this question, perhaps because most researchers have been singularly uninterested in the *processes* through which fertility control techniques are diffused. Fragmentary data from several state Medicaid programs suggest that, at most, the proportion of poor and near-poor persons receiving family planning services from private physicians is no higher than 10 percent of the population in need.

In sum, then, the 5-million estimate has been presented as a reasonable approximation, based on the inadequate data that are available, of those who need subsidized family planning services and for whom wise social policy would attempt to develop programs.

POPULATION POLICY

Judith Blake's article, hopefully, will stimulate responsible and dispassionate study and discussion of population policy in the United States. The scholarly community has thus far given little attention to this question, leaving the discussion largely to polemicists.

Her message is loud and clear: Our society should not waste its resources on family planning for the poor but should seek ways to restructure the family, reconsider male and female sexual roles (29), and develop satisfying nonfamilial roles for women, if it is to achieve population stability in the long run. We regard the first part of this proposition as erroneous and misleading. The second part, however, needs thoughtful examination as to its feasibility and the costs and benefits to society. The development of voluntary family planning in the immediate future is in no way antithetical to such realistic consideration of population policy for the long run.

It would be useful if Judith Blake were to develop proposals for specific programs to advance the objective of encouraging women to seek satisfaction in careers outside the home. It would be particularly interesting to see whether those programs do not subsume, as a necessary first step, the extension of effective fertility control measures to all women who want and need them—which we believe is the immediate objective of federal policy on family planning.

References and Notes

1. President's Committee on Population and Family Planning, *Population and Family Planning—The Transition from Concern to Action* (Government Printing Office, Washington, D.C., 1968).

2. J. Blake, *Science* 164, 522 (1969).

3. L. B. Johnson, Message to Congress on Domestic Health and Education, 1 March 1966.

4. J. W. Gardner, Statement of Policy of the Department of Health, Education and Welfare on Family Planning and Population Programs, 24 January 1966.

5. ——, Memorandum to Heads of Operating Agencies on Family Planning Policy, 31 January 1968.

6. "The Growth of U.S. Population," *Nat. Acad. Sci. Nat. Res. Counc. Publ. 1279* (1965).

7. O. Harkavy, F. S. Jaffe, S. M. Wishik, "Implementing DHEW Policy on Family Planning and Population—A Consultant's Report," *Dept. Health Educ. Welfare Publ.* (1967) (available from the U.S. Department of Health, Education and Welfare).

8. Calculation of data on unwanted births from the 1965 National Fertility Study yields an estimate of an annual average of about 850,000 unwanted births among all classes in the period 1960–65 [see F. S. Jaffe and A. F. Guttmacher, *Demography* 5, 910 (1968)]. This figure must be regarded, for methodological reasons, as a minimum estimate of unwanted births. It amounts to about 40 percent of the excess of births over deaths in the 6-year period under study. Prevention of unwanted births among the poor and near-poor could have reduced the overall excess of births over deaths by slightly more than 20 percent, while prevention of unwanted births among the non-poor could have reduced it by slightly less than 20 percent. These approximations show the orders of magnitude of what might be expected from the extension of modern family planning to the poor and near-poor and from improved efficiency of fertility control for all Americans. They do not, of course, add up to a zero rate