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A PRESCRIPTION FOR THE ALLEVIATION OF WELFARE ABUSES AND ILLEGITIMACY*

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Control is the answer to the problem of rapid population growth. Irresponsible parenthood is compounding our welfare and illegitimacy problems and physicians can help by offering fertility control information to their patients in suitable cases.

The use of the word “prescription” suggests a state of illness for which a remedy is needed. Individuals may be sick or societies and nations may be sick, in the broader sense of the word. There is much evidence that both our country and the world are not in a very robust state of health or wellbeing.

Doctor Gregg, of the Rockefeller Foundation, has said, “The world may be thought of as having cancer and people are the cancer cells, growing in an uncontrolled and destructive manner.” The prescription for this type of world cancer is population control, but the difficulty seems to lie in getting the prescription filled and to the patient in time to obtain a cure.

Joseph M. Jones, in his booklet, “Does Overpopulation Mean Poverty?”, states, “The problem of rapid population growth will not be ignored, for it is like a volcano erupting on a plain — building a towering mountain before our very eyes. It has erupted because modern science has suddenly in our generation brought the world ‘death control.’ It will continue to erupt, and the mountain will continue to grow, until man’s will and man’s conscience combine with modern science to bring population growth under comparable control. There is no time to be lost, for unless action is taken promptly, the problem of a geometrically increasing world population may soon grow beyond control. It is spreading its dominion over human affairs and in many parts of the world it is already frustrating man’s prospects for self-fulfillment.”

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Albert Einstein, one of the most intelligent men of the century, places the responsibility more squarely upon the medical profession in his statement, "Progress of hygiene and medicine has completely altered the earlier precarious equilibrium of the quantitative stability of the human race. I am therefore firmly convinced that a powerful attempt to solve this tremendous problem is of urgent necessity."

Some attempts are being made by a relative few dedicated and far seeing people. The United States Government continues to avoid the basic relationship between excessive population increases and depressed living standards and starvation and seems determined to foreign aid this country into bankruptcy without substantially improving the lot of those in the depressed areas. The medical profession continues on the traditional path of lowering death rates all over the world, now trying hard to eliminate malaria — one of Nature's greatest checks on excessive fertility — and hides its head in the sand in an attempt not to see the other half of the equation or any obligation to balance birth rates to the declining death rates.

**MEDICAL APATHY**

There are good reasons why so many medical men are psychologically and philosophically apathetic toward fertility control. Doctors are conservative by nature and any radical changes in point of view are only slowly accepted. This is proper as long as conservatism does not prevent growth and expansion. The Rev. Fosdick's concept that "indiscriminate human spawning serves no useful purpose" still seems shocking and radical to the ultra-conservative.

Thirty years ago I was one of a group of young physicians making ward rounds with an eminent professor of obstetrics and gynecology in one of our largest medical schools. We came to a patient who was obviously exhausted in body and mind from too frequent child bearing and who could ill afford to raise the newest addition to her already large number of children. One of the group asked the professor as to the advisability of offering this woman a sterilization procedure. His reply was, "Gentlemen, it is not in the province of the physician to attempt to ameliorate economic and social ills by means of the scalpel." This was a somewhat verbose way of saying that doctors should stick to their healing and not become involved with problems unrelated to sickness. Many physicians still have this philosophy, to which, of course, they are entitled, but there is a trend for medical men to become more active in all kinds of social, economic, community and even political matters. In my opinion this is not only a good thing, it is absolutely essential.

Times have changed and medical attitudes must also change. There is too much at stake for ourselves, our children and humanity for the medical profession to continue ignoring these problems. How can any rational and intelligent person fail to realize that much of the suffering and misery in the world today stems from medical advances as related to reduction of death rates and that we therefore have a responsibility and even an obligation to help in any way we can to ameliorate these economic and social ills? Are welfare abuses and illegitimacy serious enough problems to warrant the attention and effort of medical men? I believe they are.
ILLEGITIMACY

The welfare problem is related to socialism, security and freedom. The people who established this country, from the Pilgrims to the Forty Niners, had such a dedication toward freedom that they were willing to live under circumstances that afforded almost no security. Their emphasis was often different, one group was determined to worship as they saw fit while the other was more interested in freedom to use their six shooters. There was plenty of freedom, no security and only a little welfare. If a man was unable to take care of himself, or of his family, he did not long survive. We have advanced far along the road to the Welfare State and our dearly won freedoms have gradually been regulated, modified or eliminated. The medical profession has stood aloof while these changes were taking place and it is only recently that there has been concerted and organized action by the doctors to protect their freedom to practice without governmental interference. Perhaps we have waited too long.

In December 1961, Abraham Ribicoff, the then Secretary of Health, Education and Welfare, said there were 7,250,000 persons in the United States on some kind of relief or welfare aid and that the problem cannot be solved by government alone. One wonders what other methods of solution he might have had in mind.

On April 14, 1962, the Conference on Economic Progress claimed that more than 77,000,000 Americans or more than 2/5 of the Nation, lived in poverty or deprivation in 1960. Their report went on to say, “Our economic growth during the past nine years has been little better than half the needed rate and small progress has been made toward solving what President Kennedy has called the major domestic problem for the 1960’s — to prevent technology and automation from continuing to cause increased unemployment and idle plants.” If 2/5 of the people in America are now living economically substandard existences what will be the situation by the years 2000 — only a scant 38 years away — when our population will probably have doubled and be around 400,000,000? Many of us shrug such a question off with the remark, “Oh, I don’t worry about that because I will not be around by then.” But our children will be — if spared an atomic holocaust — and our grandchildren. Is it fair to them to ignore this ever increasing problem?

WELFARE TRENDS

In March 1962 the Chicago Daily News contained this item: “The burgeoning cost of public assistance in a time of unprecedented prosperity clearly calls for drastic measures. Somehow, the trend has to be reversed or the productive portion of society will be dragged down by the burden of supporting the unproductive.” What is the trend that has to be reversed and how can it be? William Vogt, in his excellent book, “People,” tells us that by the year 1965 — if present rates continue — half the babies born in the Metropolitan New York area will be born to indigent families on relief. That is the trend. The recipients of welfare funds are outbreeding the taxpayers who supply the money.

In 1960, 830 million tax dollars went to support unwanted or inadequately cared for children in the United States. This figure, incidentally, is nearly four times
the amount that was spent by the U. S. State Department in the same year. Support of dependent, neglected and delinquent children in Philadelphia was just under $25,000,000 in 1959, which amounted to $23 for every Philadelphia taxpayer. The alarming thing is the way these figures are growing. From 1938 to 1960 the number of these unfortunate children in Philadelphia, who exist on public charity, grew from 9,800 to over 56,000 and there is a tendency for these figures to double every 10 years. The states are finding it increasingly difficult to meet these huge bills and are asking for more and more federal help, which has more than doubled in the past 10 years. In 1953 federal aid to states was about $4,000,000,000 while the 1962 figure will approximate $10,000,000,000. Old Age Assistance, Unemployment Compensation and Work Programs in depressed areas are going to require increasingly huge amounts of tax dollars — $900,000,000 has just been appropriated — and it is difficult to see any realistic escape from an ever greater tax burden for our descendants. Fertility control or voluntary, responsible parenthood can, however, make a substantial contribution in these areas.

For example, let us take two mythical and non-existent families and call them Smith and Jones. Mr. Smith is an educated and hard working citizen who supports his wife and three children and pays taxes. Mr. Jones might be described in the socially acceptable term as "unfortunate," which means he never had the advantage of a good background, adequate education or any special abilities which might have made it possible for him to support himself, his wife and 10 children. His various brief periods of employment did not provide nearly as much money as was needed for his large family nor as much as they received by going on relief.

Let us now make a big assumption and say that the Smiths were a three-child family and the Jones a 10-child family, each continuing in this pattern for two generations. Under such circumstances Mr. Smith would have 27 great grandchildren who would have to work hard and pay taxes to support the 1,000 great grandchildren of the unfortunate Mr. Jones. There are many inadequacies in such an over-simplification of the problem such as a few worthless alcoholics turning up in the Smith family and a President of the United States or a second Ben Franklin appearing in the Jones line, but I feel it does illustrate how rapidly those on welfare may outnumber those who feed them. There are also many who feel that intelligence is strongly hereditary and that there is an alarming fall in our national intelligence level for these same reasons.

Our Declaration of Independence tells us that we are endowed by our Creator with certain inalienable rights which include life, liberty and the pursuit of happiness. How much happiness does the 2/5 of our population that live in poverty and deprivation enjoy? Are our 7,250,000 unemployed pursuing much in the way of happiness? We have a very basic and a very simple question that needs to be answered. As a part of their right to pursue happiness, as a means of exercising some of their freedoms of choice do Americans have the privilege of deciding how many children they wish to have? Do they also have the freedom and the right to choose the method they will use?
ILLEGITIMACY

I saw a poster in a trolley car in Philadelphia picturing a housing development with the words, "Support every citizen's right to buy the home of his choice regardless of race, religion or nationality." It was signed by the Commission on Human Relations. Would this Commission also support the right of every married couple to fill the home of their choice with the number of children of their choice? The Smiths planned their family of three and a few would criticize them for doing so. No doubt the obstetrician or family doctor helped them to regulate their fertility to the desired number. Did the Joneses, struggling along on relief, want to compound their problems to a total of 10 children? Probably not, but they were too ignorant, uneducated, shiftless or irresponsible to do anything about it.

For 25 years I have seen these Mrs. Jones type of patients in the maternity prenatal clinics in various hospitals, registering for their third to tenth pregnancy. I would usually ask them if they wanted to have any more children subsequent to the present pregnancy and they would reply with varying degrees of profanity that they had not wanted the last four, five or six, etc. Then the woman would be told that as a great favor to her we might be able to fix her so that she would never have any more children. It is very important to spend a few minutes in explaining the details of a postpartum tubal section and to stress that no organs are removed, that she will still menstruate, not "lose her nature" and will not know that anything has been done except that she will never have to worry about getting pregnant again. The patient is told that the operation will be done the day after delivery, barring any serious complications, that it only takes about 20 minutes, that she will feel no pain during it and should be able to go home on her fourth or fifth day. Many declare this to be the best news they have heard in years. I have never had any woman offended or upset because of offering her a sterilization but there have been some who could not accept it because of their religious beliefs. Over the years it has been surprising how many have not allowed their religion to take precedence over their desire to avoid future pregnancies so the particular denomination or type of religion should not prevent a physician from suggesting the procedure.

ASPECTS OF CONTROL

There are very few people who object to the basic principle of voluntary, responsible parenthood. They agree that a child's first birthright is to be wanted and that couples should be allowed to plan the size of their families. Contention arises mostly because of differences of opinion as to the methods to be used. We recognize that there must be different methods of fertility control for individual couples and endorse the physiological, chemical or mechanical techniques. Many welfare recipients are unable to effectively use any but the surgical method with the possibility that the new, plastic-uterine ring may in the future become the method of choice for such patients. Selection of suitable techniques is a medical problem and must be solved by cooperation between the physician and the patient.

In the past two and one-half years the Human Betterment Association has received over 3,000 requests for help from men and women who wish to terminate
their fertility. These have come from every state in the union, representing a wide cross-section of the population. Some are on relief and state that they feel it is unfair and unwise to have more children than they can care for while others may be from the high income bracket who have never found a satisfactory contraceptive.

A few examples:

1. A woman about to undergo her sixth Caesarean section, in poor general condition, most anxious to avoid any more operations and told by her doctor that because of local regulations he is not permitted to cut her tubes.

2. Many women on relief with up to 10 or more children who have gone from clinic to clinic begging for sterilization and told it cannot be done. One such was an epileptic who had as many as 20 seizures in 24 hours when she was pregnant.

3. Patients with all manner of gynecological complaints, from excessive bleeding to prolapse, who are refused help in the form of an hysterectomy which would solve both their medical problem and anxiety as to unwanted future pregnancies.

4. Frequently the reports indicate sympathetic doctors who say they would like to cooperate but cannot do so because of hospital rules, County Medical Society regulations or because they fear repercussions from the Accreditation Commission, the AMA, the College of Physicians or even the district attorney.

Rules can be changed and most of the fears are groundless, as far as voluntary sterilization is concerned. Only three states — Connecticut, Kansas and Utah — have laws which prohibit even voluntary sterilization except for so called “medical necessity.” This is a vague term and might quite properly include psychiatric as well as strictly physical indications. There are no legal restrictions on non-therapeutic voluntary sterilizations in the other states and on July 15, 1962, a new statute, legalizing voluntary sterilization, became effective in Virginia. This law requires the written approval of two physicians and the spouse — if any. A 30-day waiting period is required between the decision and the operation, which must be performed in an accredited hospital. It is to be hoped that other states will follow the example of Virginia so that physicians will feel free to perform sterilizations for socio-economic indications without uncertainty as to their legal status.

The Accreditation Commission has stated in writing that their only concern in the sterilization controversy is that each hospital establish its own rules in the matter and then abide by these rules. Whether the rules are liberal or conservative is not in their jurisdiction.

The Legal Council of the AMA has no fixed policy about voluntary sterilization but advises against the non-therapeutic variety because of possible legal difficulties in some areas.

We see, then, that in most hospitals the doctors may write their own tickets, as far as voluntary sterilization is concerned. All that is needed is a little courage
and perseverance. It is best to have a sterilization committee appointed of not more than five physicians and allow a majority vote to decide the issue. A properly worded and easily understood legal release should be signed by the patient and spouse or guardian in the case of a minor. With a few precautions and a common sense approach there is nothing to fear and if all over the country voluntary sterilization were offered to indigent patients more could be accomplished in the reduction of welfare abuses in the future than could be achieved by any other method.

Illegitimacy involves too many problems of a moral, social, economic and philosophical nature to be discussed other than very briefly here. It is widespread and one out of every 20 babies born in the United States is illegitimate. The District of Columbia has the highest rate in the country with one out of every five babies born. About 200,000 illegitimate babies are born every year in this country.

How does one inculcate higher moral standards in the young? We have no simple prescription to offer for the young, unmarried girl who gets into trouble. This type of case is an individual and family problem but is not of public concern. Our prescription is intended for places like Cook County, Ill., where there are 140,000 children in families on relief. The fathers frequently disappear and leave the mother to bring up the children as best she can on limited funds. Forty-seven percent of these 140,000 children — nearly half — are illegitimate and probably a much higher percentage were unplanned and unwanted by their parents. The economic and social problems that develop from this type of environment are legion.

One unmarried woman in Philadelphia, who had been on relief all her life, produced 11 illegitimate babies over a 12-year period. She had these children in the free wards of hospitals at taxpayers' expense and undoubtedly would have been delighted to sign the sterilization papers after two or three, but no social worker, nurse or doctor ever suggested it. Is it fair to the community, the patient or the poor children who are condemned to a miserable existence under sub-standard conditions? Much of her welfare money was spent in ubiquitous tap rooms. We are convinced that very few women on relief deliberately have new models every year because of the slight increase in the size of their check with each additional baby. If offered sterilization the worst that could happen would be the patient's refusal, so why not? Most would welcome the procedure.

**SUMMARY**

Involuntary, irresponsible parenthood is compounding our welfare and illegitimacy problems. Physicians should recognize the seriousness of this problem and offer fertility control to their patients in suitable cases. In areas where there are restrictive regulations in this regard the doctors should make an organized stand in favor of their right to practice medicine as they see fit for the mental, physical and spiritual benefit of their patients. Governmental hand-outs and welfare systems cannot solve this ever-increasing threat to our way of life without the active cooperation and assistance of the medical profession.