Curbing Global Population Growth: Rockefeller's Population Council

Rockefeller Foundation, 1952

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Background. Throughout the first half of the twentieth century, the Rockefeller Foundation had been a significant contributor to broad advances in medical research and efforts in worldwide disease eradication. In contemplating the work of the foundation his grandfather created, John D. Rockefeller III began to believe that a reduction in mortality resulting from his family's foundation efforts in medicine, without a corresponding decline in fertility rates, could contribute to unsustainable population growth, particularly in developing countries. In the late 1940s, a Rockefeller Foundation-sponsored team returning from Asia noted that an imminent worldwide surge in population growth demanded immediate action. Rapid worldwide population growth was known to be taking place, but scholarship on population and demography lacked organization and coherence in part because of the complexity of the problem of population growth and because of the cultural and religious sensitivities implicated in fertility issues. Rockefeller, however, felt that the complexities of rising population growth and the sensitivities of birth control should not inhibit the needed focus of science and public policy. To the problem of birth control should not inhibit the needed focus of science and public policy.

Strategy. In the early 1950s, Rockefeller's interest in the problems related to population growth led him to provide the financial support for a two-day conference, held under the auspices of the National Academy of Sciences, the president of which was also the president of the Rockefeller Institute for Medical Research." When the Rockefeller Foundation declined to take up population growth as an issue of concern, Rockefeller formed the Population Council as an independent entity. He provided an initial gift of \$100,000 to enable the Council to begin its work.

The Council's charter members were Frank Notestein, demographer at Princeton University who urged attention be given to high fertility rates; Frederick Osborn, influential proponent of population research; Thomas Parran, dean of the Graduate School of Public Health at the University of Pittsburgh; and John D. Rockefeller, III. *** Shortly after its formation, Rockefeller provided an additional grant of \$1.25 million to the Council over five years. The Ford Foundation also made an early contribution to the Council, a grant of \$600,000.** Later financial backers included the Rockefeller, Mellon, Hewlett, and Packard Foundations.**

Rather than develop and advocate public policy positions, the Council made grants to individuals and research institutes in various countries and regions to improve research on population growth that promoted a wider understanding of population issues worldwide. Also, understanding the sensitivities across cultures regarding population control, particularly birth control, the Council sought to strengthen the indigenous capacity of researchers and governments in various countries throughout the world to address population issues in ways consistent with local cultural norms. One of the Council's earliest programs was the distribution of fellowship grants to students of population and demography. In light of the dearth of scholarship in these fields, these fellows became the drivers of population control policies and demographic scholarship throughout the world over the next few decades. When public attention began to focus on population issues in the 1960s and 1970s, alumni of the Council's fellowship program were already placed and prepared to steer policy. The United States, under the Kennedy administration, began to adopt foreign policy positions on global population reflecting Rockefeller's concerns articulated a decade earlier.

At the same time, the Council strengthened its own in-house expertise in population-related

science and policy issues. Because of the Council's early leadership on population issues, it became a source of crucial guidance to the United Nations as it began to take on responsibility for such issues around the world. After helping to fund the UN's first World Population Conference in 1954, the Council assisted the UN in establishing the first regional centers for demographic training and research in India, Chile, and Egypt.³⁰⁰

Impact. In the culturally sensitive field of birth control development and research, the Council played a significant role in the development, testing, establishment of local development, and distribution of the intrauterine device (IUD). Physicians had already begun developing IUDs thirty years before the Population Council became involved, but the Council helped to coordinate international efforts to develop a safe and effective IUD. In 1962, the Council organized an international conference in New York for scientists to report on their usage of various forms of IUDs. Over the next two years, the Council made research grants in excess of \$2 million to support IUD development. An innovation in the Council's approach to IUD development was the large-scale statistical monitoring and analysis of data regarding the IUD's safety and effectiveness from different physicians using the IUD with Council grants.

In 1969, the U.S. Office of Economic Opportunity granted the Council \$2 million to support family planning for poor women in the United States.** The following year, responding to a report issued by a panel chaired by John D. Rockefeller III, the United Nations transformed its capacity to respond to countries requesting assistance in reducing rapid population growth.**

Since its founding, the Council has pioneered research and enhanced understanding in numerous arenas of population growth, including demographic research and tracking, contraception use, family planning service delivery, and AIDS tracking and prevention. During the time of the Population Council's operation, rates of population growth have begun to slow, and fertility rates are falling, particularly in the developing world. Total fertility rates in developing countries have declined from 6.0 per woman in 1965 to 3.2 in 2000.

Notes

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