We have individually and jointly been associated with the evolution of public policy in this field for more than a decade. To our knowledge, there has never been an official policy regarding the virtue or necessity of reducing U.S. population growth, much less achieving population stability. Nor has there emerged among Americans generally a "virtually unchallenged" consensus on what should constitute an official U.S. population policy.

The clearest statement of official U.S. *domestic* policy is contained in President Johnson's 1966 Health Message to Congress (3) :

"We have a growing concern to foster the integrity of the family and the opportunity for each child. It is essential that all families have access to information and services that will allow freedom to choose the number and spacing of their children within the dictates of individual conscience."

Neither in this or in any other statement did the President cite stabilization of U.S. growth as the objective of federal policy. Nor has such a goal been articulated by Congress or the federal agencies. In 1966, Secretary Gardner of the Department of Health, Education, and Welfare (HEW) stated (4) that the objectives of department policy are "to improve the health of the people, to strengthen the integrity of the family and to provide families the freedom of choice to determine the spacing of their children and the size of their families." In 1968 he reiterated (5) that "the immediate objective is to extend family planning services to all those desiring such services who would not otherwise have access to them."

It is clear that the federal program has been advanced, not for population control, but to improve health and reduce the impact of poverty and deprivation.

GOALS OF FEDERAL FAMILY PLANNING POLICY

Given this unambiguous framework for federal policy, it is inexplicable how Blake could arrive at the statement that population limitation has become our national goal and that the "essential recommendation" for reaching *this* goal has been to extend family planning services to the poor. She attributes this "misleading" recommendation to a 1965 report by the National Academy of Sciences (6), a 1967 consultants' review of HEW programs written by us (7), and the report of the President's Committee (1), despite the fact that each of these reports clearly distinguishes a family planning program for the poor from an overall U.S. population control program or policy. For example, the National Academy of Sciences report stated explicitly (6, p. 6) that U.S. population growth "is caused more by the preference for larger families among those who consciously choose the number of children they have than by high fertility in the impoverished segments of the population. The importance of high fertility among the underprivileged lies not so much in its contribution to the national birth rate as in the difficulties that excessive fertility imposes on the impoverished themselves."

The 1967 HEW review sought to determine how well the department's stated policy was being implemented. It found the department's efforts lagging and recommended higher priority in staff and budget for family planning services and population research programs. It also distinguished this effort from an overall U.S. population policy and progam (7, pp. 23–24) :

"While study should be given to the present and future implications of the growth of the Nation's population as a whole—perhaps through a series of university studies sponsored by a Presidential commission—the Federal government should at present focus its *family planning assistance* on the disadvantaged segments of the population. The great majority of non-poor American couples have access to competent medical guidance in family planning and are able to control their fertility with remarkable effectiveness. The poor lack such access and have more children than they want. It should be the goal of Federal policy to provide the poor with the same opportunity to plan their families that most other Americans have long enjoyed. Public financing of family planning for the disadvantaged is clearly justified for health reasons alone, particularly for its potential influence in reducing current rates of maternal and infant mortality and morbidity. Additionally, there are excellent humanitarian and economic justifications for a major directed program to serve the poor."

The President's Committee did not concentrate on family planning alone but made numerous recommendations for short- and long-term programs of domes-