

*Population and Reproductive Health
Oral History Project*

Sophia Smith Collection, Smith College
Northampton, MA

Henry P. David

Interviewed by
Deborah McFarlane

May 3 and 6, 2005
Bethesda, Maryland

This interview was made possible with generous support
from the William and Flora Hewlett Foundation.

© Sophia Smith Collection 2006

Narrator

Henry P. David, Ph.D. (b. 1923) is founder and director (since 1972) of the Transnational Family Research Institute. A clinical psychologist, he has collaborated in path-breaking studies, including a case-control study over a thirty-year period of Czech children born to women twice denied abortions, as well as a Danish study of the psychological effects on women experiencing abortion. David is the founder of the Psychosocial Workshop at the Population Association of America.

Interviewer

Deborah R. McFarlane is professor of political science at the University of New Mexico. She is the author, with K.J. Meier, of *The Politics of Fertility Control: Family Planning and Abortion Politics in the American States* (Congressional Quarterly Press, 2001). McFarlane worked as an administrator and a consultant in reproductive health in the U.S. and internationally for more than three decades.

Restrictions

None

Format

Four 60-minute audiocassettes.

Transcript

Transcribed by Wanda Strukus; audited for accuracy by Hunter Styles; edited for clarity at the Sophia Smith Collection by Revan Schendler. Transcript has been reviewed and approved by Henry P. David.

Bibliography and Footnote Citation Forms

Audio Recording

Bibliography: David, Henry P. Interview by Deborah McFarlane. Audio recording, May 3 and 6, 2005. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Henry David interview by Deborah McFarlane, audio recording, May 3, 2005, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 1.

Transcript

Bibliography: David, Henry. Interview by Deborah McFarlane. Transcript of audio recording, May 3 and 6, 2005. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Henry David, interview by Deborah McFarlane, transcript of audio recording, May 3 and 6, 2005, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 23.

*Population and Reproductive Health
Oral History Project*

Henry P. David

Interviewed by Deborah McFarlane
May 3 and 6, 2005
Bethesda, Maryland

McFarlane This is May 3rd, 2005, and I'm at the home of Henry David in Bethesda, Maryland. Thank you very much for agreeing to be interviewed for the Population Pioneers project. I think I'd like to start by just referring to some of the material that has been written about you and the oral history you did, or maybe you can just refer us to the first oral history so that anyone reading this transcript in the future will be aware of that.

David Yes. Well, First of all thank you for coming, thank you for inviting me. I'm deeply honored to participate in this project. There is a previous oral history, which was done by Jean van der Tak on behalf of the Population Association on February 13, 1992. And I also published an autobiography in a book entitled *Light from the Ashes*, edited by Peter Suedfeld for the University of Michigan Press, which was published in 2001. I'm delighted to review some of my personal background now, if you wish.

McFarlane All right. Thank you. Let's start with where and when you were born.

David Okay. I was born on 28 May, 1923—eighty-two years ago, almost, in Hagen, Germany. Hagen was a mid-sized town in the western part of Germany, in the Ruhr valley, and as far as I can tell, my family goes back for almost a half a century in Germany. My great grandfather was an importer of optical goods

and my grandfather was in the iron and steel business. My grandmother was one of the first German governesses in England. They were very active in the Jewish community. I was able to go to the local gymnasium because my father had been a non-commissioned officer in the First World War, and there was a special dispensation for such children. But towards the end, which was 1936, I was told that I would not be able to go to school any longer in 1937, and as it turned out, I had been the only remaining Jewish student in this gymnasium, the only one not a member of the Hitler Youth.

Apparently my father discovered that there was an organization called German Jewish Children's Aid Committee in New York City, which was interested in bringing German Jewish children into the United States. But there were certain restrictions. These included that the child at that time had to be under fourteen years of age, because there was a Depression in the United States and they didn't want anybody who might take a job away from someone in the United States. Then there were [conditions set by the receiving family].

The family that was interested in me was Dr. J. Victor Greenebaum in Cincinnati, Ohio. He was a well-regarded pediatrician and his wife was the president of the Council of Jewish Women at the time. They had a handicapped son, who [had cerebral palsy], and they were interested in a boy under fourteen years of age whose father was a professional person, such as my father, a lawyer, and they wanted someone whose father was a stamp collector, because Dr. Greenebaum was an avid stamp collector.

McFarlane And they could be that specific?

David They could be that specific.

McFarlane There were that many people trying to get places.

David I don't know how it happened, but my father apparently arranged something and a social worker came to meet us, and asked me if I wanted to come to the United States. I said yes immediately, because cowboys and Indians were the stuff I read, dollars were growing on trees, but most important, it had been made clear to me that I could not continue my education in Germany.

McFarlane Were you afraid? I mean was the—

David No, it wasn't so much that I was afraid. At that time, in 1937, there were concentration camps, too, but nothing like the extermination policy, which started after 1939. For example, we lived in an apartment house in Hagen, very near City Hall. My father not only was a lawyer; he was also a labor judge. He was a representative of the Social Democratic Party in the local city council. As a matter of fact, he was re-elected in April of 1933 after Hitler—the last honest election in Germany, but he was not permitted to take his seat.

McFarlane Interesting.

David My father had been active in many, many civic boards, the opera, music, symphony, all those things. Above us in this apartment building lived a physician who was an early member of the Nazi Party, and he had a son about my age. We used to walk to the gymnasium together until his father forbade him to walk with me. One of my memories of that time was, after Hitler came to power there was a march, a parade of Hitler Youth through the streets, and here was Werner, my friend, walking proudly with the Nazi flag and holding a torch. I stood behind a curtain looking at this through the window and wondering why I couldn't march also. That was when I became aware that I

was different. Why? Because I was Jewish. And being the last Jew in the gymnasium made it clear that I had no future in Germany.

McFarlane It must have been really frightening to leave your parents.

David Well, my parents handled that very, very well. We had a sentimental breakfast before I left on the boat, the *SS Roosevelt*, an American ship. My father handed me a letter, which I was supposed to open on my birthday. My mother of course was greatly saddened, but my father said, We will see each other again. But of course, nobody knew at that time. My birthday, my fourteenth birthday was on the boat, so I just beat the deadline. As it turned out, I was one of ninety-two children who came over to the United States on this program [in 1937]. There's a sad note to that, because they had visas for 120, but they couldn't fill them all. They couldn't find enough families to take children, and so only ninety-two came. As a matter of fact, in the period—

McFarlane American families?

David Yeah, American families.

McFarlane To take them.

David Yeah. In the period—I think it's 1934 to 1944, the end of the war, only a thousand children came, and there's now an organization called One Thousand Children, which is sort of carrying out the history, recording the history of these children. It's a very interesting story, because no one in the United States government paid much attention to it except Mrs. [Frances] Perkins [then secretary of labor], who talked with Eleanor Roosevelt, and the story has it—I don't know if it's correct—that it was Mrs. Roosevelt who arranged these visas.

McFarlane Do you have other siblings?

David No, I have no siblings. I came into the home of the Greenebaum family, and they accepted me immediately, as Uncle Victor and Aunt Fannie made it very clear that they were not adopting me, that I was just there temporarily. But, I was a member of the family, on my very second day in the United States, Aunt Fannie took me shopping for American clothes so I could get rid of all my German clothes. I changed my name from Heinz Phillip David to Henry Philip David, I was determined to become an American.

McFarlane Did you speak English?

David I spoke very little English. One amusing incident, perhaps it's worth recalling: Uncle Victor met me in New York and we took a Pullman train to Cincinnati. We communicated by my very little English and his very little German, and a dictionary between us. When he asked me the next morning what I wanted for breakfast, the only thing I could think of was steak. (McFarlane laughs) And he laughed and ordered Wheaties. To his dying day, he never tired of telling that story.

McFarlane So you were in Cincinnati and entering an American school, having to learn English.

David I went to summer school. I arrived on June 6th, the anniversary of VE Day, the invasion of Europe day, and I was immediately put into summer school at one grade lower than where I should have been. I devoted myself to learning English and becoming a good student.

I had not been a good student in Germany. There was too much stress and strain and everything else. But one of the instructions of my father had been that I would please the foster parents by doing good schoolwork. So I was

highly motivated to do that. As a result, I was able to then jump from the seventh grade to the ninth grade, where I actually belonged, and graduated from high school in three years. So, perhaps I was a nerd, but I was very much oriented to doing well. I identified with my fellow American students. I did not particularly make friends with other German Jewish refugee kids.

McFarlane So there were a number of kids—

David Yes. But not like me. I mean, they came with their parents, the others. And I must say the Greenebaums were very dedicated, sent regular reports to my parents, and eventually gave an affidavit to my parents to come to the United States. The history behind that is that my father was far more German than he was Jewish. Having been a veteran of World War I, he was thoroughly assimilated, as was my mother, and they were active in an organization, the Association of German Citizens of Jewish Faith. The German citizen came first. And they always believed that the “good Germans” would realize what Hitler was doing and that this would change. However, in November of 1937 occurred the so-called Kristallnacht, the Night of Broken Glass. My father was tossed out of his first-floor window. In the meantime, I should say, we had moved from the apartment that we had lived in into the home of my grandmother because my father could no longer practice, so we had moved into that house, and—

McFarlane And that was before you left?

David Yes—no, no, no. This was in 1938. I left in '37.

McFarlane So you were still in your apartment when—they were still in the apartment when you left?

- David** No, no. We had all moved to the house in about, I forget, '35 or so.
- McFarlane** Okay.
- David** I left in '37. The Kristallnacht occurred in November of '38. And that changed my father's mind. The Greenebaums immediately gave an affidavit on the strength of which my parents could apply for a visa to come to the United States. But by that time, then, there was a long waiting list. So through other connections my parents were able to get a visa to go to England. They went to England about six weeks before the war, in 1939—with nothing. My father was promptly interned by the British because he had been an officer in World War I. In those early days of the war, there was no difference between Jews and non-Jews. He was just a German alien. It took about three, four weeks to get my father out of internment. Then shortly before Pearl Harbor, maybe a month or two, their [American visa number] came up and they were able to come to Cincinnati in 1940—or '41. When was Pearl Harbor, '41?
- McFarlane** Forty-one.
- David** Yeah.
- McFarlane** So you hadn't seen them for three years?
- David** No. Yeah. And that was a difficult readjustment, because I suddenly had two sets of parents.
- McFarlane** And American parents and (unclear)—
- David** And I, uh, rejoined my parents, started to work, first in the afternoons, and I had been given a scholarship to the University of Cincinnati and I—the second year I worked full time and went to school at night. And then the third year, then I went back as a sophomore, and at that time, I joined the Army Air

Force.

McFarlane So were you in high school, or had you finished by the time your parents came?

David I had finished. I was in my first year, as a freshman, at the University of Cincinnati on a scholarship from the Council of Jewish Women when my parents came. I finished the first year, working in the afternoons and on Saturdays. My second year, I worked full time and went to school at night.

McFarlane Because your family needed the income?

David Yes. Yes. Yes. But there's a nice story, a nice connected story. My father started out as a night watchman in Cincinnati, and my mother as a practical nurse. But with the beginning of the war, there was a shortage of people with certain skills, and when the job of the superintendent of a home for Jewish aged became available through good friends of the Greenebaums, the board invited him to become the superintendent, and my mother became the matron.

The story I wanted to tell was that the Greenebaums and their family paid a year's rent on the apartment my parents and I occupied, and my father, being a very proud man, saved money and eventually wrote a check to give back [the rent] to the Greenebaums. But they took the check and donated it to the Committee for New Americans. So it helped other people. My relationship with these people was very, very close, and the best way to describe it today is to say that my parents are buried in the Greenebaum family plot in Cincinnati.

McFarlane Wow.

David So they really accepted me in every possible way. The boy for whom I was to be a companion died about a year and a half after I arrived, so, it was a very,

very unusual relationship.

McFarlane They needed you, too.

David Yeah, and it stayed that way. And my parents became part of the family.

McFarlane So, you're studying now, and they've helped that to happen. What were your aspirations at the time?

David I wish I knew! (laughs) I was occupied with work and study, and by the time of my sophomore year, I really had no idea what I wanted to do. I always thought I might be a lawyer as my father had been, but I had a speech defect—I was a stutterer—and I felt that would not be helpful for that. But I really didn't know what I wanted to do, so I went into the Army Air Force. Do you want me—

McFarlane After you finished school?

David After my sophomore year.

McFarlane Oh, after your sophomore year only.

David Yeah. Yeah. And, um, I was very lucky. I've had serendipity in so many instances. I was in basic training in Miami Beach, and I don't think the Air Force knew what to do with me either, because I didn't have any special skills. And so I ended up being assigned, by good luck or karma or whatever you want to call it, to a psychological examining unit in Miami Beach. The function of that was to test candidates for positions as pilots, bombardiers, and navigators. I did all kinds of testing with these people. I was the lowest-ranked person in the outfit. Some very distinguished psychologists, Ph.D. level, were the head of it. In fact, the head of the whole, whole thing was a Colonel John Flanagan, who eventually established the American Institutes for Research, A-I-R for AIR. And I didn't know that I would eventually work at AIR. But that's

how things got started.

McFarlane And you found the work you were doing interesting.

David Yes. Yes. But there were other developments in the military service which pushed me even more in that direction.

McFarlane Please go ahead.

David I became a classification specialist, the person who was supposed to assign privates to jobs. I ended up at the headquarters of one of the Air Force wings, I think the Eighth or Ninth Air Force in Colorado Springs. And suddenly I got a letter or a telegram then to report to Greensboro, North Carolina—I had no idea for what—but when I got there, I found almost all the people who were assembling being German Jewish boys in the military. Nobody would tell us what we were going to do. We marched around singing German songs and German this and that. Nobody told us what our mission would be. Then we were shipped out to London, and in London we were told that we now constituted the United States Strategic Bombing Survey, which had been set up by President Roosevelt to study and assess the physical, economic, and psychological effects of the air war.

McFarlane So how did that work?

David I was assigned to the morale division, which was the psychological unit. It was headed by Renis Likert of the Likert scale from Michigan, and Otto Klineberg, the social psychologist from Columbia, and Ted Newcomb from Michigan. Our first job was to read captured mail and to see if people wrote about the effects of the air war.

McFarlane Captured mail would have come from—

David From Germany. How it was captured, I don't know. And then, towards the end of the war, close to it, we were transferred to Germany. I was right behind the front lines to occupy official Nazi buildings, particularly the one in Munich, which was the headquarters of the Nazi Party. I remember very vividly patrolling through that building with another guy when two German soldiers came up and before I could even shoot, my colleague had shot them both. So that was one episode. And in London I was nearly killed because I refused to go into the air raid shelter. And I'll show you a little later my souvenir of a V-2 bomb, which bounced, part of it bounced on the floor and then on me on the bed where I was. But it was spent by then. So those were some of the events.

McFarlane So you're going—you're near the front line.

David Right. Right behind the front soldiers to capture documents and—

McFarlane Yeah, if you're—they're still German soldiers patrolling.

David Right. And then I became the jeep driver, bodyguard, and note-taker for Professor Otto Klineberg, who was interviewing top Nazi officials in a camp appropriately called Camp Ashcan. I've developed a nice, close, personal relationship with Otto, which influenced my later life. He became a real mentor.

McFarlane What an experience. So you were taking notes during these interviews.

David Yes—with some top Nazi people. It was a very unique experience for a young boy, a young man at that time. After I was discharged from the military, I returned to the University of Cincinnati, and it was then that I decided that I wanted to go into psychology, as a result of the Miami Beach and the Klineberg experience. I got my BA and then my MA very, very quickly.

Everybody in those years wanted to get these veterans out. But there was no future for me in the Cincinnati program, because it was not oriented to clinical psychology.

McFarlane And that's what you wanted to do.

David And that's what I wanted to do. And the reason for that was that the Veteran's Administration had a program of paying for your tuition and other things if you went into their program.

McFarlane The clinical?

David Yeah, so I did. And of course, when I felt that Cincinnati was really not one of the best schools in this field, I applied to some others, including Columbia University, where after all, Klineberg was. I was one of I think ten or fifteen students admitted [annually] to the clinical psychology program. I was always convinced it was because I came from Cincinnati and not from New York City.

McFarlane Ah, geographic. Let me back up a little and ask you, during these Klineberg interviews in Germany, how did that influence you as a person and as a psychologist?

David Well, it taught me, for one thing, that the strategic air war was all, all wrong, that instead of people hating their own government they disliked those who dropped the bombs from the air. This was no way to convince people to give up or surrender or go against their own government. In fact, their morale became strengthened and reinforced by sharing the same experiences. Moreover, the Germans had very successfully placed most of their key production underground, which were not hit very much by the bombs. But the

bombs made life very, very difficult. They destroyed houses, they ruined the electricity, the water system, the food distribution, and this all resulted in a reaction that was hostile to the Allied forces. So from a psychological perspective, this was all wrong and it was so described in the report of the unit, which was published some years later.

McFarlane Okay. Thank you. So you're at Columbia now—

David Yes.

McFarlane —and you've gone into clinical.

David Yes.

McFarlane And this way the GI Bill can pay for this.

David Yes, yes.

McFarlane Okay.

David There's no doubt in my mind that without the GI Bill of Rights, I would not be sitting here talking to you today. I mean, after all, I had nothing. And I had a job at Columbia and got the GI Bill of Rights. Now, my orientation at that time was to be a clinical psychologist, psychotherapist. And at that time, there was a turf war between psychiatry and psychology, and Ph.D.s were not considered competent to do psychotherapy by the psychiatrists, who believed that you should have a medical degree. So this was a difficult time at that time anyway.

I graduated very quickly from Columbia, again in two years after my MA. And the reason was that I did a dissertation which somebody wanted me to do—one of my professors—and there was a strong feeling on the part of the faculty that guys who had spent four or five years in the war should be

promoted quickly through the academic system to make up for lost time. That doesn't exist today. But it certainly was a strong feeling then.

McFarlane And what kind of research did you do?

David Well, I'm not very proud of the research I did then. There was a new psychological test called the Szondi Test, S-Z-O-N-D-I, developed by Hungarian psychiatrist Leopold Szondi.

Tape 1, side 1, ends; side 2 begins.

McFarlane Well, just tell me about—

David How is my language, my presenting it: does it come through?

McFarlane Yeah.

David Okay.

McFarlane So Szondi.

David Yeah. It was quite clear that the chairman of my committee didn't like the Szondi Test. So I volunteered to do a dissertation on it. The most extreme patterns on the Szondi Test were homosexuals and epileptics. So I got a group of homosexuals imprisoned in New York State at Sing Sing prison, and epileptics in an institution in Michigan—about as extreme as you can get—and I got permission to test them. I worked from, I remember, six o'clock in the morning until nine o'clock at night to get [one hundred subjects from each group]. The results were negative [did not support the Szondi hypothesis]. My committee was pleased, and I got my degree.

I published the results and, interestingly enough, Szondi himself was very interested. I asked him if he would be willing to do a blind analysis of about twenty people, twenty subjects from each group. He said yes. So we sent the

stuff off to him, the test scores. These tests had been repeated six days in a row—each patient was tested for six consecutive days. Szondi was able to distinguish between [homosexuals and epileptics] to a statistically significant degree. So what was the answer? The answer was that if you really were Szondi you could do it. If you were not Szondi and simply followed the instructions, you couldn't. Interestingly enough, just a few weeks ago, last year sometime, when we started cleaning things out, I found all these materials, including a collection of Szondi reprints. There's now a Szondi Institute in Zurich. I wrote to them, and they asked me to forward all this material to them. And they're very happy, even though I had negative results. So that was an interesting episode.

So when I graduated—but the kind of atmosphere that prevailed at Columbia at that time [was apparent during my dissertation defense]. One of the professors on the examining committee where Otto Klineberg was also a member called my attention to what he thought was an error. The chairman of my committee would not let me answer the question. He jumped right in and defended me. And then, after it was all over and I had passed, he called me into his office. He said, Henry, we'd better change that (unclear). The whole emphasis, as I said, in those days, was to get people through.

So then the question arose: what do I do after Columbia? The Mecca for psychotherapy and clinical psychology at that time was the Menninger Foundation in Topeka, Kansas, which had a program which involved the VA, the state hospital, and the Menninger Clinic. I applied there and I was accepted there, and I spent my first post-doctoral year there. But it was in the middle of

Kansas, I was not married, and it was kind of lonely, and so I looked for a way out. And the way out came at—before going to Kansas I'd also been offered a job at the University of Pittsburgh, but I decided in favor of Kansas because of its reputation. And so I contacted Pittsburgh and they were very happy to have me. I became instructor of psychology in the department of psychiatry at the University of Pittsburgh Medical School.

McFarlane Were you treated as well as the MDs?

David No.

McFarlane Okay. (laughs) I just wondered.

David This became more and more evident that—in Kansas, there was more equality because people were interested in scholarship and in research and in what you could contribute. So everybody was called Doctor and it didn't make any difference. And, by the way, as a psychologist, I'm convinced I went into psychology in part because I wanted to be called Doctor as Dr. Greenebaum was, and as my father, Dr. David, was. So I'm sure that's an underlying reason in all of this.

And—where am I? I'm now in Pittsburgh. I was approaching thirty years of age, and I was determined to get married. I went to places like the Jewish YMCA or—it's not called that—whatever it is [YMHA]. And one day I was there, and there was this beautiful woman [Tema Seidman] walking down the stairs, and I was talking to a friend who knew her and I said, "Introduce me to her." And he did. About two days later I called her, and she didn't remember me at all. I was a blind date as far as she was concerned. But we hit it off. This was in October. By December we were engaged. And by March of the

following year we got married. And we've been married ever since, for fifty-two years. So, it was a wonderful event in my life. Tema has been very supportive in everything.

McFarlane Was that your first year at Pittsburgh?

David Yes.

McFarlane So thank goodness you got out of Kansas.

David Yes. Yeah, I was in Pittsburgh for three years.

McFarlane Were you at this point, thinking you were going to have an academic career?

David Yes, I—

McFarlane Or that you were not going to be a clinical psychologist per se, or—

David No, I thought I was going to have a career in the medical school system. I was active academically, and I began to be active internationally. I went to the International Congress of Psychology in Montreal in 1954. That was already after I was in Pittsburgh. And I met a German professor, MD-Ph.D. who was very much interested in personality theory. I had been interested in it because there was quite a divergence between the European view of personality theory, very philosophical, and the American approach, which was entirely empirical—and I was kind of a bridge.

[With this German professor, Helmut Von Bracken] I edited a book based on revised papers in personality theory from that congress. It became the first publication of the International Union for Psychological Science, with all the royalties going to them and—Klineberg at that time was, I think, the secretary general of the International Union and he wrote the foreword. It was translated into German, obviously, in Switzerland as well as in the United States. And

then for the next congress, I edited a book together with another German [Hans Brengelmann] on research in personality theory.

My interest gradually grew international. After Pittsburgh—it was very clear I could not be promoted at Pittsburgh because the head of the psychology department was going to be there forever. And so the director of the Western Psychiatric Institute and the department of psychiatry in the medical school recommended me to a new clinic in Detroit, affiliated then with Wayne State University.

McFarlane Let me back up just a little and ask you—you wouldn't be promoted because they only had a certain number of places, or the kind of work you were doing was—

David No. I was as high as I could go. The next job was that of the chairman, or the head of the psychology department.

McFarlane Okay.

David And he was not about to leave.

McFarlane Yeah. Okay. I just wanted to know because, after all, you're doing groundbreaking work and that can be—

David No, this guy, the head of the Institute, Henry Brosin, a well-known psychiatrist at the time, very much liked the book that I was doing in this academic orientation. But he felt I couldn't be promoted—there was a ceiling above me.

McFarlane So you went to Detroit.

David Yeah, he recommended me to the new head of the clinic there [Jacques Gottlieb]—the new head of the department of psychiatry—and I went to Detroit to be interviewed. He and I agreed on certain conditions. I wanted to

have a psychology intern program. I wanted to have permission to have psychologists do psychotherapy. He agreed to all this. Well, to make a long story short, after I got to Detroit and had moved there, and I had made arrangements with Wayne State, the University of Michigan, and Michigan State to have interns, about six months into the job, he then told me that under the pressure from the American Psychoanalytic Society and the Detroit chapter of the American Psychiatric Society, he had to renege on his promise for psychologists to do psychotherapy. Well, I was committed and had made commitments to all these places [from which we] were going to have interns. I felt I couldn't take that, so I resigned.

It so happened again that while I was looking for a job after Pittsburgh, there had been an offer from the Psychiatric Research Institute in the state of New Jersey. But when I called New Jersey, the chief psychologist of the state of New Jersey said, "Henry, I'm going to leave my position. I would like for you to come and become chief psychologist of the state of New Jersey."

McFarlane

So that was good fortune, right?

David

That was serendipity once more. It seemed that there had always been a place waiting. And the major shift that occurred then was a shift from clinical psychology, really, and doing it, and doing the therapy, to a public health orientation. And as I recall, I became a bit unhappy with psychotherapy anyway, because you could only work with one patient at a time, and it was evident that the mental health problem was a public health problem, and that in New Jersey I would be more effective in the public health field. I became the head of 150 psychologists in state hospitals, in clinics, in centers for mental

retardation, and in the prisons. They were all in the same department, the department of institutions and agencies.

McFarlane And this is what, about five years out of your Ph.D. program, isn't it, at this point?

David Yeah, yeah. I—when did I get there? No, you have it probably somewhere.

McFarlane Okay, so, yeah, you graduate from Columbia in '51 and then you go to New Jersey in '56, so—

David Yeah, about five years.

McFarlane That's quite a leap.

David I never thought of it that way. It's a very good way of putting it, yeah. But at that time, state systems were not considered the best places to go. Most states were rather poor in their standards. The mental hospitals were really kind of a warehouse for mental patients. My job in New Jersey was to put New Jersey on the map in psychology.

McFarlane That's how you saw it.

David That's how I saw it. And my boss, who was the head of the mental health division, saw it the same way. And so we upgraded positions, increased salaries. Located near New York, we were able to import people. Plus one very important thing: there was no medical school in the state of New Jersey.

McFarlane Ahh!

David So—

McFarlane No competition.

David —we were able to avoid that union problem. Eventually New Jersey became the first state to be accredited for training by the American Psychological

Association. I eventually became the head of the Association of State Chief Psychologists. We brought a lot of Europeans into our program, people who felt that they couldn't go anywhere in Europe and wanted to come to the States. One was Cyril Franks, who became quite well known in this country, a British psychologist.

Another one was Hans Bregelmann, who later on became head of psychology at the Max Plank Institute in Munich. But there was a lot of resistance to this, particularly to Hans Bregelmann, who had been a veteran in the German army and had lost both legs in Stalingrad. I remember I was roundly attacked by people in New Jersey for bringing a German over. My attitude was simply, Look, he can't do more than give up both legs. And he was an MD and a Ph.D. And it was because I was Jewish that I was able to get away with it and have him. Another fellow, Hans Priester, who was a co-developer of one of the intelligence tests, came over. New Jersey became an attractive place for highly intelligent European psychologists who felt that they couldn't move in their area of interest in Europe.

McFarlane How did you do that? I mean, did you have resources, or did you learn how to do—

David No, I went to international meetings. I was active academically as well as professionally and in the scientific organizations. And the word got around that the state of New Jersey did not impose high barriers to coming. There was no medical school, and the state system was blooming. It has since deteriorated, but that's a long time afterwards.

McFarlane So you did put New Jersey on the map.

- David** Yes. Yes. In fact, I was just invited to contribute my archives to the state of New Jersey, and I went there and gave a lecture that was well attended, as to the history of psychology in the state of New Jersey.
- McFarlane** And—
- David** And now they have a medical school, too. But—
- McFarlane** Times have changed.
- David** Yes, times have changed.
- McFarlane** In terms of psychiatry and psychology.
- David** Yeah.
- McFarlane** You continued to publish a great deal, during this period, right?
- David** Yes, yes.
- McFarlane** You must have been working all the time.
- David** I was. I was a workaholic, and my wife tolerated it, and I'm still amazed, surprised, and pleased. Our vacations were days tacked onto meetings, going to national congresses. I developed the idea of charter flights for the association, the American Psychological Association, in the days when that was of interest. Today you don't need them anymore. And we had many interesting developments.
- McFarlane** Yeah, one of the questions I had before the interview was how did you move from New Jersey to Geneva, but now it seems more—
- David** Well, the New Jersey-to-Geneva move was the tipping point, I might say, in my career, in my life. Out of the blue, again, came a telephone call from Otto Klineberg, who at that time was the president of the World Federation for Mental Health [WFMH]. It appears that the National Institute of Mental

Health [NIMH] in the United States was interested in establishing an information center in Geneva on mental health programs in Europe, or anywhere else, from which lessons could be learned. They suggested that the World Federation for Mental Health submit a proposal. Well, so Klineberg called me to write this proposal, because I knew Lorraine Bouthilet, who was the [program director] at NIMH in Washington. I wrote the proposal and it got funded by NIMH, whereupon I got a telephone call from Otto Klineberg and Jack Rees, who was then the director [of WFMH], asking me to become associate director of the World Federation for Mental Health, to implement this contact.

McFarlane Did you think that was going to happen?

David No, I thought I was doing a pro bono job on behalf of Klineberg and the World Federation. And then it became a question: Do we want to move to Geneva? And of course, I was gung-ho. And Tema was willing to go along. We had two young children and they could go to the international school, but I became—

McFarlane So she was willing but not gung-ho—

David Yes.

McFarlane —like you were.

David I became the first associate director [who was an] American and a psychologist in this organization, which had been run primarily by psychiatrists as a fiefdom for international psychiatry. Here I was in Geneva, and I was traveling all over the world. I developed projects with NIMH funding in a number of European countries, Western Europe as well as Central and Eastern Europe.

McFarlane Give me an example of the kind of projects you were developing.

David Well, for example, in Czechoslovakia at that time, NIMH was interested in the fact that every person had a number—a registration system. Everybody who had any kind of mental care had to go to a clinic or eventually to a hospital, and all this was recorded. They wanted to know how many patients [had] this disorder, how many patients that, what kind of therapy, what kind of drugs, and everything else. And they felt that in the United States at that time there was no easy way to get such information.

McFarlane So they were, the data were just—

David Yeah, I mean, [in the U.S.] there was no registration system. People went to private practitioners, they went to a clinic, they went to a hospital, state hospital, private hospital, you name it. But it was not organized the way the Communist system organized its public health service. On the other hand, in the Netherlands, there were some very, very fine private and public centers giving very unusual free services to mental patients, and they [NIMH] wanted that written up. So my job was to recruit people to do that and work with them in developing these reports.

McFarlane That must have been wonderful.

David It was. We had it in France, we had it in the Netherlands, we had it in Poland, had it in Czechoslovakia, and a few other countries. And those were the heydays of the World Federation. And then the World Federation decided that they would hold a congress in Amsterdam on population and mental health, and that was my introduction [to population studies].

McFarlane And that would have been about when—in the early '60s, anyway.

David Yes, I was with the World Federation for Mental Health '63 to '65.

McFarlane So some—

David December, yeah, probably in '63. I edited the report. It became increasingly apparent to me in my travels that the growth of population and the tension of having unwanted children were creating mental health problems and stresses, and that over the long run, questions of overpopulation, as it was then called, were more important than questions of mental health and illness.

McFarlane How was it becoming apparent to you? Was it reading studies, seeing—

David The sheer numbers involved. If you looked at the population growth rates, you could see what was happening and how this became increasingly a stress on family life. And that induces mental illness. In fact, the World Federation for Mental Health recalled a statement that Freud made in the 1880s that having a good contraceptive would be one of the greatest benefits for humankind.

McFarlane Fascinating.

David Yeah. And yet at the same time it was very interesting for me that psychologists and psychiatrists and psychiatric social workers were not really interested in chance versus planned birth. And although they were interested in sexuality, they didn't translate it into studies of reproductive behavior. In fact, the word reproductive behavior didn't even exist in those days. That turned me on. It turned me on as a new field for people in the mental health area.

McFarlane So they'd go as far as sexuality, but not—

David Not beyond. Not into behavior, not into fertility regulation, not into unplanned pregnancies and their effects, not into illegal abortion and all these things. They recognized the problem as Freud had, but they didn't do anything

about it. This book, which I edited, was full of interesting papers, but not action oriented, not public health oriented.

McFarlane Just kind of reporting on it.

David Yeah.

McFarlane Okay.

David It was at that point that I decided, Okay, this is going to be my future interest. By '65 I was, what, forty, a little over forty years old, and it was time to find a new base and make a career. And that's what I wanted to do. Because I saw it as a niche field for psychology and I could be someone who was starting something.

McFarlane It sounds like a pretty brave decision, too.

David Yes. Of course, there weren't any jobs. (McFarlane laughs) I wrote to a number of places in the United States, and particularly the Population Council, which was then tops in the field. Nobody was interested in a psychologist. You had to be a sociologist, demographer, public health person. Psychologist? Whoever heard of a psychologist in this field? So I didn't get a job. Then serendipity stepped in again, in the form of a colleague, Ed Fleishman, whom I knew, who was the director of the Washington office of the American Institutes for Research [founded after WWII by] John Flanagan.

McFarlane So by this time are you—I mean, you're doing this contacting from Geneva?

David From Geneva. The story here is that my wife, Tema—and she can talk for herself—had made it very clear to me that our situation had to change. [I had support at the office and spoke German, and the children were in the English side of the International school, while Tema had the full impact of adjusting to

French and Swiss life]. The triggering point was that I was offered a position in the World Health Organization mental health division, which was a very nice job, but it would have meant permanent move to Geneva.

McFarlane Did you want it?

David I was interested, yes. But Tema resisted. She felt that the children should have roots in the United States, that we had a very insecure life in Geneva, living from grant to grant. The grant from the National Institute of Mental Health was renewed twice, but who knew about the future? We were in rented quarters. Now we had the opportunity for a secure job, but Tema felt she wanted to come home. So we made what we called the grand compromise—that we would move home, but I would be free to work internationally.

McFarlane Okay.

David But there wasn't any job. Ed Fleishman was interested in expanding the work of one of his institutes here in Washington, the International Research Institute, which was part of the American Institutes for Research. He offered me the job of associate director, with the understanding that within a year or so, I would find grant money to support anything I would want to do. But they would guarantee me a year. So we moved to Bethesda—

McFarlane And you thought you could do it.

David And I thought I could do it. We moved to—well, it was also the only offer I had (laughs). And we moved to Bethesda, bought this house, which we couldn't afford, and we've lived here for forty years.

McFarlane So how did you go about supporting yourself after the first year?

David Well, I had to look for anything I could find, but serendipity came along again.

First there was this Commission on Mental Health in the United States, and I did a book and a study on the international mental health of children. But I kept looking for opportunities in the population field. And—

Tape 1 ends; tape 2, side 1 begins.

McFarlane Okay.

David Let me just see if there's any—

McFarlane Do you want me to pause?

David Yeah. Before leaving Geneva, I think I should probably mention that some twenty years later I became the first staff member of the World Federation for Mental Health to be a member of the board. In 1984 I founded the Committee on Responsible Parenthood, and have been its chair, or co-chair, ever since. So that's over twenty years. So I've kept my involvement with the World Federation for Mental Health all these years. Okay. You can stop.

(pause in tape)

McFarlane We're now in Washington, D.C., in 1965, and you and your wife have just bought a house you can't afford and have a year's salary—(laughter)

David Yeah. And, well actually, we bought the house in '66, because of the kids finishing one school and going to another. And my major job at AIR really was to bring in some money, and that was not so easy at the beginning. I did one project in the Dominican Republic for USAID [U.S. Agency for International Development] after the American invasion there, which had nothing to do with population nor mental health. It was just really being a negotiator. And that's a story in itself, which I think is not all that relevant, except that it brought in money.

McFarlane And what were you doing in the Dominican Republic?

David Well, I was working with the Autonomous University. To make the story short, I got a telephone call from a psychiatrist in Princeton, long gone now, who was doing a project in the Dominican Republic for the State Department after President Johnson had sent the Marines in. There was an effort made to re-establish connections with the regime at that time. The thinking in the State Department was that it should be done through this allegedly Communist-dominated university. This psychiatrist from Princeton knew me, knew I'd worked in Geneva, and he called and asked would I work with him. I said yes, of course, because it meant a State Department contract to AIR. The American embassy wanted us to stay at the best hotel in town, and I suggested, No, I want to stay in the rebel-held area, you know, low-cost hotel. And we did that. And neither one of us was fluent in Spanish, and the embassy wanted to send a car to take us around. We said, No thanks, I want to go on my own.

We walked to the university through students with clubs and guns and everything else. Nobody bothered us. Everybody was astonished to see two Americans walking alone. We knocked on the [locked main] university door, and they were astonished. We met the rector and we said we'd like to show you that there are good things that can be done. What's your wish list? [We gave them] several days to think about it. They said they would like lectures from such and such professors [outside the Dominican Republic], and such and such equipment. We went back to Washington and we got the funds, another contract for AIR, and I went around recruiting the professors, including the ones from Mexico. We ordered the equipment, and three months later, I

returned to the Dominican Republic and said, “Here, you can have what you asked for.” That changed the whole attitude to us. And we developed a USAID program for the university.

McFarlane

They must have been shocked.

David

They were. About a year later, the head of psychology, who was a psychiatrist, and I got together, because there was an Inter-American Congress of Psychology in Mexico City. I said, “Why don’t we write a paper on U.S.–Dominican university relations?” He said okay. So we wrote the paper and then about a month before [the congress], I had to submit the paper to [for review by] USAID in the Dominican Republic, Santo Domingo, because that was part of the contract. I couldn’t write anything without the permission of the embassy. So I submitted the paper. The ambassador called me in and he said, “Henry”—he was a nice guy—“you can’t present this paper.” And I said, “Why not?” And he said, “There’ll be a headline in the *Washington Post* that an American, USAID-funded person wrote a paper with a known Communist from the Dominican Republic.” I said, “Mr. Ambassador, there’s also the possibility that there would be an article in the”—whatever was the newspaper in Santo Domingo—“that a Dominican psychiatrist is writing a paper with a known American capitalist.” And he laughed. He says, “Go ahead, give the paper.”

[Tirso Mejia Ricart] and I have been friends over the years. Not so long ago, when I was in the Dominican [Republic]—I was invited to give a lecture at the university on some anniversary—they gave me an honorary doctorate, professorship, which is hanging downstairs, from the University of Santo

Domingo. So that was one year spent on that program. Then serendipity—and then I got the grant to do a book for the [Joint Commission on Mental Health of Children]. I think it was a Carter project, Carter presidency project. And I got people together to contribute to that.

Then serendipity finally arrived in the form of the Center for Population Research, which was established within the National Institute of Child Health and Human Development [NICHD]. At that time, one of the big discussions in the United States was about the legalization of abortion. And I talked to them. I talked to the NICHD folks, and I said, look, wouldn't it be interesting for you to know what the history of legal abortion is in Russia and in the countries of Central and Eastern Europe, where it's been legal since the 1950s. They said, Yes, it would be.

Phil Corfman, the first director of the Center for Population Research, which had just been established [within NICHD], confirmed to me not so long ago that the contract I was given was the very first contract [in the social and behavioral sciences] the Center for Population Research issued. There was a problem, however, and that was that the Johnson administration made an edict that you couldn't spend American dollars abroad. So NICHD underwrote our expenses here. No, I think I got myself mixed up. That was later. Okay. I take it back. There was no problem in funding. Anyway, I spent six weeks traveling in Central and Eastern Europe, using my own contacts that I'd made at the time in the World Federation for Mental Health. The mental health people referred me to the abortion people, public health people. Christopher Tietze at the Population Council opened all of the doors in countries where I had not

been before. He was a tremendous help to me and he became my major mentor.

McFarlane And tell me again about when this is? This is before—

David Yes. This contract was given in 1969.

McFarlane Okay.

David Christopher Tietze had earlier very much wanted me to join the staff of the Population Council because I was the only psychologist he ever met who was interested in abortion. Tietze at that time had a strange position. He was a staff member of the Population Council, but abortion was considered such a taboo topic that he and his wife [Sarah Lewit] were established as some maternal and child health committee and were housed outside the Population Council in some office elsewhere. So they were a part of the Council, but not part of the Council.

McFarlane Fascinating.

David Yeah. That was resolved after *Roe v. Wade*. They moved into the Council then. So I traveled in central and Eastern Europe for six weeks and, again, good luck, everybody I met wanted to cooperate with me. And why? Because they all spoke different languages and had never met together as a group. The Hungarians didn't know what the East Germans were doing, the Russians didn't know what the Romanians were doing, and so on and so forth. And I was very lucky to be able to do that.

McFarlane And at that time, no problems with visas or travel or—

David None.

McFarlane Okay.

David

And of course, Romania was the exception to the rule, because that was during the time of the Ceausescu regime, which in 1966 abruptly made abortion illegal. I've published a lot on that, too. So I was able to do this. Tietze persuaded the Population Council to publish it. So it was published very quickly in 1970. That marked the beginning, really, of my work in the population area. From then on, I had no more problems getting funding or other things.

But there were, again, events which shaped my life, which I never knew of. For example, at one time in Prague, I had read [an abstract] about a study of unwanted children born to women twice denied abortion for the same pregnancy. I knew the name of the person who was interested in this area, and asked to meet her. And I met her at a cocktail party during one of my visits to Prague. This was already after the Russian occupation. I forgot something, I'll come back to it in a minute. And she took me aside and said, "Dr. David, I have in my desk drawer the names of all the women twice denied abortion for the same pregnancy, and I want to know what's happened to those children. And can you help us get a grant for that?" And I immediately said, "Yes, provided we can do a pair-matched control study." And I'll return to that in a moment.

I should have mentioned that I was already active in Prague with another contract from the National Institute of Mental Health for a study of alcoholism in the Czech Republic [Czechoslovakia]. Now why? One of the projects I had done with the World Federation for Mental Health was in Czechoslovakia, and I'd met a man named Ludek Kubicka, who was a superb methodologist, who

had been my advisor all these years. And he pointed out to me that there was a very unique program on alcoholism in the Czech Republic, a very strong, authoritarian program where people with alcohol problems would be sent for I don't remember how many weeks, and that this thing had worked wonders and he had all the evidence to show to me. So I took that to the National Institute of Mental Health, and I said, "Here's a study you cannot possibly do in the United States. Let's expand this study." And we did. And that's what created my travel back and forth to Prague at that time.

McFarlane

That's interesting.

David

Again, an opportunistic effort. I was not particularly interested in alcohol, but here was an opportunity for a grant for a unique study outside the United States. Okay. During that period, in late 1968, the Soviets invaded Czechoslovakia, and they cut, systematically, all scientific relations with the United States except for two or three projects. By that time, I had made a lot of friends, including the secretary of the Communist Party in the Psychiatric Research Institute, Dr. Zdenek Dytrych. And he and I had become friends, and he somehow managed—I don't know how—to save our alcohol project, and that continued. So then I met Dr. Stupkova, who was the head of Prague Public Health Services, who told me about this situation on denied abortion.

And I have to give you some background on that. Czechoslovakia legalized abortion in 1956, I believe, following the re-legalization of abortion in the Soviet Union. It had been originally legalized in the '20s, and Stalin had illegalized it in the mid-'30s, out of fear of Hitler Germany. So there were about twenty years or so before it was re-legalized [in 1956]—I think under

Khrushchev, but I'm not sure. And so the Czechs and all the countries of Central and Eastern Europe legalized abortion at that time, except the German Democratic Republic, which didn't do it until the '70s. But anyway, in Czechoslovakia, you could apply for an abortion in the district where you lived, and if you were denied an abortion, you could make an appeal to the regional abortion commission. And Dr. Stupkova, this person to whom I talked, [had been] the head of the regional abortion commission.

Only 2 percent of all abortions were denied in the first instance, on first request. And then those women, if they wished, could make an appeal. And Dr. Stupkova had very carefully preserved, against all the rules, the names and addresses of all those [women twice denied abortion for the same pregnancy]. It's all described in a book, and in numerous articles. I think the point that I wanted to make was that, I said to Stupkova right away, "I will be happy to help you if you can do a pair-matched controlled study, matching every child," and I'll go into that in a moment. And she said yes. She agreed. I also said, "I don't want to go near the ministry of health. I don't want the ministry to be able to say no to a project we want to do. So can we just do it within the Psychiatric Research Institute and your agreement as the head of Prague Public Health Services?" She said yes. So we never had to ask anybody for permission.

McFarlane

So you knew to do that.

David

Yes, because I knew that if we went to the ministry of health, they would say no. And I also had known, through the alcohol study, the person who was in charge. And even though we became friends—I had met him originally in Geneva—they had warned me more or less, "Be careful." And so we never

asked for permission and Dytrych, who was our strong supporter—in fact he became part of our research team. It's a sad story because [after the Soviet occupation] he was kicked out [of the Party and his two sons were not permitted to go to college]—long story. Anyway, where was I?

[On return] to the United States I talked to the folks in the National Institute for Child Health and Human Development. They were absolutely fascinated by this idea of a pair-matched control study. Because remember, abortion was still—this was before the Supreme Court decision. There were only a few states and the District of Columbia which had legalized abortion. So we made a proposal, together with my three Czech colleagues, Zdenek Dytrych and Zdenek Matejcek and Vratislav (unclear), and with the support of the Psychiatric Research Institute. It got funded. But then we had a problem. That's when President Johnson said that we have some kind of dollar crisis, or whatever it was. You cannot expend federal government money, grant money, abroad.

McFarlane

That's a real problem.

David

So I went to the Ford Foundation, talked to Bud Harkavy. And Harkavy was very supportive. And although he couldn't give us money from his shop, the population division or whatever it was called, he got it from the central European program of Ford, and he got money to go for travel and other things. We paid our Czech staff through deposits in savings accounts in the United States, which constituted money spent here. The only trouble was, this was illegal from [the Czech] point of view. No Czechs were allowed to have any kind of account in the United States. I can talk about that now because it's

done and over with and two of my three colleagues have passed on. And that's how the program got started.

McFarlane So how did you manage this?

David Well, I carried money in my pocket to take to Czechoslovakia. They would ask for X number of reprints, which meant dollars, and on the next trip, I would bring that money from the savings accounts to them. As far as the government, the U.S. was concerned, it was money spent in the United States. It was all a little bit shady and gray, but we got the work done. And it was confirmed to me that by never asking permission for anything, we were able to do it. The ministry knew exactly what was going on. Dytrych told them quietly, and they let it go. There was a time when I was not allowed to visit the Psychiatric Research Institute because there was a new rule that any visitor from the West had to be announced six months in advance. So we met on park benches in Prague.

McFarlane Wow.

David We were followed by police cars. One night at dinner in Matejcek's home, there were police cars parked outside. Every step I made was watched and our colleagues had to report to the ministry and to the police about our activities. But nobody ever did anything about it. And Dytrych was responsible for that in part, and also, I think, there was a desire on the part of Czech officials that they wanted to keep something going, and they felt that since abortion was illegal in the United States and legal in Czechoslovakia, they had a propaganda point. Well, it took us a year to do the matching. One sociologist, Dr. Schüler, who's also passed on, and whose wife was the personal physician of one of the

top Communists in the Czech Republic, also helped us.

McFarlane Yeah, well placed.

David And it took a year, as I said, because we matched every unwanted child that we could, every child that had been born after the mother was twice denied abortion. And we felt that there was no better operational definition for “unwantedness” than that. [Every child] was matched with a child in the same classroom, same school, born to a woman who went off contraception to have a child, or at least did not request an abortion. They were matched for socioeconomic status, of course, for the mothers and the fathers, whether it was a biological father or the partner living with the woman now. They were matched for being in the same class, same school, as I said—also for birth order, to the extent possible.

McFarlane Wow.

David I mean, everything you could possibly think of we matched. And that took a year. And we did that because I felt that no Right to Life people could possibly attack such a study, and they never have. They have distorted some things, but never really attacked it. It was just really a phenomenal study. And it went on for over thirty years—totally unplanned. It just happened that way. Every time we wanted to go on, we found a donor. And then I had another idea shortly after we started it. I went to WHO in Geneva and I said, you know, “I’d like to have some WHO contribution to this study. It will be a safety net for us.” And they gave us a thousand dollars, WHO Geneva, whereupon our study became a WHO study, no longer just U.S.–Czech. [see further description of Prague findings, pp. 51–53—David]

McFarlane By this time, how were you looking at abortion? Was it any more than, this is interesting—

David Yes, yes.

McFarlane —scientifically.

David I was a member of the Council of the American Psychological Association, and in the year 1969, I think it was, I moved the resolution, with the support of the Association of Women Psychologists, that abortion was a civil right of the woman. And it was approved by the Council, well before the Supreme Court decision. But there was a price, and the price was that APA would establish a task force on population, family planning, and psychology. I became its chair. That's another, separate chapter. My personal view on abortion is very simple. I'm not a proponent of abortion. I wish there were fewer, but I will steadily defend the rights of women to make their own decision, no matter what it is. It's strictly a women's decision; it's not the business of the state. And that's been my position throughout all these years, not as an advocate for abortion, but a defender of the right to abortion.

McFarlane Let's back up a little bit. When's the first time you knew about abortion, or heard about it, or—

David When I was in Geneva—when I made my travels, when I did this study on population and mental health.

McFarlane So, growing up, you didn't know anybody?

David No, no.

McFarlane Okay. This is something you come to a little bit later.

David Right. But it turned out to be a taboo topic which was seldom studied. I've

done a lot of historical research in the area. For example, during World War II, abortion—even before World War II—abortion was made illegal in Nazi Germany. And towards the middle of the war, and then towards the end of the war, abortion was punished with a death penalty—probably the only country to ever do that, to the physician, or the woman. And I long wanted to do a study on that, but I felt that I couldn't do it by myself. I had to have somebody from the German Democratic Republic and somebody from the Federal Republic to do it with me.

And I finally found two people. Another—a sociologist in the German Democratic Republic, Jochen Fleischhacker, and Charlotte Höhn in West [Germany] who is now the director of the Institute for Research on Population in the Federal Republic of Germany. And we did this study. I went through all the journals of the American Medical Association, because they had a reporter in Nazi Germany who would write a monthly column, and he would print all these—he or she, I forget which—would print all these news, and I got it together from them and made a very interesting discovery, which has not been widely publicized.

The only people in Germany during these days who could get an abortion were Jews. In the early Nazi period, before '39, when abortion was [made totally] illegal, Jewish women were allowed to have abortion. Why? Because the Nazi legislation did not protect Jewish fetuses. So under the Nazi policy, fine, have an abortion. And I actually met someone who told me that his mother had an abortion under such circumstances. So that's very little, very little known. And this article was published in *Population and Development Review*, and

it was translated and published in the most prestigious German journal, subsidized by the ministry of public health and the German Institute for Population Research. So it's got a lot of publicity. And as far as I know it's the only historic document which demonstrates and documents what happened during the Nazi period.

McFarlane That's fascinating.

David Yeah, and also, I became very good friends, during my WFMH days with the key person in the German Democratic Republic, Professor Mehlan—

Tape 2, side 1, ends; side 2 begins.

McFarlane Yeah.

David Okay. Professor Mehlan from Rostock, who, as a young medical student and young physician was an avowed Communist, and did illegal abortions. And later on was responsible for changing the East German abortion law, in '72.
(pause in tape)

Abortion became the central theme of my work through these studies. One thing led to another. I wanted to tell you that as we progressed in this study—which, as I said, we have a book on it and we have a 2003 article on it—when we wanted to do it again, I think it was a third follow-up study—the National Institute of Child Mental Health very much wanted us to submit another proposal, but I was told that the State Department would veto it because there was no scientific agreement between the United States and Czechoslovakia at that time. The Czechs were upset with the United States because we held some gold which they believed belonged to them. They would have refused any grant from NICHD, so I was told. They would have instructed the Psychiatric

Research Institute not to accept it.

What to do? I met the scientific attaché from the Czech Republic here, who was a very decent person and an honorable scientist, not some KGB individual. He got very interested. I told him, “Look, what a propaganda coup this is, to have abortion free on request in Czechoslovakia when there’s always this horrible debate in the United States.” And he says, “Let me think about it.” And then he called me and he said, “Let your Czech colleagues try to do something with the Population Commission in Prague.”

[We decided not] to approach anybody, because we didn’t want to do it officially, so I said, “Look, just wait. Because I found out that the key person, Dr. Wynnyczuk, was going to be at the Conference of the International Union for the Study of Population in Manila, and I was going to be there as well. He knew who I was, and I invited him to dinner and fed him some good alcohol and we talked about it, and I convinced him what a propaganda coup this would be for Czechoslovakia. He went back and contacted our friends at the Psychiatric Research Institute and told them, submit a proposal, and if the foreign ministry approves, [the commission] will fund it.

[When] I took that back to the Czech embassy, the scientific attaché there wrote the letter to the foreign ministry [saying that it] would be good propaganda in the United States. So the Czech state plan funded the [next follow-up study]. And so it’s continued. The last go-around was funded by the Soros Foundation, and we’d gotten WHO in Copenhagen to fund another study of married couples and their children and so on. So it’s probably been the most successful and far-reaching and most policy-influencing study I’ve

done, because it's been cited everywhere where people want to legalize abortions. And as I said, it's now finished because my two colleagues have gone and the third has had a stroke—and there are no young people who want to carry it on.

Now I should tell you some other aspects of it. The study was known officially in Prague and in Czechoslovakia as a study of child development—which of course, it was. We never mentioned the word abortion. We never mentioned abortion in a Czech publication, until recently. We also had a phenomenal follow-up rate. At one time over 90 percent, years later. Why? Because people were so pleased to be interviewed by Professor Matejcek, who was a renowned child development specialist and was the Dr. Spock of Czechoslovakia who gave weekly or monthly television talks about child development. Subjects voluntarily filled out their change-of-address cards. It was just fantastic.

For the last two follow-ups we had, at the suggestion of Dr. Kubicka—we included the siblings, because the Achilles heel of our study was that, okay, so the wanted child is better than the unwanted one, has less problems in life and so on. But what about the siblings? If there's no difference between the unwanted child and his/her siblings, maybe it's just the family environment. Well, we took up that challenge and we demonstrated that in most cases there was a significant difference. So I think we established the concept of unwantedness constituting a life-long problem resulting in more mental illness, more hospitalizations, and less satisfactory life and so on.

One other interesting by-product—we interviewed the mothers for the

first time when the children were nine years old. That was because the children had been born between 1961 and '63, and we didn't get funding until '69 or so, or even in '70—because we had to do the matching first. And the last question in the interview with the mother was always, Did you ever ask for an abortion for this pregnancy? And 38 percent of the mothers said no, which is not surprising. If you have a nine-year-old in the next room, you're not going to remember, or forget or whatever, that you ever asked for an abortion. And we never asked any other question about abortion.

I don't know whether the so-called unwanted-pregnancy children ever realized what their fate was. We don't know, because we never, never discussed it. All of us have gotten the awards within the Czech Republic, subsequently, of course, and I can show you the [gold medal of Charles University] that I got. This is undoubtedly the major study of my life.

McFarlane

Did you know it at the time?

David

No. For me, this was a three-year project—done initially under AIR auspices—and I never expected that it would go on and on and on. But it just grew like that. And the funding was available because it was the only study ever done of its kind. It was not possible to duplicate it anywhere else in the world—certainly not in the United States. And that, by the way, has been my principal grand objective, to find studies of importance to the United States and in the United States, but not doable in the United States. We have no population register. We certainly have no abortion register, so you couldn't do this kind of study here. But I think it made a difference, and—what would you like to ask?

McFarlane

Did you have any idea that it would put you in the political thick of things?

- David** Yes.
- McFarlane** You did.
- David** Yes. We're not in the phone book. Our institute's not in the phone book.
- McFarlane** You knew that from the beginning.
- David** Yes. But I never cringed from that. I felt that I've had one big difference with many of my colleagues including some of my Czech colleagues. Dr. Kubicka's name is not on our latest article, and why not? Because he felt that the role of scientists is to do science, write it up, and let somebody else make all conclusions. I feel very strongly that we are citizens as well as scientists, and that we have a responsibility to communicate our findings and to help improve the world's well-being, and particularly the rights of women. I feel that very strongly. And all of my work, including that 1969 Council Resolution, is in that regard, yeah.
- McFarlane** Did your own religion get you there, or—
- David** No. My religion has nothing to do with it. I am Jewish, but I'm not religious. I am agnostic. I believe very strongly in Jewish history and Jewish contributions, but I find it hard to accept any kind or form of religion. But everybody has a right to their own religion. I'll never forget, I was invited to participate in a conference on abortion at Notre Dame University.
- McFarlane** Was that in the mid-'70s?
- David** Yes, I think so.
- McFarlane** I think I've read—
- David** Yeah. I don't remember it anymore. I accepted under one condition, that I'd be totally free to say what I want, and that my paper would not be edited in the

forthcoming book. And they kept their promise. But I was almost chained to a table at breakfast, lunch, and dinner, because I was told where to sit, and then three other people were selected to talk with me.

And I particularly got to know Dr. and Mrs. Wilke, who at that time were the Right to Life folks from Cincinnati. They began to comment about how the *Washington Post* and the *New York Times* are owned by Jews and that after all, I was a survivor of Hitler and a refugee, and how could I see the holocaust of all these children. And I said, “That’s not the same as a holocaust. It has nothing to do with it. It’s a totally different thing.” And they felt that as a Jew, I should have been more supportive of their cause. But I also remember Father [Theodore Hesburgh], the president of Notre Dame—talking to me. He said, “I know how you feel, Dr. David. We understand your position. We agree with 95 percent of what you say. You have just 5 percent difference, and yet we have to live with folks with whom we agree on 5 percent and disagree on the other 95.”

McFarlane Interesting. Interesting.

David Yeah.

McFarlane Tell me about the institute, the—

David Transnational—

McFarlane Yes.

David Yup. Well, I began to have a problem at AIR. First of all—this is not a problem—my work was considered so interesting and so important that a separate institute was created. Remember, I was in the International Research Institute. So we created the Transnational Family Research Institute [TFRI] as

another unit of AIR, of which I then was the director. But it occurred to me that I didn't know what the future would bring. And so I incorporated TFRI as a separate organization. A nonprofit organization, just as a safety net. And with new people coming into AIR, there was increasing pressure put on overhead. The overhead just went up and up and up. And while USAID might have been willing to pay for that, foundations were not. And it became so odious that I left AIR.

McFarlane So you were supposed to somehow get that same overhead out of the foundations, which was impossible.

David Yeah. Impossible. And I also felt that the overhead was drowning us. I mean, although I got a portion of it for TFRI, the major portion of it, as I recall, was kept by AIR. And I felt that after nearly ten years, I had done my bit. I joined in '65 and I left in '75. And also I just wanted to be my own boss at that point.

McFarlane Mm-hmm.

David And I felt that there was nothing more I could gain in this relationship, which had been very helpful, but I felt I'd paid my debt. Moreover, AIR was very uncomfortable with my arrangement of putting money for the Czechs into savings accounts and all that kind of gray-area stuff. But the National Institute of Child Health and Human Development knew about it. It was no secret. And they accepted it and the work was done, and I was able to take that grant with me, and other grants as well.

McFarlane Let me ask you just, aside from that, do you think that kind of arrangement could exist with NICHD today?

David No. We're living under a different administration. And—

McFarlane But even under Clinton.

David Under Clinton? It depends on the circumstances. My arrangements were outlined in the grant proposal. It was no secret. And it was accepted with the understanding that there was no other way of doing it if we wanted to do it.

McFarlane So you had pragmatic people who had enough—

David Yeah. Yeah.

McFarlane —discretion to let that happen.

David Yeah. Yeah. And don't forget, I never asked. I put it down and I proceeded. And as long as I didn't ask formal questions—we did the same thing in Prague. We also instructed our Czech colleagues to never go near the American embassy. The Czechs were photographing people entering the embassy. I could go, it was expected I would, but not our Czech colleagues, some of whom, like Dytrych, were invited to July 4th parties. And I asked him, "Please don't go."

We avoided everything that could possibly create political trouble. The Czechs were concerned about me, because here I was, American, Jewish—perfect target for a show trial of some kind. I was a bit naïve at the time. I underestimated the risks. But I was so sold on this very unique study, which could never be done anywhere else. Now we also are careful. We're saying that this study was done under a certain regime, under certain socioeconomic and social conditions, which might be different elsewhere. But the results still speak for themselves.

McFarlane So you break off from AIR.

David Yes. Yes—with not very good feelings.

McFarlane Which was probably hard.

David Yeah. Yeah. Well, there were other things which I don't want to go into now, but that's all in the past, now. And the key person there is now dead, so let it rest there. But it was a good move, to go on my own. And then we established sub-offices of TFRI in various places around the world.

McFarlane By then were you pretty confident you could bring in your own money?

David I was always confident, (McFarlane laughs) perhaps over-confident. And not every proposal I made was funded. If it wasn't, so be it, you know, try again. But—I felt that NICHD liked what we were doing. I think the review committees thought of me as an oddball. Let him do his thing, and they saw the result.

McFarlane Yeah, who'd also produce concrete—

David Yeah. Now, I'm not a methodologist. I don't know the latest statistical techniques, but fortunately I found people to do that—Kubicka, for example. I would say the ideas were generally mine. My objective was to put ideas, people, and money together. And I was more of an entrepreneur in a sense, administrator, than anything else. I mean, we did a study in Denmark, which has also had wide international application. And of course, the work in Thailand. And then I helped Mechai [Viravaidya] to establish Population and Development International, of which he was the chairman and I was the secretary treasurer.

McFarlane Would you like to go into that here?

David Well, we can go into some of those things.

McFarlane Okay.

David When was that? This occurred in the last year of the Carter administration, when the Agency for International Development funded a two-volume study with the National Research Council, National Academy of Science, on fertility regulation around the world, or something like that. Christopher Tietze was on the board for that study, and he recommended me to do a study of abortion with worldwide estimates—how many abortions, what its costs were, and what the implications were for health. And I did such a study, and submitted it to Tietze. He edited it a bit and asked me to do some other things, which I did. Then the paper was accepted. Then the Reagan Administration came in.

McFarlane It was accepted by—

David By the editorial committee.

McFarlane Oh, okay. National Research Council.

David Yeah.

McFarlane Okay.

David Which was then part of the National Academy of Sciences. Then—the whole rest of the story, it was unbeknown to me at the time, but apparently the Reagan administration sent somebody from the White House to go look at this manuscript of the whole book, and told the National Academy that they cannot publish this with the abortion chapter in it. They don't mind anything else, but not the abortion chapter. And apparently it went from Tietze to the editorial board, all the way eventually up to the board of the National Academy of Science. And they said that this paper has been vetted, it's been accepted, and either we publish the book with it in it, or we won't publish the book at all. I didn't know anything about that.

Then, at the time of the release of the book, the Academy put on a conference here in Washington, which was going to be opened by Mr. McPherson, who at that time was the director of USAID. He gave a speech, and everybody from AID was there. I was there. He said, “We are very pleased with this book, except for one chapter. We have no association with the chapter on abortion.” And I said to myself, “My god, what’s going on here?” At the coffee break, Joe Speidel and Duff Gillespie, whom you interviewed, came up to me and said, Henry, we didn’t want to tell you all this, but now you know. And they told me the whole story. So, political involvement, you can’t get it more (pause in tape)—

McFarlane

[Can you summarize the major findings of the Prague study?]

David

Well, we published a book in 1988 called *Born Unwanted*, which was published in the United States by the Springer Publishing Company and in Prague by Avicenum, the state medical publishing company there—in English, not in Czech, in English. And it’s also been published in Mexico. Essentially, the Prague study followed 220 children born in 1961 and ’63 to women twice denied abortion for the same pregnancy, as I said. And two hundred individually pair-matched controls, whose mothers were pair-matched for age, socioeconomic status, and the partner’s presence in the home who may or may not have been the biological father.

They were medically, psychologically, and socially assessed at ages nine, at ages fourteen to sixteen, twenty-one to twenty-three, and thirty and thirty-five. It was at age thirty and thirty-five that we also looked at the siblings, with a very high follow-up rate. Although differences in psycho-social development

between the unwanted study participants and pair-matched controls were not dramatic, and changed over time, the differences were consistently in disfavor of the unwanted children. [At age nine they were similar in intelligence. The unwanted pregnancy subjects averaged] 101 on the Wexler score, and the controls had 103, average. There were practically no statistically significant differences at the beginning.

Also, we had access to all the birth records and the health records, because under the Czech system, these children always had to go to the same clinic. There were no differences in birth weight or anything else. The only seemingly but not quite statistically significant difference was that the unwanted children were not breastfed as often as the wanted ones. When the siblings were used as controls, the finding supported the hypothesis that being born from an unwanted pregnancy is a risk factor for poor mental health in adulthood. These people—the unwanted-pregnancy ones—early on had far fewer friends, were less successful in their love relationships, had many more sex-partners, didn't get along as well with their supervisors. There were all kinds of problems there. They had more difficulty in life, were more likely to have been in jail for a period, and all these things. So that we felt it was pretty well established that unwantedness is a risk factor.

Now, I must add that there were some unwanted-pregnancy children who were just fine—had a high resilience rate. So that just because you were born from an unwanted pregnancy is no guarantee that life is going to be difficult. But in the aggregate, taking the total numbers, it is a higher risk. But not always for the individual. Okay. (pause in tape)

McFarlane Henry, to your knowledge, what influence has this study had politically? Or maybe that's a question we can take up—

David Well, I can tell you right now. It's been cited in all kinds of ACLU cases around the country. It's been cited in other countries. Even in Czechoslovakia, the government, after they heard of our results, discontinued the abortion commissions. Abortion became free on request of the woman. And it's been used in other countries, in South Africa even, to liberalize their legislation. It's been closely tied to the rights of women. That's where it's been most effective—that women should not be forced to bear a child they don't want to have.

McFarlane Do you have anything to say about the trimester framework, or—

David Well, that's up for discussion, though. I'm not sure of that. I still feel that a woman who discovers that her fetus is in poor health, Down's Syndrome or some other syndrome, should have the right for a late abortion. I very much support it. I don't think stopping at twenty-two rather than twenty-four months [weeks] makes a significant difference. But I would also say from my discussions with Warren Hern, who does very late-trimester abortions, that the majority of his cases have been done for medical reasons, for health reasons—usually the fetus. And the dangerous part psychologically is that you are aborting a fetus whose pregnancy was very much wanted. And terminating a wanted pregnancy is much riskier psychologically.

end of Interview 1

Interview 2

McFarlane In Bethesda Maryland. (pause in tape) This is May 6th, 2005. I'm Deborah McFarlane and I'm about to interview Dr. Henry David (both talking). [Can you tell me more about the evolution of the Transnational Family Research Institute (TFRI)?]

David As I believe I indicated earlier, it was originally founded within the American Institutes for Research's Washington office, in part so that I could become director of our organization and got promoted from the International Research Institute of AIR to this new Transnational Family Research Institute, which took over our studies in Czechoslovakia. And as I also indicated, the relationship with the American Institute for Research became increasingly strained, largely because of the heavy demands of overhead, which our foundations—Ford and others—were unwilling to pay. And of course the constant suspicion about what happened to the moneys that were placed into savings accounts and then surreptitiously, secretly carried on to Prague. And so we finally parted ways in January of 1975, on a rather abrasive note.

We established the Institute within our home in Bethesda, because all of my work was outside the United States at that time. We also had a project in Denmark at the same time, and the National Institute of Child Health and Human Development, which was funding that project, agreed to transfer the grant to our new organization. And so we started out—but of course, no guarantees for the future, and we've been going now since 1975, which is just about thirty years.

McFarlane Were you afraid?

David No, I've always been an optimist. If things didn't work out once, they would work out the next time. I was never sure of my income, and anyone here—that's true—but there was a positive attitude, and I had great good luck with the foundations, including MacArthur, the Ford Foundation, and others. And in part, I think it was because I was good salesman. I had enthusiasm for what I wanted to do, it had policy appeal, and it was always studies of interest within the United States that could not be done in the United States.

I've already mentioned the Czech study. The Denmark study was just as important in a way. Questions were constantly asked about the mental health responses after abortion. The idea occurred to me to look for a country where we could look at postpartum depression as well, and particularly, for admission to mental hospital.

McFarlane So you had the idea and then looked for a country.

David Right. And Denmark was one of only one or two or three countries which had a national population registration system. So that, like in Prague, every time you got a service, your number was recorded. You could go to any physician or any clinic or any hospital, but you would always be asked for the person number, which you received at birth or upon arrival in Denmark as an immigrant. I got to know the person, the individual who ran this register, and I worked with her. And they had just gone—in about 1975, they had just gone to a computer system. So what we could do was to establish a study of looking at the records of every woman in Denmark between ages, I think, fifteen and forty-nine, whether or not she had given birth, whether or not she had had an abortion. And then we decided, let's look at the extreme picture, which is

admission to a mental hospital.

There are lots of anecdotal histories and case studies of women who have had alleged severe reactions to abortion, but those are impressionistic, anecdotal studies, and I felt that admission to mental hospital was really the key. So that's what we did. Unfortunately the records only went back about a year, but we took the first thirteen weeks after abortion, or after birth, because that was considered the period for postpartum depression. We were able to eliminate from the study all those women who had had a prior admission to psychiatric hospital. So we were only looking at first admissions. We did that study and it had a lot of interesting results—if I can briefly summarize and remember them.

In Denmark, of course, lots of people live together without being married, so marital status is not always that important. But of the women who were either married or co-habiting, there was practically no difference in admission to mental hospital three months after abortion or three months after birth. However, if you took all the women, there was a significant difference in admission to mental hospital post-abortion. And why was that? We looked into it. It turned out that women who were either widowed, divorced, or had in some way broken up their relationship, there was a significantly higher, a much higher number of admissions to mental hospitals after abortion. And we hypothesized that the pregnancy may have been originally wanted, and then when the breakup of the partnership occurred—either through death, divorce, or just leaving each other—this pregnancy became problematical and unwanted, and so this is what occurred. We checked that out in subsequent

smaller studies and it turned out to be correct.

Now, the Right to Life people have always jumped on this study as the only study which really controls for everything and took extremes of admissions to mental hospitals. And they always lump all the figures together, so that as I said, if you look at the total population, there's a significantly larger number of women admitted to mental hospital. And they never mention the fact that the key finding is that women who broke up their relationship were the cause of the difference—and that if you only took people currently married or currently in a relationship, there was no significant difference.

The study had begun in Denmark [while I was at] the American Institutes for Research, but the National Institute for Child Health and Development decided that we could continue it under the auspices of the Transnational Family Research Institute. [It became a] significant study because I think the only other ones similar to it were in Finland and a few in Sweden. But none that took the total population of women and controlled for admission to psychiatric hospital. Some people criticize the study, that it only looked at the first thirteen weeks after the abortion or after the birth. And there's some truth to that, but we went by the classic definition of postpartum psychosis, which is only the first thirteen weeks.

McFarlane Did you look at following live births?

David Yes, they were live births.

McFarlane Oh, I see. You looked at that as well.

David Yeah. But the postpartum were all live birth. And there's one other factor which I think is important here, psychologically speaking, which was significant

in the fact that there was no difference between the groups. Because I think physicians and other reproductive health people are very reluctant to send a woman to a mental hospital if she has a baby.

McFarlane Ah, yeah. That's so obvious, I—

David Yeah. So our figures, I think, were good, that there was no difference. And also in Denmark we were able to look at multiple abortions and it turned out that there were no differences between women who had two or three abortions and those who had one. We finally came to the conclusion that there are some women who are simply unlucky, who are more fertile than others, and are likely to get pregnant more often. But they have abortions and it doesn't seem to affect them.

And of course, the same is true in Russia and elsewhere where it became a part of life to have an abortion because contraceptives were not very effective. The Russian condoms, as you may know, were known as galoshes, and, uh, the early Pills in the Soviet Union had many side effects. Women didn't like them. Because they had no alternatives, they resorted to abortion.

McFarlane Now, the Transnational Family Research Institute—at the time you left AIR, how many employees did you have?

David Well, at the time we left, we had at AIR probably about ten different people. And when I left it, it came down to my wife and myself.

McFarlane That was it.

David That was it.

McFarlane And you had to carry out this work.

David Yes. But that was no problem, because our staff was outside the United States

and we had the grant funds for that. So eventually, we established offices in Prague, in Copenhagen, in Mexico City—and I'll tell that story in a moment—and others. Essentially, TFRI became a cooperative of different scientists in different countries. There was no legal framework. [Once our initial funding ended] they were responsible for obtaining their own money. I would help get grants. But we set it up in such a way that they would all be independent and cooperate together, and I was kind of a chairman of the board, although that was never a position officially defined. It simply was an effective, cost-effective way of doing work abroad.

Now, I mentioned Mexico. Well, one of the people I met was Susan Pick, a psychologist at the Autonomous University in Mexico City. I had been invited by the International Congress of Psychology—[in 1984 to organize] the first symposium on family planning under the auspices of the International Union of Psychological Science. [My problem was that] I didn't know anybody in Mexico, which was the host country for the Acapulco Congress. When I got the program, [I saw that a] talk by someone on family planning in Mexico was fortunately scheduled for the day before our symposium. So I went to the talk and I met Susan Pick—a dynamic woman, full of ideas, great English fluency. She was educated in the United States and in London. Has a Ph.D. from the London School of Economics. I asked her to join our symposium the next day because I felt embarrassed about the fact that we had a Czech, we had somebody from Finland, some people from the U.S., but no one from Mexico. She came, and we've been colleagues ever since. I'm very proud that I helped her to establish the Instituto Mexicano de Familias y Población—I think

that's correct. And she's been a huge success—she was in the right place at the right time, the foundations loved her, and she's now all over the place. She's been the president of the Inter-American Society of Psychology. She's on the board of the International Association of Applied Psychology.

My greatest joy in life—and I may as well say that now—is the success of the people I discovered and who have done very, very well. Nila Kapor Stanulovic in the former Yugoslavia is another excellent example of that. After her work in fertility behavior, she developed something called psychological first aid and she's been all over the world, wherever there've been disasters. She has worked for the UN and WHO. That's another long story. I've been personally involved with colleagues [in many countries] who've become good friends.

One of the other important studies of TFR was in Romania. I had long been aware of the fact that Romania had been the only country in the world, the only socialist country in the world, where abortion was suddenly declared illegal, from one day to the next, in 1966—and with severe punishment—and that no contraception, no abortions, were legally available. I was always interested in how women fared under this—the suffering that women went through. I was looking for a Romanian, a colleague, because I didn't want to do such a study as an American male, and had to have a partner.

It began at a congress [International Congress of Psychology, Brussels, 1992]. There was somebody giving a talk about Romania, and that turned out to be Adriana Baban, who was forced to discontinue her studies as a psychologist during the Ceausescu regime and went back and got a degree—

again, good English-speaker, good scientist. And she and I developed this program of focus-group interviews and individual interviews with women and with men in Romania. It has been published in different languages and under different auspices. It's the classic study today on what happened to women during those Ceausescu years.

Adriana Baban has bloomed. She eventually became the president of the European Association of Health Psychologists. She's been a consultant in different countries, and has become a star. And if it hadn't been for our accidental meeting, this study would never have occurred. Just as I mentioned in our previous interview, the study of abortion and eugenics in Nazi Germany—again, I didn't want to do it alone. I looked for colleagues, including a woman who did it with me, and that woman became, eventually, the director of the Institute for Population Studies in Germany [C. Höhn].

McFarlane

Tell me about that study.

David

Well, it was simply a study of the files—of going back and looking for what records existed. As I think I mentioned before, I was very fortunate in the NIH medical library here in Bethesda to find the back issues of the *Journal of the American Medical Association*, going back to 1930. They had a correspondent in Berlin. This person, whoever it was, was interested in the abortion history in Germany, so whenever there was a new law or a new regulation it was written up. Abortion was made illegal—well, no, let me go back. The Communists and the Social Democrats wanted to have abortion legal, but it was never legalized. It was never passed through the German Reichstag. When the Nazis came to power, they clamped down more and more on both the availability of

contraception and abortion. They shut down all the early sex education programs in the Institute of Dr. Magnus Hirschfeld, who was a pioneer in this field. And one of his people, Hans Lehfeld eventually came to the United States. But abortion was made punishable by death, eventually, during the period of the war.

None of this had ever been written up, including the fact, as I mentioned, that Jewish fetuses were not protected by the Nazi laws. And before World War II, whenever a Jewish woman wanted to have an abortion, it was available, because, as I said, the Nazi laws did not protect Jewish fetuses. And as I said before, this had never been written up, and *Population and Development Review* was delighted to take that paper for historical reasons. It had, as co-authors, somebody from the German Democratic Republic and a woman from the German Federal Republic. I always felt that such co-authorship would make the paper much more realistic and honest as to the time. And that's what happened.

McFarlane

So this was done under the auspices of TFRI.

David

Under TFRI—it was a purely pro bono endeavor. I did most of the research in the files here, and then they followed up with their sources at the libraries in East and West Germany. I was the senior author because I had done most of the work. I've talked about Germany and Romania. There was one other study that's worth mentioning. And that had to do with incentives—incentives both to have fewer children, and incentives to have more children. This was a study commissioned [in 1984] by the United Nations Fund for Population Activities for a conference that was scheduled to be held in New York, on the topic of

incentives.

To make a long story short, the paper was not permitted to be published under the United Nations auspices for, I suppose, political reasons, and I'll go into that. Eventually they gave me the permission to publish it elsewhere, and it was published in a book edited by Simmons and Lapham, called *Family Planning Effectiveness*, published by the National Academy of Sciences. The study concluded that you could get people to have fewer children by pointing out, as Mechai Viravaidya did, that too many children make you poor, quote-unquote, and by rewarding people who limited their families through all kinds of financial incentives. Like in Thailand, farmers needed a bull, and if they borrowed money from the bank, it would cost more than if they were family planners and borrowed the money from Mechai's organization [Population and Community Development Association of Thailand]. And also, simply payments to people, to point out the cost of education and pointing out that people and couples who had fewer children had a better life. And this worked.

However, efforts to increase family size did not work. In Singapore, they put on dating opportunities and meeting partners—sponsored by the state. The most ambitious program was developed in the German Democratic Republic, where if you married, then the apartment you had was partially supported by the state. You were given a loan, which was forgiven depending on the number of children that you had. And what happened in the German Democratic Republic? The woman was given a full year off the job, with pay, when she had a child. An interesting thing happened. Young families in Germany had their first child earlier than they had before, but they did not

have the third child, which was the key to success [i.e., would increase the fertility rate to the level of 2.2 children per woman]. In other words, the birthrate increased because of the earlier birth of children, but it did not stay there. It came right back down because the total number of children did not increase.

McFarlane

Interesting.

David

I should also mention, under the disincentives—of course, the Chinese are the best example of that, punishing people financially for having more than one child. In Hungary and in other countries where they wanted to limit fertility, they did it very easily by withdrawing child support after the third child. In other words, you could not get any more money for the fourth or fifth child than you could for the third. This experience has been published in a book I edited. It's now pretty clear that you can persuade people to have fewer children but you cannot influence them to have more, and that fundamentally the decision to have a child is that of the couple and cannot really be determined by an autocratic state. And that's now accepted wisdom.

McFarlane

What was the impetus behind UNFPA commissioning this?

David

Because they felt that this was an important area—but then they had second thoughts, because a lot of member countries opposed it. They didn't want to discuss the relationship of incentives to the number of children. There were religious factors involved, that people have children without incentives. You can't influence it. And eventually, the powers that be at the United Nations decided this was too hot a topic for us—we're not going to be able to get into it, really. And so they held a very small conference, which was meaningless

because the results were never published. It took quite an effort to get my paper released. We had to put in a footnote something to the effect that there's no relationship between this paper and the United Nations.

McFarlane Even though they funded it.

David Even though they funded it. So, that was another example of politics in the field of family planning.

McFarlane I think that brings up a larger issue that I have. You have, in spite of being dependent on foundation and other funding, you haven't limited or refocused your results.

David No. The only thing we've done, we don't put abortion into the title of a federal grant application. And we don't put it into the abstract. We use pregnancy termination, or fertility regulation, or some other words which convey the idea.

McFarlane The word abortion is just too—

David It's too hot a topic, particularly now. And we have now people in Congress who are watching every grant that the National Institute for Child Health makes in relation to such a word. But my stand is known. After Reagan came in, I was persona non grata at the USAID, Agency for International Development, and I never applied for another grant from them, because I knew it would be turned down. That brings up the story of *Abortion Research Notes*, which was started in 1972. I edited it until 1993. This was originally funded by the Agency for International Development, AID, because Reimert Ravenholt, whom you interviewed—did you do Joe Speidel, too?

McFarlane Yeah. I didn't personally.

David They were in favor of anything that would reduce population growth. So they

were strong supporters of abortion. Together with them, I pointed out that there was a lack of information about abortion, both about abortion techniques, the legality of abortion, papers published on abortion and what have you. And then something like *Abortion Research Notes*, which came out three or four times a year, could summarize what was going on in different countries, give the addresses of people so they could communicate with each other, and what have you. AID funded the first few years, under the Nixon administration, of *Abortion Research Notes*.

McFarlane Now, *Abortion Research Notes* was done under the auspices of who?

David TFRI.

McFarlane Oh, okay. So that was—

Tape 3, side 1, ends; side 2 begins.

David *Abortion Research Notes* had an editorial board, including Christopher Tietze. It had Malcolm Potts at the beginning. In fact TFRI had a technical advisory board for our work under the Agency for International Development, and Potts and Tietze were on that, and they opened many doors for me. As far as I know, this *Abortion Research Notes* was the only publication like it. When we lost AID's support, we got funding from individuals, from abortion clinics, and we did the work at cost. It was another labor of love which went all around the world. That was before e-mail. I'm delighted that it was eventually taken over by the British Pregnancy Advisory Services, which publishes it now. It's called *The Abortion Review*. But our focus was on research and on laws. I was the editor of that for over twenty years.

McFarlane Is this a good time to talk about how you became an advisor to Koop?

David Yes.

McFarlane Does this lead into—

David Well, yes. If you recall, someone sold President Reagan on the notion that, while there might not be many health effects in abortion in the sense of mortality or morbidity, that abortion was clearly safer than childbirth, there were psychological consequences and that Dr. Koop, who was then surgeon general, should look into it.

McFarlane Was this early in Reagan's tenure?

David Yes. And—well, I don't know how early. It was some time during those years. And I must say that Koop, although avowedly pro-life, was a very honest man.

McFarlane Had you known him before?

David No, never met him before. I only met him once or twice afterwards. But he—I was asked to work with his deputy, who was assigned to this project. And he was out here in Bethesda or in Rockville, and I got calls from him quite consistently about this study and that study. And finally I pointed out, Look, there's a lot of anecdotal evidence that some women do indeed have severe psychological consequences, but they're not more than women having postpartum problems. And this went on and on, and we reviewed different studies. And I remember writing some kind of paper for them. Now, you have to remember that they had advisors for many different areas. I was just one. But I was here in Bethesda, which helped.

Koop eventually wrote a report saying that there are so many studies out there in conflict, we really can't make any conclusions. And to a small group of people he said—and he's quoted on this—that psychological problems after

abortion are very small, are miniscule, quote-unquote, in terms of public health. And he bawled out the Right to Life people for focusing on this, because the evidence just didn't support it. And in his honesty, he refused to release a report until a Congressional committee forced him to release it. And there was a Congressional hearing in which I was asked to represent the American Public Health Association. A colleague of mine, Nancy Adler, represented the American Psychological Association. And at the same hearing was Wanda Franz, F-R-A-N-Z, who was at that time the head of the Right to Life Committee, and also a psychologist. And Dr. Speckhard, who had done the famous study which I like to discuss, on so-called post-abortion syndrome.

The point about the Congressional hearing was that they had again distorted my Danish study. The chairman pointed that out—Congressman Weiss, who is now deceased. I was asked by the congressman whether or not there were women who had severe psychological problems, and I said, “Yes, just like you would expect. But they're very small in number.” Whereupon the president of the Right to Life answered, “Well, Dr. David just indicated that there are women who have severe problems. Wouldn't that be enough reason to make abortion illegal?” When I was asked to respond, I said, “Yes, but there are no more than there are postpartum psychosis, and I've never yet heard anybody say that we should outlaw childbirth”—whereupon the room erupted in laughter. That's one of my fondest memories.

McFarlane So it changed the tone of the hearing.

David Yeah. And then Koop (unclear) appeared in the afternoon of that hearing. I mentioned Ann Spechard. Is her name Ann? I think so. She was a graduate

student at the University of Minnesota, getting a Ph.D. in sociology. She wanted to do a study on abortion and psychological consequences, and she developed what's called post-abortion syndrome, PAS. And her study was based, if I recall correctly, on some thirty women who had been recruited through newspaper ads, requesting women who had psychological problems to volunteer to be interviewed. Much to my surprise, this was accepted by the university—until protests were made. And she, in her published dissertation, she says that these women are not representative. They were mostly second- or even some third-trimester abortions, and clearly selected because they had problems, and was not a representative example of any kind. Nevertheless, after she got her degree, she and a man named Vincent Rue, R-U-E, published a number of articles on post-abortion syndrome.

That's now been taken up by the Right to Life people as *the* problem. Since they couldn't win on moralistic grounds, they decided to scare women by saying you will have all kinds of psychological consequences. But it is totally untrue. For example, they claimed that the American Psychiatric Association had declared abortion as a stressor, similar to post-traumatic stress disorder. And that was simply untrue. I checked it out, personally, with the American Psychiatric Association, and nowhere in the diagnostic compendium that they published was there any mention of abortion whatsoever.

McFarlane

So they just made it up?

David

Well, that's the story. I published that, and it's never been refuted. There are other strange characters. Rue, who claims himself to be a psychologist, but he's not—he has a Ph.D. in consumer education or something like that—neither he

nor Speckhard, who does have a bona fide Ph.D. in sociology, are members of any professional organization that I know of. So I won't say shady, but they have a very strong religious view, and they're pushing it. And they're pushing it as fast as they can, and the slicing away at the availability of abortion is in large measure due to this claim to PAS, post-abortion syndrome—which has been published in the [*Journal of the American Medical Association*] as simply being non-existent.

Nadia Stotland, who is a well-known psychiatrist, has made that statement—and now a man name Reardon, who claims a Ph.D., which I found out was awarded by an unaccredited mail-order university, is publishing articles like crazy on the effects on the woman of abortion. And they are distorting everything they can find, including, as I said, my study in Denmark, where the reason for the differences was attributable to a very small group of women. And there's a determined effort being made now to paint abortion in the worst possible light by claiming psychological damage, which, while it does exist in a small proportion of women, is nothing to be concerned about in terms of public health.

McFarlane And this is going on now.

David Yup.

McFarlane Within the guise of science.

David Yes, exactly. Exactly. To save what they say is the mental health of women. So they have made a medical issue out of what was originally for them a moral issue. After all, studies have shown that Catholic women, for example—it is largely a Catholic cause—have abortions in the same proportion as women of

any other religious persuasion.

McFarlane Has anybody ever looked at whether or not they have psychological problems at the same rate?

David It's very difficult to do such a study in the United States because all you have is anecdotal evidence. You don't have a registry. You can't follow this. And you can't follow the—the few studies that have been done by Nancy Russo and other people using the National—what is it—the Longitudinal Study of Youth, is it?

McFarlane Okay. Yeah.

David Yeah. Yeah—where they did ask about abortion. And Nancy came out with the findings that there are so many other factors impinging on women, that to say that seven, or eight, or nine years later their psychological troubles are due to their abortion, it's nonsense. Nancy is senior author of an extensive monograph. It's now being peer reviewed, refuting all of these studies—because they don't consider the marital status, they don't consider the violence in the home, they don't consider alcoholism and other things which impinge on the mental well-being of the women long after the abortion.

McFarlane But sort of scientific (unclear).

David Yeah. But they're carrying on anyway.

McFarlane Um, is this a good transition into the psychosocial workshop?

David Okay. Oh, I just want to add one thing about incentives. There was an interesting study in Thailand, where they established a village fund which could be used as small, micro-loans to couples, and with better rates for those who were family planners than those who were not. And it's very interesting that

those villages which were more or less run by women, where the women were in control of loans, did much better, had fewer children than the ones run by males, the committees run by men.

The Thailand study in many ways showed that you could reward people for having fewer children and could do so effectively. Let me add that I met Mechai Viravaidya in about 1972 and have been a consultant to the Population and Community Development Association [PDA]. Ever since, I developed a psychological assessment tool called the Bamboo Ladder, where people project where they are now, where they expect to be five years from now, etcetera. And that was adopted from a method developed by Hadley Cantril—psychosocial workshop.

McFarlane Let me just back up a little bit. So you actually helped develop materials that are used in the PDA's clinics.

David [No, in their research.]

McFarlane Okay.

David PDA is fascinating organization which has really developed the concept of sustainability by organizing and running for-profit businesses whose profits are then given to the non-profit Population and Community Development Association.

Psychosocial workshop. The Psychosocial workshop evolved from an idea I shared with Rennie Miller from California when we met at the Population Association meetings—I think in 1970. He had published a study on motivation for having children, and I was interested, and we agreed to meet. And during that dinner that we had, it occurred it to me that there really is no

organization of people who are particularly interested in abortion. And so we decided we would try to organize an abortion research workshop. Emily Moore was involved, and a few other people. And we had the good fortune—always serendipity—that when we had this idea, Charlie Westoff was going to be the next president, was the president-elect of the Population Association. It is one of the tasks of the president elect to approve programs. We said we'd like to meet the day before PAA [Population Association of America]. Charlie Westoff said, "Go ahead, fine." And so we did.

McFarlane So that was put in the program?

David It was put on a program as a separate item.

McFarlane But it was still there for people to know about.

David Yes. And we communicated this to everybody we knew who was doing some research. Well it turned out that we attracted anthropologists, economists, one psychiatrist, psychologists, demographers—all people who were somehow unhappy in their basic professional association because they felt there was no room for what they wanted to do. And so it expanded, and over time it became the Abortion Research Workshop and the Fertility Research Workshop. Until now it's called the Psychosocial Workshop in Fertility Behavior, but we just call it the Psychosocial Workshop.

The unique thing about it is that there's no formal affiliation with the PAA. When the PAA decided to make other workshops interest groups, they didn't touch us because we started separately. We're the only organization that I know of that has no constitution, no dues, no officers—simply two voluntary chairs who arrange each year's program. And we charge them a registration fee

in order to have coffee breaks and dinner. And it's been fantastically successful. We attract about seventy to seventy-five people a year.

After twenty years, I said I've had enough of this—time to turn it over to younger people. And so Larry Severy and Susan Newcomer are now kind of the godparents of it. People are volunteering to be chairs and it's successful because we have long coffee breaks, lots of opportunity for people to meet other people and discuss their ideas. In fact, as Donald Bogue told me, it's like PAA was in the early days when they had only one track and not several tracks and programs. And people met—which is no longer possible once you become a big organization.

McFarlane Now, you were chair of this for twenty years?

David More or less. There wasn't any chair. I just assumed that role.

McFarlane How did you communicate with people?

David I forget. By faxes, by letters, eventually by e-mail. But it clearly met a need and so people came. How many of them joined the PAA I don't know. That was one of the bones of contention. But today we're so well established—we just had our thirty-third meeting—that nobody in PAA wants to touch us. Leave it alone. And we even had the president of PAA come one time, I think at our twentieth anniversary, or twenty-fifth anniversary. There is one former PAA president, Donald Bogue, who comes every year. He, of course, is a curmudgeon of his own. He's eighty-seven now and he still comes. I smile about it because I'm extremely proud of having been the so-called godfather of this organization which isn't really an organization.

McFarlane But it's more vibrant than a lot of (both talking)—

David We expanded. We meet two days before the PAA now. PAA usually starts on Thursday, and we meet on Tuesday and Wednesday, and it's a very vibrant organization from which a lot of cooperative studies have come. And the best thing about it is that we're attracting young people, not just the old family. And it's really been a lot of fun. We have these five-minute presentations where people can talk about current research. These five minutes are strictly enforced. A lot of people who have been active in the field—Michele Shedlin, Susan Pick—are all participants, and it's very, very interdisciplinary. We have very few demographers.

McFarlane So if someone wants to present a five-minute presentation, how does that happen?

David They submit it and the chances are it will be accepted.

McFarlane Submit it to—

David To the current program chair. And nobody will ask, What is your professional affiliation or your scientific field? If it's an interesting topic, it will be accepted.

McFarlane Has there ever been any talk about formalizing this or getting a journal?

David No, no, no. It's the informality of it that attracts (both talking). There are no rules. And there are no officers. And there are no dues.

McFarlane But there's a tradition.

David There's a tradition. And the registration fee, which has gone up with inflation, covers whatever our costs are. And we're not in the red. In fact, we have a little saving and probably at the fiftieth anniversary, there'll be a big blow-out as there was at the twenty-fifth, when we had champagne. But a lot of people present original ideas which are then developed, and the NIH people, Susan

Newcomer, is there every year and offers her suggestions. We had Jacqui Darroch talk about the Gates Foundation the last time around, and other foundations and the funding business. And then the last session each year is planning for next year, where people express ideas of what they would like to see in the next year.

There's something about it which makes it a success. Sometimes some of the senior people will arrange sort of a weekend together, a retreat. That developed during the days when you usually took a flight over Saturday. It was cheaper. PAA was always in the middle of the week. It didn't cover Saturday. So we had these little private meetings in a small group. And it was just something which was timely and met a need. Again, I think it's putting ideas together. If you live long enough, you can enjoy it.

McFarlane And definitely an interdisciplinary gathering.

David Yeah. So it's nice. There's a family feeling, which I don't have about any other group. In part that is because it's small.

McFarlane And people are going because they want to, and not—

David Exactly. Exactly. And I think that's what happening now in many different areas. I know that the membership of the American Psychological Association is declining because people prefer to have these little specialty organizations where they feel they can play a bigger role, where they get more interactions. That reminds me, I would like to talk about my involvement with the American Psychological Association.

McFarlane Okay.

David Let me talk a bit about the American Psychological Association. I've been a

member since my days in graduate school. And eventually, as my international interests expanded, I became active within the international area in psychology. Insofar as I know, I'm the only psychologist who made his living entirely in the international area. I also helped move, as I think I recorded yesterday, in 1969 the resolution of council declaring abortion to be a civil right of the woman. This was well before the Supreme Court decision. And that was passed with the understanding that the American Psychological Association would create a task force on family planning, psychology, and population. I don't remember exactly the exact term. I was asked to chair that group. We had activities for several years, and eventually formed the nucleus of the division of population psychology of (pause in tape)—

It was also during the time of being on the council that the American Psychological Association established, what was called the Blue Ribbon Committee on studying the psychological responses to legal abortion in the United States.

McFarlane Is this before *Roe*?

David No, this was after *Roe*.

McFarlane Okay.

David This was at the time when Koop was active (both talking)—Nancy Adler, Brenda Major, Susan Roth, Nancy Russo, Gail Wyatt, and myself. We reviewed just about all the studies that were empirically done in the area of abortion. The primary finding was that the most difficult time a woman had, psychologically, was the decision-making time—before the abortion, not afterwards. And then all the various forces impinging on her created a stress and anxiety, but that

once the abortion was done and over with, most women had a feeling of relief. There was no psychological difficulty, even up to seven years later, which was as far back as we could go—or as far ahead as we could go after the abortion.

This article was of such interest that it was submitted to *Science*, which published it. A longer version, a more complete version, was published later, I think in 1992, in *The American Psychologist*. There were some other findings, which I looked into, about psychological responses to abortion. And that is that it's very important that the woman be supported by her partner or by her parents. She's more likely to experience stress—

Tape 3, side 2, ends; tape 4 begins.

She's more likely to experience stress if she's totally on her own, or if she's not supported by either partner, or friend, or parent. She's also likely to experience stress if she has deep, deep religious convictions, is a regular churchgoer and feels that abortion is murder or sin. Of course *the* major factor, in my judgment, is whether or not the pregnancy was wanted. If it was a wanted pregnancy which was terminated for medical reasons, either the woman's health or the health of the fetus, that's a much more difficult problem, much more likely to occur in the second trimester than in the first, and sometimes even in the third. If she is coerced to have an abortion against her will—these are all factors to be looked into when assessing the possibility of psychological problems. In all those cases, women of course should have counseling and sometimes might even be sent back after coming to the abortion clinic for counseling before making a final decision.

Young women, adolescents, are very competent to make their own

decisions. This has just been shown in recent days by the case of thirteen-year-old girl, I believe in Florida, who spoke quite maturely. Studies have shown that adolescent women do have the maturity to make their own judgments—and the accusations always that they're not mature enough and that they need parental permission is just not so. Maybe that's true in some cases, but by and large, women who decide to have sexual experience and think about it, can also make a judgment as to what to do about their pregnancy and how it will affect their long-term—how it will affect their life in the future, especially if they're students. So this, again, the emphasis, particularly among the pro-life people and the Right to Life people that such women must have the approval of their parents, particularly both parents, is inappropriate, in my judgment. And also, studies have shown that most young women who have abortion do consult their mothers.

McFarlane What you're saying is more nuanced, has more nuances than gets portrayed in the political battles, is that correct?

David Correct. Correct.

McFarlane So what would you think about mandatory counseling? Do you think that's a good idea? I mean—

David I don't think mandatory is the right approach. If a young woman has a bad relationship with her family, then you can't ask for counseling by the family—particularly if she has a very strong-willed father and she feels she'll be kicked out of the house or whatever. It depends on the family situation. But as I said, in the vast majority of cases, young women do confide in their mother, and it depends on the attitude and on the religious upbringing that a young woman

has. If she's very religious, if the family is very religious, if they'd rather have the baby than an abortion, so be it. I mean, it depends on individual circumstances. I just think that people by and large are able to cope without undue state interference. Just like the rule in some states—I forget which—where a physician has to read off a long list of likely consequences of abortion. That's designed to scare people away from abortion, not to instruct them.

McFarlane But if you're talking about the risk factors for problems, might the twenty-four-hour period be useful in some cases?

David Yes, in some cases it would be, but in other cases it would not. If you're living out in the countryside and there's no abortion clinic anywhere near you, it means an additional expense—having to travel quite a distance, staying overnight. If you are poor, black, and adolescent, then you're in the worst possible situation financially, so it always comes down to what is the individual family's situation. Is it a dysfunctional family? Is it a family that is cohesive, that supports each other? It depends. But to make arbitrary rules that must be followed or to have the state interfere, as the state of Florida did, I don't think is wanted by most people in this country. Recent polls have shown that people accept abortion now. They don't want to talk about it. They don't want to have it done for strictly ludicrous reasons, but if a woman really wants it, she should be able to have it.

McFarlane The ludicrous reason gets kind of interesting, too, doesn't it?

David Yeah, well—

McFarlane What's—

David A ludicrous reason might—I can't think of any myself, but there are some, I'm

sure. Simply if you don't use contraception, and you think you'll abort every pregnancy, maybe that's a ludicrous reason. That's my biggest fight with the extreme fundamentalist rightwing groups, that they're so opposed to contraception. The better contraception, the more contraception, the fewer abortions. It's as simple as that.

McFarlane I want to back up a little bit with your work with the American Psychological Association, and the statement that you were instrumental in getting them to pass. What kind of policy impact do you think that had? I mean, it certainly gave the pro-choice position more legitimacy.

David Well, I think most members, not all members—I think psychologists by nature are likely to be more liberal than conservative. And our—some thirty years ago we were perhaps more concerned about the rights of women than some other groups. And so the passage—well, I have to tell you a little bit more about the history of it. It was a serendipity case again. Council had debated all morning resolutions regarding the Vietnam War. And they didn't pass. There was a big debate and none of those resolutions passed. So when I came up with my motion, supported by the Association of Woman Psychologists, council had a sigh of relief—we can pass this. And everybody agreed. So it was just at the right moment, but they coupled it with establishing this task force to look at the scientific base. So from that point of view, it was the right resolution at the right time, when council was exhausted about Vietnam, and simply added the task force and then made me the chair.

McFarlane Yeah, it's hard to imagine at this point that there could be anything more controversial than abortion, but, yeah, Vietnam War would have been so at

that point.

David Yeah. And APA in general has been supportive. A number of psychologists have written books, the latest one of which was on fertility regulation. I was asked to write the forward for it. It was published—the editors were Linda Beckman and Mary Harvey. I forget the title of it at the moment. There have been forces within the APA which have objected to APA taking a political stance, so to speak. But that's to be expected in any organization. So by and large, I think this was a successful endeavor, and it was certainly way before the Supreme Court decision.

McFarlane And do you think it influenced it or—

David It may have. Who knows.

McFarlane Okay.

David The Supreme Court has been responsive to psychological studies. This book by Beckman and Harvey is called, interestingly enough, *The New Civil War: The Psychology, Culture, and Politics of Abortion*. And that took a very pro-choice stand.

McFarlane Is this a good time for us to talk about the divergence between, uh, public—

David Yes.

McFarlane —attitudes and private behavior?

David Yeah. I have published on that topic. It's very easy, politically, to state attitudes, and publicly oppose abortion. Yet we know that some of the strongest Right to Life people have had abortions themselves. Or have had daughters who've had abortions. What people do in the privacy of their lives may or may not reflect public attitudes. Certainly in the United States, we have the reputation of still being very, very puritan. It reminds me of the Victorian

age in England, when there were all kinds of rules and regulations which were not adhered to in the evening. It reflects also the history in the United States of slave masters sleeping with slaves.

What people adhere to and vote for publicly simply does not reflect always private behavior. And we found that out again and again. And I think we have to be aware of that as practices change. And I do believe they will change and have already changed tremendously. The discovery of the Pill, for example, changed the attitudes or behaviors of many people, despite their publicly expressed attitudes. So you always have to take with a grain of salt what comes out in polls in regards to people's behavior.

McFarlane That that's different.

David Yeah.

McFarlane How do you understand the puritanical background of the U.S.?

David I don't know. It comes out of strong religious beliefs. The fundamentalists, the Baptists, the Orthodox Jews are very active. On the other hand, there are complaints now that churches don't fill up on Sundays, but the old teachings die hard. Every generation has to make its own decisions and its own practices. And if you just look at women's dress over history, sexuality will come out in one way or another. And what people do depends on their own backgrounds.

In the interviews in which I've been involved, couple communication is a very important factor. It's very interesting if you interview a husband and a wife simultaneously but in different rooms by two different interviewers, or if you interview them consecutively where they have not had a chance to interact with each other. You'll find that what the husband believes the wife thinks is

very different from what the wife really thinks. And what the wife thinks her husband wants doesn't always reflect what he actually wants. So even among couples, in attempts to please each other, they're not always on the right track. And couple communication, couple decision making, particularly in regard to motivation for childbirth, is a very important factor in contraceptive behavior.

Another example of this is, Georgetown University has a very excellent program on natural family planning. Natural family planning works wonders if you have the discipline and the fidelity. It doesn't work for other people. And part of the problem, the AIDS problem in Africa, for example, is that fidelity to one's partner is not very common in most countries of Africa. So private behavior and what people say publicly don't always reflect each other.

McFarlane

That doesn't bode well for policy, does it, for public policy?

David

For public policy, yes. But it depends upon the enlightenment. We had strong support for family planning during previous Democratic administrations, and yet it's interesting that some of the strongest supporters of family planning were enlightened Republicans—but for interesting reasons—the reason being that they were afraid of too many people in developing countries who would one day all want to come to the U.S. or to Europe, or who would start revolutions. And of course you have the eugenicists, who were the strongest supporters of Margaret Sanger—that she wasn't always very pleased about, but in order to get the medical people to support her, she had to have some allegiance to the eugenics point of view. So, look, I can't think of anything more personal than sexuality. And people eventually evolve their own behaviors.

McFarlane Let's talk about some of the awards you received.

David Well, on awards, I feel if you live long enough, you get them.

McFarlane Well, I think you've gotten more than, a lot more than most people. What—of your many awards, which are particularly meaningful to you?

David Well, the most meaningful to me is the award from the American Psychological Foundation for lifetime achievement in psychology and the public interest. They give one of those a year. And it's the first time it's been given to somebody whose work was really tangential to the field. I have, in many ways, been an oddball in my profession—an oddball that other people were glad to have so they can point to me. And in part I developed a niche, and that has been considered a pioneering effort. And the awards are largely related to that.

I'm certainly not a person who has contributed a great deal to psychological theory or methodology, or anything else. But it is an area which for some reason psychologists interested in sexuality have neglected—the idea of planned versus unplanned birth, wantedness, unwantedness are still fairly new ideas in this field. And yet I think we have a responsibility as citizens to look into that. Other awards I've had—this award you know about, from the American Public Health Association. Another one—

McFarlane The Schultz Award.

David The Schultz Award. And another one from the American Psychological Association for distinguished contributions to the international development of psychology. Well, what I did was to bring this idea into the field. I don't view myself—well, let me put it another way. I'm constantly amazed by the

support I have received. And I guess you become a leader or pioneer by finding an area that's been underdeveloped, and putting enthusiasm and effort into it. That's—I ascribe my success with the foundations to that kind of enthusiasm. For example, right now, for the last couple of years, I've been very much involved in working in Muslim countries.

McFarlane Tell me about that.

David We had the first workshop ever in Yemen on the psychology of reproductive behavior organized in conjunction with the World Federation for Mental Health Committee on Responsible Parenthood and the Yemen Psychological Association. And here the very idea of a Jewish man from the United States leading this effort in Yemen was astonishing. But it was a big, big success.

McFarlane Astonishing to whom?

David To people in Yemen—

McFarlane Oh.

David —and people here.

McFarlane But not to people who know you.

David Not to people who know me. But the kind of thing you have to do, for example—oh, I might as well tell this story. On the visa application from Yemen was a question of religion. And I felt if I put down Jewish, it's like a red flag for a bull in a country like Yemen. If I put down agnostic, they won't believe it. So what did I do? I put down Unitarian. That was fine. But everybody in the know knows my name and everything else. But we didn't have a single problem in Yemen. And the report was published and widely distributed in the Arab Muslim world.

McFarlane Tell me about the work.

David It was simply a workshop. It was a workshop on reproductive behavior with women's groups in Yemen participating, and the psychologists participating. And one of the people whom I had met in Washington, serendipity, was from Uzbekistan—a woman, a demographer. And I felt that under these political and traditional and patriarchal circumstances prevailing in Yemen, it would be great to have this woman from Uzbekistan on the program. And she was a big success, talking about what they're doing in Uzbekistan.

That workshop in Yemen was supported by the MacArthur Foundation. They thought it was a great, great idea. And then we decided to work with our colleagues from Uzbekistan and we had a seminar in Uzbekistan about two years ago, which she organized. And again, we had help from MacArthur and particularly the Soros Foundation, and some other sources. A foundation that wants to remain anonymous paid for our publication of the proceedings in English and in Russian, yeah, for Uzbekistan. And that was a big success too. So now we're thinking about holding or finding support for a regional conference in Tehran, in Iran. And I think you know this story. I was invited to participate in a workshop in Iran on Islam and population.

McFarlane I don't know this story.

David We got a visa. But we got as far as passport control at Tehran Airport, where Tema and I were turned back and had to go back to Frankfurt on the same plane on which we arrived. No reason was given. There was a *New York Times* article about some other scientists who were also turned down at passport control during that same period. Apparently the Iranians didn't want to have

any Americans around. But it was a great humiliation for our Iranian colleague. He and I will meet in Tours at the International Population Conference in July of this year.

We still have some foundation interest and UNFPA interest, and it may still be possible to organize a regional meeting to communicate the very unusually successful program of the Iranians. It's the only country I know where there is strong religious support for population reduction, where couples have to take a course in family planning before they can get married, where the mullahs have an active program with the men to teach male responsibility. Iran has the only condom factory in the Middle East, and condoms are sold or given away in packages that include four emergency contraceptive pills. Do you know of any other such program elsewhere?

McFarlane

No, no. That's fascinating.

David

Yeah. What happened was that there was a family planning program under the Shah, which was mostly in the cities. And when the revolution came in 1979 they stopped the family planning program. But then they very quickly discovered that they couldn't possibly find jobs for all the new generation. And so in 1989 they re-established the family planning program. It's been just an absolutely fantastic success, supported by the top Ayatollahs. They're even thinking now of making abortion available. It's not legal yet except in very unusual circumstances—for the health of the woman, or a deformed fetus. I hope to go back and hope to be let into the country this time. And they will have such a regional conference and, again, the fact of my religion and my citizenship is secondary to the goal of such a program.

McFarlane Are there any other awards you'd like to mention here? You have one from PDA?

David Yes. I had a gold medal from the Population and Community Development Association of Thailand for twenty-five years of pro bono consultation in Thailand, which I very much enjoyed. Mechai's just a fabulous character and to have him as a friend was just a great thing. You have seen the book, in which I also participated.

McFarlane *From Condoms to Cabbages.*

David Yes. *From Condoms to Cabbages.* I'm also an honorary professor, I suppose, at the University of Santo Domingo, at the Autonomous University, because my friend Tirso Mejia Ricart became vice-president or president of the University, the person with whom I worked in the '60s. He decided I should have such an honorary degree. We had a conference about it in Santo Domingo, on abortion. And abortion is now much more freely available.

I've been active in Cuba. As far as I know, I'm the only *norteamericano* who is an honorary member of the Cuban Association of Psychology of Health. There's another political story here. I organized a trip to Cuba for their first community health seminar, together with the secretary of the Inter-American Psychological Association. He had the connections in Cuba, and I felt that it was just ridiculous to have these people ninety miles off the coast and not have any relationships with them. So I went.

And it turned out that the chief psychologist [Lourdes Garcia] in the Cuban ministry of public health was English-speaking, very much interested in what was going on, was a devout communist, or dedicated communist, but was

also practical and realistic. And so we helped her develop the program and on our second visit to Cuba—I was invited again. I could only go as a WHO consultant because by that time, the U.S. government had imposed restrictions on travel to Cuba. So I went as WHO consultant. And I invited her, Lourdes Garcia, to write an article about the Cuban program of psychology, of health psychology, including family planning, for the *American Psychologist*, which is the journal of the association, the official journal. And she agreed. And she wrote the article, but I felt it needed to be edited. But how to get in touch with her? There was no communication. Well, good luck, again. I was invited to—no, I was called, telephone call—a regional psychological association in the United States had chartered a boat, a Russian boat [for a Caribbean cruise and asked]—

Tape 4, side 1, ends; side 2 begins.

—could I possibly arrange a meeting with Cuban psychologists. Well, there was no communication, but I sent a letter off about three months in advance saying this boat would stop in Havana Harbor on such and such a date. I never got an answer. When the boat docked in Havana Harbor, here was a whole mob of psychologists waiting on the quay to welcome us.

We then invited them on board this Russian ship, where we had a wonderful time, eating and drinking, and they said, Well, we couldn't believe it: American psychologists arriving on a Russian cruise ship. And that was something we couldn't resist. And they had a big event for us in Cuba at the psychiatric hospital and I took the occasion to edit this paper with Dr. Garcia. Then we submitted it. It was accepted for publication under one condition:

that I write a foreword to it. And as far as I know, it's the only paper ever published in the *American Psychologist* that required a foreword—because they were afraid of how the government at the time, the U.S. government, would interpret such an article about psychology in Cuba, about health psychology in Cuba, and family planning. That was not required, but that was—the editor imposed that in order to, you know, cover your behind.

McFarlane That's our country.

David That's our country, yeah. Lourdes has since retired, lives in Spain, and is thoroughly disillusioned with Castro, but it was very interesting because Cuba was the first country in Central and Latin America to legalize abortion on request. And again, they had the problem of parental permission—of notification of parents. But in reality, in practice, this is not required. They don't enforce it, even though it's the law. The young woman wants to come in and presents a good case, she'll get her abortion.

McFarlane Interesting.

David So here again was a country which was ahead of us in some ways. They have an excellent public health system. They have more physicians per capita than any other country. But they have no freedom. You can't travel, you can't say what you want. But in terms of public health, they're superb.

McFarlane Have there been personal costs for being in this field?

David Yes, but not many. The most annoying occasion arose sometime in the 1980s, I forget when, when I got a telephone call from the Internal Revenue Service saying that somebody would be coming out the next day to look at our financial books. I was astonished by that because in all of my dealings with the

IRS, it had always been a slow process. And even if they came for an audit in other places, they would give people a month or so to get their books in order.

McFarlane

They just called you one day and said, We'll be there tomorrow.

David

We'll be there tomorrow. And so I spent the evening getting my books in order and having them ready with my cancelled checks and bills and everything else. And this man came the next morning. And he says, "Dr. David, I really want to see your publications." So I gave him my most recent books and publications and he spent about two hours looking at them. Then he walked into my study and he says, "Dr. David, we owe you an apology." And I said, "Why?" "Well," he said, "we've been told that you are out lobbying and advocating for abortion. But we see that's not the case, that your papers are scientific papers and that you don't say anything about being pro- or anti-abortion." And he said, "But now that I'm here, let me take a look at your books." So he spent about fifteen minutes on the books, came back into my study, says, "We will send you a new letter approving the nonprofit status of your organization." So clearly we had been denounced.

And I was very much relieved. But the name of our institute, Transnational Family Research Institute—we were not listed in the telephone directory, just in order to avoid such incidents. But I must also say that I've never been attacked personally for any of my publications by the Right to Life movement. And the only reason I can figure out for that is that most of my studies, if not all, have been above reproach methodologically. I mean, like, the Czech study: who's going to punch an argument into that? So I have been treated, I would say, with respect, and not been personally attacked in any way. But the IRS

story is a story I've never published and never talked about. But I have no hesitancy—it's been at least twenty years now.

McFarlane It must have been chilling at the time.

David Yeah. Yeah, it was. When I worked in Central and Eastern Europe, there were some people who thought I worked for the CIA.

McFarlane That would stand to reason.

David And my answer always was, "No, I really work for the KGB." (McFarlane laughs) And the fact of the matter is that if I had worked for the CIA, the people in Central and Eastern Europe had means of finding that out. But I never did.

McFarlane (unclear). But just by being an American there during that period.

David Yes. Yes. Yes. So for me, this has been very rewarding. I've taken some chances that some people wouldn't. My family was concerned at times, but I always felt that karma was with me.

McFarlane What do you think your most important work achievement has been? If you can boil it down to a single—

David That's hard. I think it's been more an accumulation of factors. I certainly think that the longitudinal study in the Czech Republic, which did not start out to be a longitudinal study at all, has been the single most important contribution to public policy—along with the Danish study. I think in general, I've helped to contribute to the acceptability of scientific studies in the area of abortion. Abortion is a very divisive issue. Even well-meaning people can and do argue about it. As I may have mentioned, I've never taken a pro-abortion stance. I've taken a stance pro-choice, that women have the right to choose and that

government should stay out of the bedroom. And I think by these kinds of studies, and by speaking up against extreme fundamentalist views, I made a contribution.

I mentioned respect for me before. And the best example of that is to go back to Notre Dame, where I was treated with respect, although not by everyone. And I just think that all of these studies, the study about abortion and eugenics in Nazi Germany, the history of the Ceausescu regime and its role in the area of abortion, the support from the U.S. Agency for International Development and then the taking away of that support—all of that made a contribution. It's been a big cumulative thing. From the abortion resolution in the Council of the American Psychological Association I have followed a path which—I don't know how to put it—took advantage of opportunities as they presented themselves.

I was fortunate in finding colleagues who were equally as devoted and who have become well known in their own right. For example, yesterday or the day before was the birthday of Nancy Russo. I called her. She's sixty-two now. I can't believe that. I gave her her first post-doctoral job. We have published together, and we're still publishing together. The most amazing thing of all—if she'll forgive me—is this feeling that I'm eighty-two and still alive and still active. When somebody like Nancy is sixty-two, I can't believe it.

McFarlane

Yeah, well, you're still planning to back to Tehran, right?

David

Yes. And I can't—I am retired, but not retired. I have no salary. And I don't want anything except to continue to make contributions. And I consider myself very fortunate in having married a woman who has supported me

through all of this. And our family. Because it wasn't always easy on them.

McFarlane Mm-hmm. Just the sheer time commitment.

David Yeah. Yeah. And I was a workaholic. Not much time for the family. For my eightieth birthday and our fiftieth wedding anniversary, we went to Morocco. My son-in-law speaks Arabic—he's a political scientist—and we took him and our daughter and our two grandchildren to Morocco. And that was the first really family vacation. So, I don't know. When you reflect on a life, you reflect on the opportunity of having lived a long time. And for that I'm very grateful.

McFarlane Has there been a time or a part of work that's been—that you would look at as the most difficult in your career?

David Well, there was a professional time and a personal time. We've talked about my separation from the American Institutes for Research, which was difficult, but surmountable.

McFarlane It was difficult because—

David Well—

McFarlane —you were going out on your own and you had loyalty to them?

David Right. Yes. I had been there ten years. But it just became obvious that we would be better off parting. There was too many differences of opinion. Not from the local director, Ed Fleishman, but from the corporate office of AIR. In fact, Ed Fleishman and I are good friends to this day. In my personal life, we've had one great tragedy. And that was the loss of our son by his own hand at age twenty-five. And that's exactly twenty-five years ago this month. He would have been fifty. And that's a blow we've never really completely recovered from. There's some strange coincidences. My colleague, Rennie

Miller, who has the California office of TFRI—

McFarlane And he's a psychiatrist?

David He's a psychiatrist—lost his son the same way. And just the statistical odds of that happening—not very great. There was really no warning in the case of our son. And we still puzzle about it. There's not much we can do about it now. But it's a void in our life, and on every family occasion he is remembered. And we've established two funds. We established one fund at the University of Maryland in his name to help support travel expenses of students who have been accepted to a program abroad but cannot afford to go there. And that fund has done very well in terms of the investment program of the University of Maryland, and now this current year I think they've given four or five travel grants to young students.

McFarlane Wow.

David So that's in his honor. And travel funds, as you know, are the most difficult kind of money to get.

McFarlane And, yeah, you would know that better than most people.

David But I would say it would be exceptional, that incident. It's not an incident. It was the loss of that life, which is still a heavy burden. But my life has been good. I will tell you one more personal story that explains it. When I returned to Germany as an American soldier, I went to the city where I was born and where I attended the gymnasium. The old house master was still there. I talked with him and I asked him about some of my classmates, especially the boy that lived upstairs from us. He had been killed in the war. And most of the other people I know had either, what they say, fallen, killed, or were prisoners of the

Russians.

And as I sit here, I still relive that moment, because the thought that flashed into my head was, how lucky I'd been to have been a Jew and to have escaped, and to live in the United States. That was my personal reaction. I was never in a concentration camp—I was never exposed to that. But I had the wonderful good fortune to come here, live with people who loved me, loved my parents, and to have all these good things happening, from the GI Bill of Rights and all of this. And look how it all began. I mean, it's a fantastic odyssey which, if I look at it semi-objectively, I don't believe myself. It's a nice story.

McFarlane It's an inspiring story.

David Thank you. I owe so much to my wife, because she's made this home. She has made it possible for me to work. And I don't know how to end this except in gratitude to her.

McFarlane I have a couple more questions.

David Yes.

McFarlane Do you have recommendations for people who go into the field, for the future? And I hesitate to say population, because we all know all those terms are politically laden at this point.

David No, not really. One of the problems is that, at the present time at least, there's no government funding for university programs in the population field other than demography, really. And without university support, it's very difficult to recommend people to go into it today. Also, I believe that people find their own ways. I did not start out in this field. In fact, nothing I did in my doctoral program has anything to do with what I'm doing, what I've done for the last

forty years. And I had a career that began well, even a couple of books in the field of psychology. But I think if people are alert—women as well as men—to opportunities arising around them, they will—yes, I mean, it takes a bit of courage. You have to be willing to do things which are not ultra-safe—which don't guarantee a salary, which don't have tenure—and be willing to take a chance. And that depends on you as a person, your personality, your capabilities, your intelligence, but above all, on what the Germans call the *Fingerspitzengefuehl*, which means you kind of feel that this is an area to go into. I never thought for a moment that I would end up in abortion research. And to tell someone to go into it today is very, very difficult under present circumstances.

McFarlane

The present political circumstances.

David

Yes. Yeah. And I think that psychologists, especially, shy away from it because it is controversial and psychologists in their training are more—what shall I say—oriented to individuals, to psychotherapy, which is a one-to-one relationship. And I believe that's now an outmoded field. There will never be enough psychologists, psychiatrists, or social workers to take care of the mental health needs. We need the public health system, and it's in the public health system that work will be done in the area of fertility behavior, reproductive behavior, name it what you will. And it will be more and more in the developing world, because in the developed world the cry is going up, We don't have enough to replace ourselves.

McFarlane

What do you think about that?

David

I'm not concerned about it because I think that there will be immigration,

whether people like it or not. And the problem will solve itself. Sure, old traditions will have to go. The Turks will have more influence in Germany than the Germans thought at one time, but it becomes a matter of survival, of social security, and immigrants will be increasingly accepted as contributing to the labor pool.

Look what's happening in this country. In California, if I'm not mistaken, the minority groups now exceed the Caucasian groups. They're less than fifty percent Caucasian. Yeah, and that's going to happen in other countries, and who knows, that may be for the good. There was a person, now gone, who tried for years to have me join anti-immigrant groups. And I said, "I'm an immigrant myself."

McFarlane (laughs). Now you're in. Join the (unclear).

David Yeah. But that brings up another point in my life. I know perfectly well that I'm an immigrant, but it's hard to believe. I've been in the United States now for almost seventy years.

McFarlane So you've become accustomed to it. Is there anything else I should ask you about?

David Oh, we'll probably think of something after you're gone, but I really think that I have nothing further to say, except, perhaps, that I have thoroughly enjoyed what I've done, and despite all the difficulties, would do it all over again. I want to give credit to the World Federation for Mental Health, because that assignment in Geneva changed my life, and the direction in which I went. And my wife's urgent decision to come home also had an influence. But I just feel that I've been tremendously lucky in my life to have had the opportunities I've

had and to be in a position to make the contributions. This was all chance. I mean, the Czech study, which is the most important in my life, fell into my lap. I had the good idea to make it a pair-matched control study—

McFarlane Not bad. (laughs)

David But you have to have the opportunity, and you'd have to be able to see the opportunity, and you have to be able to sell the opportunity to donors. So, I come back to what I said earlier. My job in life has been to put ideas, people, and money together.

McFarlane And you've succeeded beyond—

David Yes. And I'm very proud of that. And if it has had a public policy influence, all the better. But there are costs with that, and you have to be willing to accept those. So I really thank you very much for including me in this group.

McFarlane Well thank you for finally accepting (laughter). This is an honor for this project. Thank you very much.

end of interview