basis of the quality of the proposals submitted, the competency of the physicians, and the reputation of the clinics. But in the case of formula grants, such as Medicaid, where HEW is merely "buying into" the prevailing state or local system, HEW relies on locally administered programs, which are not always operated under satisfactory medical conditions that ensure, for example, safe distribution of the pill. Under the 1967 child health provision of the Social Security Act, the federal government was authorized for the first time to pay up to 75 percent of the costs of family-planning services for the poor in state, city, and nonprofit private programs. Under this system, HEW provides the money for the programs and, as Commissioner Lee says, "depends on the institution it relates to" to ensure safe standards of distribution.

Federally supported family-planning programs are subject to the laws of the states in which they operate, and this presents an additional problem of jurisdiction. In Wisconsin and Massachusetts, for instance, only married women are eligible to receive birth control information and contraceptives. For years, Connecticut had an anti-birth-control law, which prohibited all use of contraceptives and the distribution of information about their use. Other strong criticism of government-operated family-planning programs has been initiated, both nationally and on a local level, by Roman Catholics who feel that birth control is not within the government's purview.

Family-planning programs are also criticized on the ground that inadequate attention is allegedly paid to the choice of qualified supervisers at the clinical level. The FDA recommends that the physician be a licensed obstetrician or gynecologist. HEW officials admit that, in many government-supported programs, a general practitioner hands out the pill. Cron commented to *Science*, "I know of one family-planning program in one of the northern plain states that is run by an opthalmologist because there is no obstetrician around. It's ridiculous, absurd—an example of a misallocation of resources." Opinions vary about whether a specialist is necessary, but a number of physicians and government officials feel that few medical practitioners, including specialists, pay adequate attention to FDA's labeling recommendations.

Government-financed family-planning programs are further criticized on the ground that they allegedly discriminate against minority groups. Black militants have recently called federal programs a "form of genocide." They claim that, in effect, the government is saying to their race: there should be fewer of you.

HEW programs also have been criticized for not setting an age criterion for women receiving the oral contraceptive. Cron says that about half of all illegitimate babies are born to women under 20. Consequently, the government places no restrictions on giving the pill to young girls, even to adolescents. Criticism of this practice has been sharpest among physicians who feel that the pill may retard growth and that other contraceptives should be used instead.

HEW has nine regional offices. Each has one physician to supervise its field programs, but the difficulty, as Arthur Lesser, a HEW deputy administrator, sees it, is that HEW's limited traveling funds do not permit extensive or frequent field visits. But HEW officials are beginning to look more closely at their own programs. Lesser told *Science* that HEW plans to set up a central information system to maintain complete medical histories of all patients who receive treatment and care in HEW-supported family-planning efforts. While it may be possible for HEW to arrange such a system in programs which it operates directly, it still will have little control in indirect programs, where it can only recommend, not insist, that such a pattern be followed.

In the past 2 years the government has almost doubled the size and support of its family-planning programs for the poor. Unless the Nixon Administration takes an unanticipated change in direction, government-sponsored family-planning programs, which include distribution of the oral contraceptive, will continue and, in all likelihood, increase in the next 4 years. Today the traditional taboos against government-financed birth control programs have diminished. But the demands for government assurance that safe medical practices are followed in the distribution of birth control pills are growing.