization of both parents and sterilization was also to be offered to criminals for a six month reduction in prison sentence⁸¹ Finally Kaufman warned, with evident paranoia, that, "At the present I think we are heading for a time when the N D P , the Communists, and those on Welfare will combine to get the balance of power in the Federal Government, and perhaps even the control The Lord help us when the social liabilities control the country"⁸²

23, 1975, DL, PIB, Box 2, File Children's Aid Society, Ottawa Kaufman, letter to Mr John Crispo, Dean, Faculty of Management Studies, University of Toronto, January 8, 1975, DL, PIB, Box 2, File Crispo, John Kaufman, letter to Mr Garde Gardom, Attorney General, Victoria, B C , October 12, 1976, DL, PIB, Box 2, File Garde, Gardom Kaufman, letter to Ms Elizabeth Gray, June 17, 1975, DL, PIB, Box 2, File Gray, Elizabeth Kaufman, letter to P G Krishna Murthy, National Institute of Family Planning, October 7, 1976, DL, PIB, Box 2, File Murthy P G Krishna

⁸⁰ Kaufman, "Progress of Birth Control in Canada," December 31, 1974

⁸¹ Kaufman, letter to Robert A Undergrove, Research Librarian, George Washington University Medical Centre, February 7, 1975, DL, PIB, Box 2, File Population Information Program Kaufman, letter to H N Yacowar, Legal officer, Criminal law division, Attorney General, B C , October 25, 1976, DL, PIB, Box 2, File Yacowar, H N Dr Philip Alderman, letter to Kaufman, September 4, 1975, DL, PIB, Box 2, File Alderman, Philip Kaufman, letter to Ms Penny Fuller, Vancouver Rape Relief, August 25, 1975, DL, PIB, Box 2, File Alderman, Philip Kaufman, letter to Dr Robert Bates, Toronto Sick Children's Hospital, December 8, 1975, DL, PIB, Box 2, File Bates, Robert Kaufman, letter to Mr Garde Gardom, Attorney General, Victoria, B C , October 12, 1976, DL, PIB, Box 2, File Garde, Gardom Robert McClure, letter to Kaufman, September 24, 1974, DL, PIB, Box 2, File Dr Robert McClure Kaufman, letter to Dr Rena Paul, Training and Communications Minister of Metro Toronto's Department of Social Services, April 29, 1975, DL, PIB, Box 2, File Metro Toronto Department of Social Services "A R Kaufman's Experience and Observations in Doing Social Work, December 1976, Kaufman, letter to Department of Sociology, York University, August 20, 1968, NA, MG30E98, Vol 1, Kaufman, "Progress of Birth Control " 1969

⁸² Kaufman, letter to Dr G P A Evans, Medical Officer of Health, Kitchener, June 2, 1976, DL, PIB, Box 2, File Evans, Gerard 'A R Kaufman's Experience and Observations in Doing Social Work, December 1976 Kaufman, letter to Eleanor McDonald, September 8, 1975, DL, PIB, Box 2, File Planned Parenthood Ontario

Later in the same year as the luncheon, Kaufman refused financial support to PPO on the mistaken assumption that they supported the clinic system of birth control delivery, which Kaufman was convinced was of no value⁸³ Ironically, Eleanor McDonald, the Executive Director of PPO, had been favourably impressed by Kaufman's arguments in favour of home visitation and in opposition to clinics, the PPO only supported the long-standing Hamilton birth control clinic After Kaufman presented his brief to the Ontario Cabinet, McDonald wrote to him that she had had "the satisfaction of hearing a government official admit for the first time that clinics might not be the answer"⁸⁴ In addition, she had protested when the Ontario Government embarked on a clinic program⁸⁵ But Kaufman would not be swayed, he wrote, "at age 92, I withdraw from 45 years of active promotion of birth control"⁸⁶

Kaufman died ten days before his ninety-fourth birthday on February 1, 1979⁸⁷ Through almost a half-century of involvement with birth control, Kaufman had witnessed profound transformations in the social and political organization of fertility, and he had participated in these transformations as both practitioner and public promoter Beginning in the early 1930s as an eugenicist promoting birth control, Kaufman became a birth controller advocating eugenics, and despite multiple programmatic and geographic changes, he retained that agenda until his death Known better for his birth control efforts in the 1930s, Kaufman's post-war birth control involvements have gone largely unexamined by historians However, he continued his efforts Kaufman responded strategically to changed social circumstances, and though he retained his goals and preconceptions he

⁸³ Kaufman, letter to McDonald, December 29, 1976, DL, PIB, Box 2, File PPO

⁸⁴ McDonald, letter to Kaufman, August 25, 1975, DL, PIB, Box 2, File PPO

⁸⁵ McDonald, letter to Kaufman, January 7, 1977, DL, PIB, Box 2, File PPO

⁸⁶ Kaufman, letter to McDonald, January 7, 1976, DL, PIB, Box 2, File PPO

⁸⁷ 'Industrialist was Pioneer in Fight to Establish Birth Control Clinics, Obituary, *Globe and Mail*, Friday February 2, 1979

carefully modified his methods according to circumstance - the form of his efforts was altered, but the essential eugenic purpose remained unchanged. Kaufman continued to try to control the population growth of the social underclass and adopted new strategies to do so, in particular, he turned increasingly to male surgical sterilization. But Kaufman hoped to do more than simply implement his own birth control efforts in an eugenic fashion, he lobbied private organizations and all levels of government to encourage them to directly target the poor with their fertility limiting efforts. Though it is difficult to gauge the success of this agenda, or the extent of Kaufman's influence, the reception given his message by organizations and individuals suggests the continuing salience of the eugenic message in the construction of Canadian fertility control politics after the Second World War.

Conclusion

The politics of fertility control appear to be defined today by a public contest between social "progressives" and social "conservatives"¹ Such a polarity is often read into history and the "liberalization" of access to birth control is tautologically interpreted as an advancement in the cause of human or women's rights. However tempting such an interpretation may be, it does a disservice to the historical record and consequently to our understanding of the contemporary construction of the politics of fertility control. No simple dichotomy of "progressive" and "conservative" can account for the diversity of platforms among the historic advocates of birth control. Social "conservatism" is not a trans-historical value, eugenicists were generally deemed "progressive" according to the standards of their time, "feminists" were often eugenicists, and at different times members of both groups adopted varying positions concerning the value and appropriate forms of birth control. Yet some historians of the birth control movement in Canada have portrayed the movement as a contest between feminists and anti-feminists,² or as a near-teleological progression to the enlightened present.³ In fact, the historical birth control movement approximates neither of these characterizations. Rather, in both the past and the present, the politics of birth control represent ongoing and vigorous debates over the social construction of fertility. This thesis has attempted to establish that the logic of eugenics and population control - as epitomized by Alvin Ratz Kaufman - formed a continuous element in these ongoing debates and had an important, though incalculable, influence upon the practices and politics of

¹ Having recently attended a stakeholder's meeting for the provincial taskforce on improving access to contraception and abortion in British Columbia, I can attest to the continuing potency of this dichotomized representation of birth control politics.

² Dianne Dodd

³ Mary Bishop

fertility control. Furthermore, the fact of Kaufman's involvement with international population control efforts has suggested the permeability of national borders in the politics of fertility control. Not only did Kaufman's domestic and extra-domestic birth control efforts share eugenic premises and goals, they shared similar birth control methods and delivery systems, since the target populations were essentially similar, Kaufman could apply the lessons he learned about birth control strategies in Canada to his foreign enterprises and alter his Canadian program in response to intelligence gained overseas.

This thesis has not been the first to use Kaufman as a point of departure. All historians of fertility control in Canada, and James Reed in the United States, have examined aspects of his efforts. Kaufman's pre-war Canadian efforts, and in particular, the Eastview birth control trial have chiefly occupied the attention of historians. This trial certainly warranted attention. It was a near-perfect vehicle for the elucidation of the arguments used to successfully justify the provision of birth control in Canada in the depression. It has been convincingly argued that the central features of that public debate were ideas of economic and social good rather than individual need, put baldly, the court accepted that the public good was best served by the limitation of the fertility of poor women. The purpose of this thesis has been to expand upon the existing investigations of Kaufman's birth control efforts in the 1930s, to clarify the motivations and goals apparent in the development of his birth control programs, and to address key questions concerning his relations with physicians, his use of scientific data, and the assumptions revealed by the structure of his program - its centralized authority and control, selection of clientele and the types of contraceptives it promoted. In addition, this analysis has been extended to embrace those aspects of Kaufman's life which historians have left largely unexamined - his motives and programs after the Second World War and outside Canada - and questions concerning the similarities between his domestic and extra-domestic programs and between his pre- and post-World War II efforts were posed.

In chapter one I provided a brief biography of Kaufman. I examined two aspects of his public life other than his work in birth control - his labour relations and his involvement with organizational eugenics - and argued that both illuminated his attitudes towards the poor and the working classes and were therefore important in facilitating the interpretation of his fertility control efforts. I argued further that Kaufman's attitudes towards the objects of his fertility controlling interest were similar to those of two of his close colleagues in the birth control cause - Drs C J Gamble and R B McClure.

Chapters two and three both discussed Kaufman's pre-World War II domestic birth control program. Chapter two traced the development of this program and argued that it was structured in accordance with Kaufman's eugenic preconceptions and to compensate for the distributional limitations which were a consequence of the illegality of birth control and the professional disapproval which surrounded its use. Chapter two examined the expansion and spread of the PIB program, in particular, Kaufman's relations with members of the medical fraternity and his premature hopes for the assumption of responsibility for birth control by governments. The evidence indicated that it was Kaufman's desire to target specific populations for fertility limitation which resulted in the development of the PIB as it existed in the latter half of the 1930s, chapter three extended this thesis to argue that it was Kaufman's often invalid perceptions of the persons he provided with birth control which convinced him that the program he had developed was a success. Chapter three problematized Kaufman's use of the term "simple" contraceptive and closely examined his efforts to scientifically test the efficacy of these contraceptives. In a contemporary study of the Toronto birth control clinic, data which failed to corroborate Kaufman's preconceptions was developed but not used, instead, Kaufman developed and promulgated highly suspect quantitative analyses which confirmed his eugenic beliefs.

In chapter four I examined Kaufman's international population control efforts from the mid-1930s until the late 1970s. Kaufman was active primarily in Asian countries, with the sole exception of St Vincent in the Caribbean where he funded a sterilization project in the 1970s. Prior to the

Second World War he funded efforts in India and Korea, after the war, he turned his attention again to India, and also to Malaysia, Bangladesh and possibly Japan. The evidence indicated that there were substantial similarities between Kaufman's domestic and extra-domestic birth control activities, both in intent and in practice. Before the war, Kaufman promoted the use of "simple" contraceptives and endeavoured to establish a PIB-like home visitation system. After the war, he increasingly stressed the use of sterilization as a form of birth control, consequently, he developed closer relations with physicians than had been the case before the war.

In chapter five, I examined Kaufman's post-World War II domestic birth control efforts. After the war, the social and legal environment changed radically in Canada, from prohibition to promotion of birth control, birth control was legalized in 1969 and in the early 1970s the federal government established a Family Planning Division within the Ministry of Health whose *raison d'être* was to promote access to "family planning" in Canada. Kaufman's program was altered by these changes, his use of lay-prescription, home visitation and the mail-order delivery of contraception declined and in its stead he increasingly promoted surgical sterilization. Consequently, his dependence upon physicians increased. Yet despite these considerable changes, the goals and motivations of Kaufman's program were unaltered and in fact the inviolability of these central tenets facilitated many of the alterations that were made in Kaufman's PIB program, Kaufman's intensified lobbying efforts and his enthusiasm for sterilization were in part a response to his desire to see birth control provided to specific groups of individuals, rather than to the population as a whole. This chapter also examined Kaufman's role as a birth control advocate as he lobbied private organizations and three levels of government to develop and implement appropriate fertility control efforts. Just as for his own personal birth control efforts, Kaufman directed others to observe eugenic and population control priorities in developing programs that directly targeted the social underclass.

Few figures in Canadian history possessed Kaufman's

characteristics - independent wealth, generous philanthropy, opinionated determination and vigorous activism. And no other figure in the history of fertility control in Canada undertook efforts whose scope, size and endurance even approximate those sponsored by Kaufman. Yet despite the importance of Kaufman as an historical figure and despite the relevance of his efforts in the Canadian fertility control debate, the most analysed aspect of his efforts - the 1930s in Canada - can benefit by a closer examination, more importantly, the full extent of his involvements has not been examined. His international interests have been almost entirely ignored, while his continuing domestic efforts after the Second World War have warranted only passing mention. Yet these aspects of Kaufman's involvement with fertility control are not of secondary importance. Their careful analysis contributes to an understanding of the relevance of global population concerns in the Canadian fertility control movement - issues heretofore largely ignored in the Canadian literature. Furthermore, Kaufman's experience points to a somewhat misleading emphasis in the international population control literature. The fear of global "overpopulation" which occupied the interests of private corporations, national governments and international organizations after the Second World War represented a dramatic intensification of concern over the fertility of the foreign poor - but such concerns had a prior history, as Kaufman's pre-war international birth control efforts clearly indicate.

Kaufman attained considerable notoriety in his lifetime as a birth controller. He pursued his goal of restricting the fertility of the social underclass with a single-minded and strategic enthusiasm - targeting both the Canadian and the international poor. He undoubtedly earned the dubious honour of being named the "Father of Family Planning in Canada". Dubious because, as we can now see, the genesis and development of "family planning" has been intimately entangled with eugenic and population control agendas. Kaufman, however, would be pleased

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