

Ironic Interventions: CUSO Volunteers in India's Family Planning Campaign, 1960s–1970s

RUTH COMPTON BROUWER*

Canadian University Service Overseas (CUSO), a non-governmental organization established in 1961, placed young volunteers in assignments in the developing world. Among the volunteers was a small and atypical group, mostly nurses, who served in family planning projects in India. Although CUSO was a secular NGO, the majority worked for an Indian Christian medical organization founded by missionaries in the late colonial era. While the nurses lacked professional training in birth control, which remained illegal in Canada until 1969, other aspects of their backgrounds equipped them to make contributions that were appreciated. Still, they recognized that they themselves were the greatest beneficiaries of their volunteer experience, which proved to be a launching pad for advanced education and rewarding careers both overseas and within Canada.

Le Service universitaire canadien outre-mer (SUCO), un organisme non gouvernemental créé en 1961, envoyait des jeunes bénévoles en affectation dans les pays en développement. Parmi eux se trouvait un groupe atypique de bénévoles composé principalement d'infirmières qui participaient à des projets de planification familiale en Inde. Bien que SUCO fût une ONG laïque, la majorité de ses bénévoles travaillaient en Inde pour un organisme médical indien de foi chrétienne qui avait été fondé par des missionnaires à la fin de l'époque coloniale. Même si les infirmières n'avaient pas reçu de formation professionnelle en contrôle des naissances, qui est demeurée illégale au Canada jusqu'en 1969, d'autres volets de leurs antécédents leur permettaient de faire des contributions appréciées. Ce sont tout de même elles qui, de leur propre aveu, ont bénéficié le plus de leur expérience bénévole, qui a

* Ruth Compton Brouwer is professor emerita, King's University College, and adjunct research professor in the History Department at the University of Western Ontario. The author thanks Sonya Grypma and Siobhan Lambert-Hurley for comments on an earlier version of this article as well as those who responded to conference presentations on this subject with stimulating questions and comments. Bettina Bradbury, co-editor of *Histoire sociale – Social History*, and the two anonymous assessors merit particular thanks for making constructive suggestions and for helping the author to see the article from a fresh perspective. Her indebtedness to her CUSO informants is acknowledged below.

servi de tremplin pour la réalisation d'études supérieures et de carrières enrichissantes autant outre-mer qu'au Canada.

MOST READERS are undoubtedly familiar with the US Peace Corps, established by President John F. Kennedy in 1961. Unless they are of a certain age, it is less likely that they will know about CUSO. Originally called Canadian University Service Overseas, CUSO was officially founded in the same year as the Peace Corps to serve as a “national coordinating agency to develop and promote schemes to send young Canadians to serve abroad.”¹ Recruited and placed through CUSO’s Ottawa headquarters, the young volunteers in this new non-governmental organization (NGO) typically served two-year terms, often fresh out of university or professional training, working on request for local employers at local rates of pay.²

As an organization, CUSO was very much a reflection of its founding decade: youthful, secular, change-oriented, world-minded, eager to “serve and learn” in the UN-declared “Development Decade.”³ Yet, as Bryan Palmer observes in *Canada’s 1960s*, “However much the 1960s were about new developments and abrupt change, these were also times that existed in the shadows of what had gone before.”⁴ In the case of CUSO, what had “gone before” in terms of Canada’s humanitarian engagement with the developing world was almost a century of mainstream Protestant missionary activity that, from the outset, had involved educational and medical work and other forms of social service as well as proselytization. With respect to CUSO’s involvement in India’s family planning campaigns, the shadow from the past and an enabling context were created by United Church of Canada medical missionaries, whose interest in the issue of birth control in India dated back to the 1930s. Herein, then, lies the first of the ironies referred to in the title of this article: that CUSO, despite its secular orientation and its strong desire to disassociate itself from the taint of missions and colonialism, found itself following in the footsteps of missionaries and working closely with an

1 Lewis Perinbam, *Opportunities for Service in Asia: Report of a Tour of Southeast Asian Countries Made during July–August 1961 by Mr. Lewis Perinbam, Acting Executive Secretary* (Ottawa: Canadian University Service Overseas, 1961), p. 1.

2 Useful insider accounts of the early CUSO are Bill McWhinney and Dave Godfrey, eds., *Man Deserves Man: CUSO in Developing Countries* (Toronto: Ryerson Press, 1968) and Ian Smillie, *The Land of Lost Content: A History of CUSO* (Toronto: Deneau Publishers, 1985). Although CUSO still exists (as CUSO-VSO since 2008), it has changed substantially since 1961.

3 For the United Nations Development Decade and the context, see Gilbert Rist, *The History of Development: From Western Origins to Global Faith*, 3rd English ed. (London: Zed Books, 2008), chap. 5.

4 Bryan D. Palmer, *Canada’s 1960s: The Ironies of Identity in a Rebellious Era* (Toronto: University of Toronto Press, 2009), p. 5.

Indian Christian organization established by missionary physicians in the late colonial era.

CUSO's involvement in India was short-lived: India ceased being a field for CUSO volunteers after 1972. Yet it was highly significant as the organization's first major placement country and the site of important early lessons in development. Arriving in the late Nehru era, CUSO remained through part of the prime ministerial term of Nehru's daughter, Indira Gandhi. In this period India was the single largest recipient of official Canadian aid and, in the mid-1960s, the number one destination for Peace Corps volunteers.⁵ These outside interventions reflected a widespread perception of the country as a kind of international basket case, though an important one strategically in the context of the Cold War.⁶ In the case of Canada, there were both pragmatic and humanitarian concerns for a fellow Commonwealth nation.⁷ India's rapid population growth was perceived by many national and international leaders as a major barrier to its development. At the same time, as Matthew Connelly observes, heads of newly independent nations and of international and non-governmental organizations regarded family planning "as a means to achieve 'modernization' in a single generation."⁸ In this broad context, for a brief period, CUSO volunteers were recruited for placements in India's burgeoning family planning schemes. Working mainly with the Indian Christian successors to missionaries in an ecumenical Protestant organization called the Christian Medical Association of India (CMAI) and also with a few state agencies, these volunteers — they were mainly nurses — were expected to help promote awareness and acceptance of various family planning methods. The irony that they were participating in a modernizing strategy in the developing world that their own country would not legalize until 1969 was not lost on these nurse-volunteers. In these circumstances, the early CUSO motto, "To Serve and Learn," took on particular significance as they endeavoured

5 Regarding Canadian aid, see Ryan Touhey, "Canada and India at 60," *International Journal* (Autumn 2007), pp. 733–752; David R. Morrison, *Aid and Ebb Tide: A History of CIDA and Canadian Development Assistance* (Waterloo, ON: Wilfrid Laurier University Press in association with North-South Institute, 1998), Appendix C and pp. 122–123. On the Peace Corps in India, see Brent Ashabrenner, *A Moment in History: The First Ten Years of the Peace Corps* (New York: Doubleday, 1971), pp. 198–208.

6 Dennis Kux, *Estranged Democracies: India and the United States, 1941–1991* (New Delhi: Sage Publications, 1993), especially chap. 5; Touhey, "Canada and India."

7 See, for instance, Touhey, "Canada and India"; Keith Spicer, *A Samaritan State? External Aid in Canada's Foreign Policy* (Toronto: University of Toronto Press, 1966), especially pp. 162–165; Clyde Sanger, *Half a Loaf: Canada's Semi-Role Among Developing Countries* (Toronto: Ryerson Press, 1969), pp. 79–95; Barrie M. Morrison, "Canada and South Asia" in Peyton V. Lyon and Tareq Y. Ismael, eds., *Canada and the Third World* (Toronto: Macmillan, 1976), pp. 1–59.

8 Matthew Connelly, *Fatal Misconceptions: The Struggle to Control World Population* (Cambridge: Harvard University Press, 2008), p. 8.

to acquire expertise in the procedures, technologies, and attitudes they were meant to be promoting.

Family planning was very much in vogue as a development initiative by the mid-1960s, one of hundreds of development strategies in which Western state and voluntary aid agencies began to participate in formerly colonized countries in this still-hopeful “age of innocence.”⁹ In the decades since then, critical analyses of mass family planning campaigns¹⁰ and of international aid and development generally have, of course, proliferated, often as macro studies of state initiatives. Increasingly, the burden of the argument of such studies has been the naiveté of early interventions and the harm done to developing countries by the West’s good (and sometimes not so good) intentions.¹¹ To the extent that Canadian journalists and scholars have focused on this country’s role in development and international human rights, they, too, have been concerned mainly with state-level initiatives and their shortcomings, albeit with some attention to the efforts of secular NGOs and faith groups to practise and promote a “humane internationalism.”¹² Detailed historical studies of the roles played in development by secular Canadian NGOs remain almost non-existent. Indeed, unless a crisis in an international hotspot like Darfur or

9 On the 1960s as development planners’ “age of innocence,” see Ian Smillie, *The Alms Bazaar: Altruism under Fire – Non-profit Organizations and International Development* (London: IT Publications, 1995), p. 37.

10 For instance, Connelly, *Fatal Misconceptions*.

11 Gilbert Rist’s bleak narrative in *History of Development* is well known to academics. More widely distributed popular works by economists who are aid experts or practitioners also catalogue the failures even as they differ among themselves as to the causes of and solutions to development dilemmas. See, for instance, William Easterly, *The White Man’s Burden: Why the West’s Efforts to Aid the Rest Have Done so Much Ill and so Little Good* (New York: Penguin 2007); Dambisa Moyo, *Dead Aid: Why Aid is Not Working and How There is a Better Way for Africa* (New York: Farrar, Straus and Giroux, 2009); Jeffrey Sachs, *The End of Poverty: Economic Possibilities for Our Time* (New York: Penguin, 2005). Tellingly, the foreword in Moyo’s book is by Niall Ferguson, while that in Sachs’s book is by Bono. An exception to these macro studies in its focus on Northern and Southern NGOs is a valuable though less familiar work by former CUSO executive director Ian Smillie (*The Alms Bazaar*).

12 Important early works were *A Samaritan State* by Keith Spicer, a key figure in the student organization at University of Toronto that preceded and later became part of CUSO, and *Half a Loaf* by Clyde Sanger, who served for some years on CUSO’s Board of Directors. Robert O. Matthews and Cranford Pratt, eds., *Human Rights in Canadian Foreign Policy* (Montreal and Kingston: McGill-Queen’s University Press, 1988) treats development assistance as an aspect of international human rights. For the concept of humane internationalism, see Cranford Pratt, ed., *Internationalism under Strain: The North-South Policies of Canada, the Netherlands, Norway, and Sweden* (Toronto: University of Toronto Press, 1989), particularly Pratt’s own chapter, “Canada: An Eroding and Limited Internationalism,” which deals with the efforts of secular NGOs and church groups to keep the concept alive. Morrison’s *Aid and Ebb Tide* discusses CIDA’s support for NGOs, beginning with CUSO (p. 70). See also Robert Miller, ed., *Aid as Peacemaker: Canadian Development Assistance and Third World Conflict* (Ottawa: Carleton University Press, 1992).

Haiti brings them into the headlines, what we know about the activities of agencies like CUSO, Oxfam-Canada, and MSF-Canada is largely what we can read on their websites or in their fund-raising literature.¹³

Through a focus on the family planning activities of a handful of CUSO volunteers in India, I seek to illustrate how complex and multi-layered the experience of development NGOs and their volunteers could be. The concept of layers seems especially useful for highlighting a third irony: the degree to which “development” took place in the volunteers themselves.¹⁴ Far from feeling that they had “served” in a sacrificial way, the Canadian women featured in this study experienced their India years as a source of personal growth and enrichment, “more learn than serve” as one of their teaching colleagues put it.¹⁵ Although their time in the sub-continent was no more than a brief interlude, it proved to be a launching pad for advanced education and rewarding careers in development work overseas and in related fields within Canada. The study draws on personal interviews with six of the nurse-volunteers who were engaged in family planning¹⁶ as well as on archival records and other print sources.¹⁷ I begin with a brief overview of various groups’ concerns about birth control prior to the 1960s, when CUSO’s connection with India’s family planning campaign began. The main focus is the background, placements, and roles of the volunteers who participated in family planning and whose contributions were characterized in CUSO reports of the late 1960s as

13 Two recent works dealing with Canadians in secular NGOs are former CUSO volunteer Barbara Heron’s *Desire for Development: Whiteness, Gender and the Helping Imperative* (Waterloo, ON: Wilfrid Laurier University Press, 2007) and James Maskalyk’s *Six Months in Sudan* (Toronto: Doubleday Canada, 2009), an account of his work with MSF. The absence of historical content in Heron’s book is especially regrettable given her own personal involvement and the conclusions she reaches on the basis of interviews with other volunteers. See also Larry Krotz’s aptly titled *The Uncertain Business of Doing Good: Outsiders in Africa* (Winnipeg: University of Manitoba Press, 2008), based on his observations as a journalist and filmmaker.

14 The transformative and rewarding aspects of participation in development work, as well as the often minimal or disappointing outcomes for those on the receiving end of such interventions, are by now familiar themes in accounts by those who have served in NGOs, but these aspects were still sufficiently new in the 1960s that returning volunteers such as those in CUSO were often embarrassed about the praise for their “good works” that awaited them at home and very much conscious of their own personal gains.

15 Sally Bambridge Ravindra, written response to author’s questionnaire, October 28, 2005. The gain to the volunteers themselves is also an important theme in Heron’s *Desire for Development*.

16 I am happy to acknowledge my indebtedness to the six informants named below for their generosity in sharing details of their CUSO experience and its long-term personal significance. Any errors of fact or interpretation derived from the interviews and their written communications are entirely my responsibility. Sincere thanks to Wendy Dobson (who served with CUSO as Wendy Marson), Nancy Garrett, Margaret Hilson, Patricia Ann Phillips, Joyce Relyea, and Sheila Ward. Thanks also to other CUSO-India volunteers who shared their experiences, particularly nurses Karem Hall Wright and Bonnie Hartley, and to Brian Marson, India coordinator in 1967.

17 The principal archival source is Library and Archives Canada, CUSO fonds [hereafter LAC/CUSO], MG28 I323. This article draws on my research in progress on CUSO in the 1960s and 1970s.

successful and well received. Why, then, did CUSO terminate its entire programme in India in 1972? I briefly consider this question before returning the focus to the family-planning volunteers and what they themselves felt about, and derived from, this early development experience.

Background and Context

Probably the best-known episode in independent India's ongoing struggle to control its population occurred in 1976 when, during the Emergency declared by Prime Minister Indira Gandhi, her controversial son Sanjay used bribes and various draconian methods to compel millions of India's poor to submit to sterilization. The enforced sterilization programme contributed to the defeat of Indira Gandhi's government in the election of 1977, ending the unbroken period of Congress rule that had begun in 1947 when her father, Jawaharlal Nehru, had become independent India's first prime minister.¹⁸ In fact, however, concern about overpopulation in India went back at least to the early twentieth century. Pockets of small-scale, non-state support for birth control existed at least from the 1920s.¹⁹ Corresponding and cooperating with controversial outsiders like the American Margaret Sanger and the Englishwoman Marie Stopes, Indian social reformers worked to gain and publicize knowledge of birth control methods that could work in the Indian context.

India was by no means the only colony in this period to have an indigenous birth control movement with complex transnational links,²⁰ but it was certainly the most populous and prominent. In discussing the early Indian activists and their international allies, recent historians such as Matthew Connelly and Sanjam Ahluwalia have tended to foreground eugenics arguments and elite anxieties and give short shrift to humanitarian concerns. They have also largely overlooked the role of missionaries.²¹ Yet some mainstream Protestant medical missionaries did begin investigating birth control possibilities in this period, as Barbara Ramusack first made clear in the 1980s.²² Occasionally communicating with the secular Indian social

18 Katherine Frank, *Indira: The Life of Indira Nehru Gandhi* (Boston: Houghton Mifflin, 2002), pp. 404–407.

19 See, for instance, Sarah Hodges, ed., *Reproductive Health in India: History, Politics, Controversies* (New Delhi: Orient Longman, 2006).

20 Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002), chap. 3 and 4, features some of the same American activists as were involved in India, among them Sanger and the wealthy and freewheeling Clarence Gamble, heir to the Proctor and Gamble fortune.

21 Connelly, *Fatal Misconceptions*, chap. 3, especially pp. 88ff; Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877–1947* (Chicago: University of Illinois Press, 2008).

22 Barbara N. Ramusack, "Embattled Advocates: The Debate over Birth Control in India, 1920–1940," *Journal of Women's History*, vol. 1, no. 2 (1989), pp. 34–64. See also Ramusack's "Authority and Ambivalence: Medical Women and Birth Control in India" in Hodges, ed., *Reproductive Health in India*, pp. 51–84.

reformers whose work in this area had become known to them, more often they kept their distance. They expressed dismay at the graphic, sometimes sordid, contraceptive advertisements that appeared in segments of the Indian press, and they were anxious not to be associated with what they saw as morally compromising public images of fellow Westerners Sanger and Stopes. For Protestant Christian leaders both in India and the West who viewed birth control as a way of reducing daunting problems of family poverty exacerbated by the Great Depression, a welcome precedent was established in 1930. In that year a widely publicized statement by the Lambeth Conference of Anglican Bishops identified some circumstances in which the practice of birth control could be sanctioned within Christian marriage. In 1938, the CMAI, under the cautious leadership of its first full-time secretary, United Church of Canada medical missionary Belle Choné Oliver, used the Lambeth precedent to open a narrow door for its members to assist Indian families, and particularly Christian families, to control their fertility.²³

Nevertheless, even within mainstream Protestantism, many missionaries and Indian Christians in this period remained unconvinced that promoting birth control was an appropriate activity for Christian medical personnel. Given that fact and pressing claims for their time and attention during India's turbulent 1940s (the decade brought the Second World War, the achievement of independence, and the subsequent tragedy of partition), birth control seems largely to have disappeared from the public agenda of the Christian medical community for more than a decade.²⁴ It would return strongly in Nehru's India in the early 1950s under the label "family planning,"²⁵ and from the mid-1960s it would become a major

23 Ruth Compton Brouwer, "Learning and Teaching about Birth Control: The Cautious Activism of Medical Missionaries in 1930s India" in Avril A. Powell and Siobhan Lambert-Hurley, eds., *Rhetoric and Reality: Gender and the Colonial Experience in South Asia* (New Delhi: Oxford University Press, 2006), pp. 154–184. Interestingly, male rather than female medical missionaries were frequently the public advocates at this time within the missionary community. On the significance of the Depression in producing public support for birth control in Canada, see Angus McLaren and Arlene Tigar McLaren, *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada, 1880–1980* (Toronto: McClelland & Stewart, 1986).

24 This claim is based largely on an examination of issues of *The Journal of the Christian Medical Association of India* published during these decades [hereafter *CMAI Journal*].

25 See, for instance, "All-India Conference on Family Planning," *CMAI Journal*, March 1952, pp. 106–108, which reported that an Indian doctor from a United Church of Canada mission hospital had been a CMAI delegate to the conference. See also several articles in *CMAI Journal* for January 1953, one of which reported on the Third International Conference on Family Planning, held in Bombay, November 24–29, 1952, to which Nehru had sent a message of support. Articles and news items of this sort in the *Journal* make it clear that the CMAI was paying close attention to national and international initiatives on family planning in India at this time.

initiative — indeed, for a time, the major initiative — of the CMAI,²⁶ by then a largely Indianized organization.

The CMAI's 1960s activism was spurred by the unprecedented degree of national commitment to family planning shown in the Nehru government's Third Five Year Plan, which became operative in 1961. In the face of record population growth in the preceding decade (from 361.1 million Indians to 439.2 million), the national government now determined that "a central feature of planning must include stabilisation of the population."²⁷ Although Christians as a religious community remained a tiny and beleaguered minority within India, mission-founded hospitals and Christian medical personnel were in a position to play a significant and acceptable role in any such national government initiative.²⁸ Collectively, mission-founded medical institutions were the largest group of non-state actors in the health-care field in India, and the best of them, most notably the Christian Medical College and Hospital at Vellore, South India, were still national leaders in health care. Even in the 1970s, mission hospitals continued to provide approximately 20 per cent of the hospital bed space in India,²⁹ and they were ahead of governments in developing rural health programmes. State officials acknowledged that mission personnel as part of the voluntary sector had done pioneer work in family planning "in the face of much opposition" and well before the national government took up the cause as a state programme.³⁰ Finally, the Christian hospitals' ongoing Western connections were valuable sources of outside support. In many of these institutions, some Westerners remained involved at senior staff levels, and their

26 Christian Medical Association of India, "Comprehensive Evaluation/Summary of Findings & Recommendations, 1997," p. 17. This booklet refers to the years 1963–1983 as the CMAI's "Family Planning Era." While CMAI work in family planning certainly did not end in 1983, with the drying up of funds from such major donors as Sweden, it was scaled back.

27 Judith M. Brown, *Nehru: A Political Life* (New Haven: Yale University Press, 2003), pp. 300–301. See also Gayl D. Ness and Hirofumi Ando, *The Land is Shrinking: Population Planning in Asia* (Baltimore, NJ: Johns Hopkins University Press, 1984), pp. 74–100; Connelly, *Fatal Misconceptions*, pp. 192–193. By the early 1970s, India was spending 60 per cent of its health budget on family planning; see Helen Epstein, "The Strange History of Birth Control," review essay, *The New York Review of Books*, August 14, 2008, pp. 57–59.

28 See, for instance, "Secretarial Notes," *CMAI Journal*, March 1966, pp. 183–185, also Editorial on "The National Health Seminar," p. 134.

29 Eric R. Ram, "Church Hospitals and Primary Health Care," *CMAI Journal*, February 1979, pp. 58–67, statistic on p. 60.

30 Dr. Prakash Narain, "Role of Voluntary Organisations in Public Health Programs," *CMAI Journal*, July 1973, pp. 300–302, quotation on p. 301. See also Leela Damodara Menon, "The Role of Voluntary Agencies in Family Planning" in V. Jagannadham, ed., *Family Planning in India: Policy and Administration/Proceedings of Three Seminars* (New Delhi: Indian Institute of Public Administration, 1973), pp. 214–218.

presence could serve as a catalyst and a conduit for attracting outside financial aid.

As had been the case in the 1930s, a Canadian was in the unlikely role of being a leader within the CMAI in the specific area of family planning advocacy. Dr. Bob McClure had come to the small city of Ratlam in the state of Madhya Pradesh as a United Church of Canada medical missionary in 1954 after decades of high-profile work in China.³¹ In contrast to the cautious Dr. Oliver three decades earlier, McClure was unhesitating, even brash, in his advocacy of family planning. Moreover, whereas Oliver by the 1930s had become fully involved in medical missions bureaucracy, McClure was still very much involved in hands-on clinical work. Indeed, when he wrote his annual report for 1959 for the United Church, McClure included an account of a vigorous programme of sterilization that used funds from a private American donor (probably Clarence Gamble). “[F]or our size,” he wrote, “we are among the most advanced hospitals in India in male sterilizations.”³² In January 1966, as vice-president of the CMAI as well as a still-practising medical missionary, McClure was instrumental in establishing a pilot project in family planning for the CMAI, to be run from his station at Ratlam. His sources of funding now included veteran Canadian birth control activist A. R. Kaufman.³³ A young Jewish-Canadian nurse, Mrs. Sandra Shime, whose surgeon husband was volunteering at the hospital, provided valuable short-term organizational assistance on a volunteer basis as interim executive secretary. Before the end of the year, Jerry Russell, a dynamic young American missionary with an MA in social work, had been recruited by McClure and took over from Shime as executive secretary on a full-time basis.³⁴

31 Munroe Scott, *McClure: The China Years* (Toronto: Canec, 1977), and *McClure: Years of Challenge* (Toronto: Penguin, 1985).

32 United Church of Canada Archives [hereafter UCA], United Church of Canada [hereafter UCC], Woman’s Missionary Society [hereafter WMS], box 71, file 10, Annual Report of Chikitsalaya, Ratlam, by Bob McClure. See also Scott, *Years of Challenge*, chap. 23, for references to Gamble and the dubious devices he promoted. McClure had himself had a vasectomy while still in China, and his first patient for the procedure in Ratlam was a district court judge. Subsequently, the Ratlam Rotary Club organized a vasectomy clinic.

33 University of Waterloo Library/Doris Lewis Rare Book Room [hereafter UWL/DLRBR], GA 58 – Parents’ Information Bureau [hereafter PIB], file 67, Oxfam of Canada – 1972, Kaufman to Oxfam National Headquarters, Toronto, September 29, 1972, accompanied by copies of two letters to CMAI Director Dr. Rancee Christopher.

34 “Urgent Notice/Family Planning Project C.M.A.I.,” *CMAI Journal*, January 1966, pp. 56–57; see also April 1966, pp. 256–257, for McClure’s “Family Planning Project . . . Progress Report”; May 1966, p. 313, for “Association Notes”; October 1966, p. 591, for “Association Notes”; January 1967, pp. 55–57, for report on the project dated November 14, 1966; and February 1967, p. 111, for “Secretarial Notes.” Clarence Gamble’s Pathfinder Fund, established in 1957, still seems to have been the single biggest donor at this early stage.

A year later, as McClure prepared to retire, hailed by his colleagues as “the father” of their family planning project, the CMAI went beyond the pilot-project stage to launch an ongoing and expanded initiative to be directed henceforth from Bangalore.³⁵ In undertaking its Bangalore-based Family Planning Project, the CMAI was positioned to receive birth control aids and financial assistance from the state, though inevitably such support would come with bureaucratic complications and delays and various strings attached.³⁶ The organization could also hope to tap into a share, perhaps a disproportionate share, of the monetary, technical, and personnel support for family planning that was starting to flood into India by the mid-1960s from foreign governments, foundations, and NGOs.³⁷

35 “Appreciation of the Nineteenth Biennial Conference of the CMAI,” *CMAI Journal*, February 1967, pp. 77–81, and “Secretarial Notes,” May 1967, p. 270. See also “Editorial/Stock Taking/Christian Medical Association of India, 1959–1969,” *CMAI Journal*, May 1970, p. 132. These and other articles show McClure’s crucial early role in approaching donors in the United States, Canada, and Britain.

36 See “Secretarial Notes,” *CMAI Journal*, February 1967, p. 111; Jerry Russell, “Family Planning Project: 1967,” *CMAI Journal*, May 1968, p. 222. The CMAI was certainly not alone among voluntary agencies in its frustration with government bureaucracy and delays (see Menon, “Voluntary Agencies” in Jagannadham, ed., *Family Planning in India*, p. 217), but as a Christian agency it was perhaps particularly concerned. Relations between mission-founded institutions and the various levels of government in India were exceedingly complex. There was, on the one hand, strong opposition to new or returning missionaries in some states and, on the other, a national government anxious to have Christian leaders onside in family planning campaigns. Meanwhile, some Christian institutions remained wary and aloof in regard to governments and other secular links. McClure, whose years in Ratlam were marked by close cooperation and friendships with state physicians and community leaders, used one of his last articles in the *Journal* to urge Christian hospitals in India to cooperate with governments at all levels and to participate in organizations like the Indian Medical Association. See R. B. McClure, “Christian Hospitals in India and their Future,” *CMAI Journal*, April 1967, pp. 182–183. See also J. C. David, “The Challenge,” *CMAI Journal*, October 1967, p. 491, and in the same issue “Retirement: Dr. R. B. McClure,” pp. 538–539. As the *Journal’s* editor, Dr. David regularly used reports of state opposition to missionaries as an occasion to lecture the Indian Christian church on its shortcomings. For an example of complaints about “sporadic” government support and denial of visas to potentially helpful foreign personnel, see E. B. Sundaram, “Role of the Hospital in Family Planning,” *CMAI Journal*, December 1969, pp. 710–715.

37 See Ness and Ando, *The Land is Shrinking*, pp. 78ff. These authors maintain that, despite the massive increases in outside assistance, the dominant impetus and the major funding for control of India’s fertility came from within India itself. While fully acknowledging developing countries’ own motivations and heavy-handedness in population control, Connelly’s strongest and most colourful anecdotes in *Fatal Misconceptions* deal with the coercive and self-interested aspects of Western, and particularly American, official aid to developing countries’ family planning schemes. He cites, for instance, Lyndon Johnson’s response to an advisor who had suggested an immediate increase in foreign aid for India: “Are you out of your fucking mind? . . . I’m not going to piss away foreign aid in nations where they refuse to deal with their own population problems” (p. 221). I am indebted to Epstein’s “Strange History of Birth Control” for drawing Connelly’s book and this quotation to my attention.

CUSO's Engagement with Family Planning

Given the ubiquity of family planning sentiment in India at state and civil society levels and the fact that, within Canada, the Anglican and United churches were by now supporting birth control both as domestic policy and as a form of aid for Asia,³⁸ it was hardly surprising that CUSO volunteers and CUSO as an organization became involved. Already by 1963 several volunteers from the second cohort found themselves participating in birth control activism of some kind, or being encouraged to engage in such work, despite the fact that it had not been part of their original placement assignment or of their preparation.³⁹ In what appears to have been the first official reference to organizational involvement, CUSO's Acting Executive Secretary Terry Glavin stated in his 1965–1966 report that, as a result of the fact that CUSO's coordinator of programmes in India had been able to work with the Indian Planning Commission, CUSO could now direct volunteers into India's "areas of greatest need," namely agriculture and family planning. "A number of nurses have been active in India's family planning programmes," Glavin wrote, "and one is a full-time worker in this important field."⁴⁰ (Glavin was probably referring to Sheila Ward, whose multi-faceted involvement is discussed below.) A working paper prepared for CUSO's 1967 annual meeting reported a total of 61 volunteers serving in India and declared that there were openings for 20 CUSO nurses in family planning work. "F.P.," it claimed, was "number one priority in India."⁴¹

CUSO was well positioned to respond to the new opportunities for volunteers, in India and elsewhere. Despite several early challenges, by 1965 it had already become, according to Glavin, "the fifth largest peace corps programme in the world."⁴² More crucially, it had the strong support of

38 See *United Church Observer*, February 1965, p. 44, for news note on Anglican support and "Urge Birth Control Okay," *United Church Observer*, May 15, 1966, p. 33.

39 For instance, "Prefer Canadian Plan to U.S. Peace Corps," undated *Globe and Mail* article claiming that English teacher Tom Schatzky had been called upon to teach birth control; and profiles of the work of Sue Hamilton Van Iterson and Reggie Modlich in "Canadian Overseas Volunteers (CUSO) ... 25th Anniversary Reunion, August 21–23, 1987." Both this booklet and the *Globe* clipping (undated) are from a collection kindly lent by Steve Woolcombe, comprising some materials from his own files and those of the late Bill McWhinney [hereafter McWhinney/Woolcombe collection].

40 "CUSO Report of the Executive Secretary (Actg), 1965–66," p. 8. Some reports from the 1960s onward, including this one, are available as shelf items at Robarts Library, University of Toronto, as well as in the LAC/CUSO fonds.

41 "1966–67 Report of the Executive Secretary (Presented verbally at the Annual General Meeting)," including appendices containing the Working Paper on Asian Programmes, September 15, 1967, p. 1; see also in appendices Brian Marson, "Annual Report on the India Programme." Writing after six months as coordinator, Marson seemed unaware of CUSO volunteers' earlier involvements in family planning.

42 "Report of the Executive Secretary (Actg), 1965–66," p. 14. As Glavin's remark indicates, the term peace corps was often used generically at this time for all overseas youth-based volunteer programmes.

Prime Minister Lester Pearson, and in 1965 it began receiving what would be ongoing and substantial federal government funding. Indeed, CUSO was “the first voluntary development agency to receive public funding,” and, for some years after the creation of the Canadian International Development Agency (CIDA) in 1968, it remained the biggest single recipient of funds provided through CIDA’s NGO division.⁴³ Though it retained its NGO status and never became an official agency of government like the Peace Corps or the Company of Young Canadians (CYC), CUSO was receiving by far the largest portion of its funding from CIDA by the late 1960s.⁴⁴

Still, why the demand for nurses, given the fact that past approaches to birth control in India had typically assumed a central and necessary role for doctors? And, if nurses, why bring in outsiders when India already had nurses of its own, some of them unemployed? Finally, if outsiders, why Canadian nurses, given the fact that their professional training and on-the-job experience had typically not provided them with technical expertise or interpersonal skills related to the introduction of contraceptive practices? These three questions relate to issues of demand and supply of personnel, to the types of outreach and contraceptive technologies being used or considered in Indian family planning schemes, and to relevant cultural contexts. Each question merits consideration.

Given the size of the task that family planning advocates proposed to tackle, a task to be undertaken not only, or mainly, through hospitals and clinics, but also through outreach to India’s half million villages, many of the advocates now maintained that it was neither practical nor necessary to rely on doctors for the propaganda campaigns and even some of the procedures envisaged. Rather, it was envisioned that, for many tasks, public health nurses and “Lady Health Visitors” (LHVs) could lay the attitudinal groundwork in hospitals and among village husbands and wives and could also, where feasible, train other health workers, including auxiliary nurse-midwives (ANMs),⁴⁵ to perform contraceptive procedures, of which the most common in this period was insertion of IUDs (intrauterine devices, commonly called loops).⁴⁶ IUDs made of

43 Morrison, *Aid and Ebb Tide*, p. 28 (for quotation) and p. 70.

44 “Report of the Executive Secretary to Seventh Annual Meeting,” 1968, p. 2. CUSO received approximately 89 per cent of its operating budget from the federal government in 1968. See also Smillie, *The Land of Lost Content*, chap. 21.

45 CUSO nurse Wendy Marson, in “India’s Project Number One,” *Canadian Nurse*, November 1967, pp. 45–49, briefly described the role and level of training associated with each of these positions. LHVs, with some 30 months of training, had less preparation than fully professional nurses; they were mainly being prepared for public health and rural work. ANMs had two years’ training, a year more than the standard training for regular midwives.

46 Connelly suggests that the initial pressure to move away from exclusive reliance on physicians for loop insertions came from American activists in the Ford Foundation and Planned Parenthood

soft plastic, introduced in the early 1960s, were initially hailed as “a major technological breakthrough that would solve India’s problems.”⁴⁷

In reality, most Indian nurses were still not in a position to take on leadership roles in family planning or to work independently, given the nature of their backgrounds and training and existing cultural constraints. Traditionally, nursing work in India had been regarded as “a deeply inferior occupation” fit only for women “belonging to the lowest social strata.” As an occupation for which women could be trained, nursing had been initiated by Christian missionaries at the end of the nineteenth century. Even on the eve of independence, the vast majority of India’s nurses were still Christians. Both because they had usually been drawn from socially marginal backgrounds and because of the kinds of tasks they had to undertake (some of which violated moral or caste codes), their status was low, and great care was considered necessary to guard their reputations against scandal.⁴⁸ For a time after independence, the status of nursing appears actually to have worsened, while the divide increased sharply between degree-holding nurses and those without, the latter often poorly educated and “almost semi-literate.”⁴⁹ Given such circumstances, then, Indian nurses were often not well positioned, culturally or professionally, in the early days of mass family planning projects to travel on their own or with male colleagues to rural hospitals or villages

(*Fatal Misconceptions*, pp. 201–205). At least for a time, CMAI family planning activists seem to have been less inclined than these outside advisors or state officials to turn loop insertions over to nurses or auxiliary health workers. See, for instance, Leonard E. Blickenstaff, “Sociology of Family Planning,” *CMAI Journal*, January 1967, pp. 31–36; Vijaya Swamidoss, “The Role of the Nurse in Family Planning,” *CMAI Journal*, May 1968, pp. 249–251. Swamidoss, with a science degree and years of experience in family planning in Ceylon (Sri Lanka), acknowledged that some nurses were now trained to fit contraceptives, but she seemed to believe that well-educated Christian nurses like herself should mainly function as well-informed, respected, and tireless advocates for this cause rather than hands-on practitioners.

47 Ness and Ando, *The Land is Shrinking*, p. 78. The many concerns about IUDs that emerged by the late 1960s are discussed below.

48 Rosemary Fitzgerald, “‘Making and Moulding the Nursing of the Indian Empire’: Recasting Nurses in Colonial India” in Powell and Lambert-Hurley, eds., *Rhetoric and Reality*, pp. 185–222 (quotations p. 194). CUSO nurse Bonnie Hartley recalls that at the Clara Swain mission hospital, where she served in the late 1960s, Indian nurses’ personal lives were still closely monitored and their correspondence still routinely read by their supervisors (author interview with Bonnie Hartley, January 2006).

49 See LAC/CUSO, volume 26, file 20, for Chanchal Sarkar, “The Lamp is Burning Low,” reprint of article from *Hindustani Times*, August 25, 1967. See also Madeleine Healey, “Indian Sisters: A History of Nursing Leadership and the State, 1907–2007” (doctoral thesis, Politics Program, School of Social Sciences, La Trobe University, Victoria, Australia, 2007). Nursing has failed to emerge “as an essential dimension of medical modernity in India,” Healey argues, for reasons arising from “the intersection of local practices of caste and gender, a heavily Westernised and little adapted professional culture, and a patriarchal state deaf to the voices of nurses” (abstract, p. vi).

and talk knowledgeably and comfortably about a subject as intimate and as fraught with moral and cultural minefields as family planning. As professionally trained Western women, CUSO nurses embodied a greater cultural authority and could thus help to give credibility and respectability to family planning initiatives.

The CUSO nurses constituted both a departure from and continuity with a long tradition of Western women who found in India opportunities to exercise talents and leadership for which there were often no equivalent outlets at home. The single largest category had traditionally been missionaries, among whom medical missionaries had enjoyed a particular cachet with Indian and colonial elites.⁵⁰ Missionary nurses, including Canadian nurses, had come to colonial India later and, initially at least, in smaller numbers than their medical missionary counterparts, but they, too, had found congenial roles as imperial women and would-be mentors to their Indian "sisters."⁵¹ Arriving in the 1960s, CUSO volunteers of both sexes were keen to distance themselves from the distasteful discourses and legacies of missions and colonialism. Yet many of them, nurses in particular, often found themselves in institutions established in that earlier era and engaged in projects with significant continuities.

CUSO's advertisements for Canadian nurses to work in India appear to have attracted an unusually able group of volunteers who, notwithstanding their general lack of background in family planning, brought other strengths to their roles. During this period the nurses who joined CUSO were, on average, somewhat older than other volunteers⁵² and had more in the way of professional training and work experience than the

50 The literature on Western women in colonial India is vast, and it has long since ceased to be celebratory. Antoinette Burton's *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865–1915* (Chapel Hill: University of North Carolina Press, 1994) is among the most widely cited of such works, and justly celebrated, but its main focus is on secular women within Britain who used tropes of sisterhood and imperial burden-bearing to pursue their own feminist projects. For a useful survey dealing with missionaries and numerous other women from Britain and North America, including some who challenged imperial and Christian orthodoxies, see Kumari Jayawardena, *The White Woman's Other Burden: Western Women and South Asia During British Rule* (New York: Routledge, 1995). Geraldine Forbes's *Women in Modern India (The New Cambridge History of India, IV.2)* (Cambridge: Cambridge University Press, 1996) deals helpfully with interactions between Indian and Western women while keeping the focus on the lives and agendas of the former. All these works, as well as the essay collections edited by Hodges (*Reproductive Health in India*) and by Powell and Lambert-Hurley (*Rhetoric and Reality*) cited above, illustrate the extent to which Western and Indian social reformers problematized Indian women's domestic arrangements and reproductive lives long before the latter became an obsession in the family planning era.

51 Fitzgerald, "Recasting Nurses in Colonial India"; Ruth Compton Brouwer, *New Women for God: Canadian Presbyterian Women and India Missions, 1876–1914* (Toronto: University of Toronto Press, 1990), chap. 4 and pp. 201–210.

52 The six nurses whom I interviewed about their involvement with family planning in India ranged in age from 24 to 31 years of age when they joined CUSO.

straight-out-of-university volunteers who typically joined the organization, most often becoming teachers. At a time when it was still not the norm, several of the nurses had university degrees in nursing, training and experience in public health work, or both. Some had worked for the Victorian Order of Nurses (VON) or served in cottage hospitals in remote communities. There they were sometimes required by emergency situations to take on responsibilities for which their training had not prepared them. The CUSO nurses' maturity and real-life experience stood them in good stead in India as they took on what were, on the one hand, unfamiliar and ill-defined roles and, on the other, positions of considerable responsibility and potential influence.

Learning and Teaching

The background and experience of Vancouver-born Patricia Ann Phillips are illustrative.⁵³ Twenty-nine-year-old Phillips had already travelled extensively and done nursing in Johannesburg as well as in various parts of Canada when she responded to CUSO's advertisement in *Canadian Nurse* and went as a volunteer to India in 1968. Based in Bangalore with the CMAI's Family Planning Project from August of that year until April 1970, Phillips spent most of each month travelling as part of a four-member mobile team to CMAI member-hospitals in the states of Tamil Nadu and Mysore to meet with hospital staff. Her job was that of a "health educator" rather than an actual clinician, but, not having worked in this field previously, what could she teach? CUSO had arranged for her to visit an unadvertised birth control clinic in Vancouver as part of her orientation prior to leaving for India, but it turned out to amount to no more than an hour's worth of observing during one evening. Phillips, however, was a fast learner and, once in Bangalore, a highly motivated one. She spent many nights voraciously reading the literature on human reproduction and birth control that was now being made available to workers like herself through the CMAI and state agencies and even from CUSO's own new resources library in New Delhi.

In addition to Phillips, the mobile team on which she served included a fully professional Vellore-trained Indian nurse with a public health background, a Muslim driver, and, for a time, a social scientist. Working in mission hospitals of various sizes and degrees of complexity, the team sought to help hospital staff members to acquire and then promote awareness of India's population problem and a knowledge and acceptance of

⁵³ What follows draws on a questionnaire completed by Patricia Ann Phillips prior to a personal interview, September 19, 2006; on her CV; and on her comments on a draft of this article, July 17, 2009.

birth control techniques, both within the hospitals and in the surrounding communities.⁵⁴ The team brought samples of IUDs and other contraceptives and taught lessons in human anatomy and physiology through the use of audio-visual and other aids (Figure 1). They also did follow-up visits where requested. The portion of Phillips's CV dealing with this stage in her long career in development indicated that she had also "provided project reports to the CMAI[I] and donors; liaised with member hospitals, state health departments and international/national organizations providing mother and child and family planning services in South India; attempted to make family planning part of hospital services and encouraged the outreach of Public Health programs." Summed up in this way, Phillips's assignment with the CMAI sounded well orchestrated and fully established, almost routine. Interviewed in 2006, however, Phillips recalled that, despite the orientation she had received from the CMAI before becoming part of the mobile team, "you had to really develop your own job or add to what was outlined." It was a continuous learning process, and over the course of her two-year assignment Phillips and her Indian nurse-partner, Mrs. Sujatha DeMagry, would spend countless hours deciding how best to teach and train hospital staffs and tracking down suitable resources. Moreover, as will be seen below, even those who provided supervision, training, and support for the mobile teams were relative newcomers to the project.

Phillips's team was one of five assigned by the CMAI's Family Planning Project to different regions of India. In Bangalore, Phillips and her colleagues reported to the central supervisory staff, one of whose members, Executive Secretary Jerry Russell, provided continuity from the Ratlam era. Russell also provided valuable organizational skills and enthusiasm for working with government agencies. He was, however, neither a physician nor an Indian, and it was considered important that the project be headed by a senior Indian medical figure. Thus, just prior to Phillips joining the project, Dr. Isaac Joseph had come out of retirement to serve as medical director. A senior preventive medicine specialist who had practised and taught in government institutions, he had also worked with the Ford Foundation and, most recently, in the Institute of Preventive Medicine and Family Planning near Madurai.⁵⁵ Serving with Russell and Joseph on the supervisory team were two expatriate volunteers: a young Englishman identified as a social science consultant and

54 The four birth control methods most commonly reported by the CMAI in its participating hospitals at this time were IUDs, tubal ligations, vasectomies, and oral contraceptives, with the latter by far the least common ("Association Notes," *CMAI Journal*, October 1968, p. 530).

55 On Joseph, see "Secretarial Notes" and "Association Notes," *CMAI Journal*, September 1968, pp. 473, 477.



Figure 1: Young nurse explaining contraception at a hospital as part of a CMAI Family Planning Project visit (photo provided courtesy of Joyce Relyea).

CUSO's Joyce Relyea, who had joined the Bangalore staff in March 1968 as "nurse consultant" (Figure 2).⁵⁶

Before becoming a CUSO/India volunteer in 1966, Relyea, raised in Waterloo, Ontario, had worked at an emotionally demanding job at Toronto's Hospital for Sick Children, dealing with the non-clinical needs of seriously ill children. (A *Maclean's* cover story had featured her a year earlier as "The girl with the tenderest job in Canada."⁵⁷) She had also worked in the VON. Relyea was no stranger, then, to non-traditional nursing assignments requiring initiative and endurance. Still, the challenges awaiting her in India were of a very different order. Her first posting had been in a poorly scouted and ineffectual rural position in a tribal area in Maharashtra. She had become involved in family planning on her own initiative and on an *ad hoc* basis in an attempt to do something that felt useful. From

⁵⁶ *Ibid.* What follows on Relyea draws on my interview with her (July 11, 2008), on documents from her personal files, and on her comments on a draft of this article, August 25, 2009.

⁵⁷ Jack Batten, "The Girl with the Tenderest Job in Canada," *Maclean's*, May 15, 1965, pp. 14–17.



Figure 2: Joyce Relyea (back row, right) and staff of CMAI Family Planning Project outside their Bangalore office building. Dr. Isaac Joseph is fifth from left in back row (photo provided courtesy of Joyce Relyea).

November 1967 she was assigned to the CMAI Family Planning Project. She served first in New Delhi as the project's Northern Regional Director and from there visited Christian hospitals in five North India states "in order to advise regarding the setting up of hospital-centred F.P. programmes and to discover how better our project could support the hospitals in this respect." During this period Relyea also spent a great deal of time helping to organize what the CMAI regarded as a ground-breaking conference. Initiated and funded by the Government of India as outreach to medical and nursing superintendents of Christian hospitals, the conference featured a fulsome opening address by Dr. S. Chandrasekhar, Minister of State for Health, Family Planning and Urban Development. The conference, Relyea later wrote, was "a great success and many medical superintendents saw more clearly their responsibility with regard to the population problem and fertility control."⁵⁸

58 Quotations in this paragraph are from Relyea's draft "Termination Report" for CUSO, dated August 1969. See "Conference of Heads of Christian Hospitals on Family Planning," *CMAI Journal*, April

From March 1968 until she returned to Canada in 1970, Relyea's work was in Bangalore. With others from the supervisory staff, Relyea conducted a pilot project in three mission hospitals before preparing a new "plan of action": the mobile teams approach.⁵⁹ As Phillips noted, the mobile teams approach began with five teams, but the plan was to have eight by the end of the year, and they were to take a multi-disciplinary approach to working with mission hospitals. Ideally, all team members were to be involved in working with different groups of staff. The focus was not only, or even mainly, on senior medical staff — though their support was crucial and not always forthcoming⁶⁰ — but also on paramedics, student nurses, pastors, housekeeping staff, even sweepers. The goal, Relyea wrote, was to engage "the *total* staff" and to develop an approach that "enabled them to catch a clearer vision of their importance not only in their hospital's family planning programme but in a programme of national concern."⁶¹ With her colleagues, Relyea interviewed candidates for the mobile teams, each of which was to include a CUSO nurse as well as an Indian nurse, and organized their orientation. She also arranged for the vans, equipment, and literature for their use and, once they were on the road, shared responsibility for their supervision. The vans, large and specially equipped — and ultimately controversial — had been designed and purchased by Russell. Each was to include a projector and a generator and to be operated by "a driver-cum-projectionist also trained in Family Planning."⁶²

Relyea's "A New Concept in Family Planning Education," written for the *CMAI Journal* when this new approach was still being worked out, was both detailed and optimistic, obviously geared to engendering a widespread positive response from the *Journal's* readership.⁶³ However, in her draft Termination Report for CUSO, written prior to her return to Canada,

1968, pp. 177ff, for the minister's address, and p. 196 for "Association Notes." The author of the Notes took it as a happy indication of the government's commitment to working with Christian medical leaders that "within 24 hours, on the spot, cutting across all red tape," all of their travel costs had been repaid! The May 1968 issue of the *CMAI Journal* was devoted to papers from the conference.

59 Joyce Relyea, "A New Concept in Family Planning Education," *CMAI Journal*, October 1968, pp. 513–517, quoted phrase p. 513.

60 Some senior medical staff were already overextended or felt themselves ill-prepared for this new initiative. Both Phillips and Relyea also recalled encountering some missionary physicians who regarded family planning as a distraction from evangelistic work.

61 Relyea, "A New Concept," p. 517.

62 *Ibid.*, pp. 513–517; C. G. Grossmith, "Report on the Training Programme in 'Family Planning Communication' Organised by the Central Team of the C.M.A.I. Family Planning Project, Bangalore," *CMAI Journal*, March 1969, pp. 125–128 (quotation on p. 125). One of the driver/projectionists was also a CUSO volunteer ("Association Notes," *CMAI Journal*, October 1968, p. 531).

63 Relyea, "A New Concept."

Relyea was more forthcoming about the project's limitations. Chief among them from the perspective of her own supervisory role were problems in finding and keeping staff.⁶⁴ She also commented in the report on the benefits and the drawbacks of "a mixed staff of western and eastern personnel." On balance the mix was an advantage. Still, she hoped that a qualified Indian nurse could take over her role: "As always, the Indian male has difficulty in dealing with the aggressiveness of we westerner women."⁶⁵

While Relyea's Termination Report for CUSO was less optimistic in tone than the article published earlier for CMAI readers, it was by no means an expression of disillusionment with family planning as a worthwhile initiative nor a recommendation to CUSO to disengage from the CMAI. CUSO nurses would in fact continue to serve with the CMAI project into 1971. A report published that year by public health nurse Jean Stilwell of Victoria, a Nurse Educator for the CMAI in the State of Orissa, echoed other writers' accounts of a gratifying increase in family planning work among CMAI member hospitals and of increased local leadership, such that some hospitals were now able to hire their own full-time workers from the community for both in-patient and village work. Stilwell's report also touched, albeit only briefly, on a matter that was receiving increasing attention within the project, namely, integrating family planning more fully into maternal and child welfare programmes. In 1971, the new associate director recommended what he called a "family survival assurance plan . . . based on the hypothesis that if the survival of the children is assured there is more likelihood of parents accepting family planning methods."⁶⁶ Organizations like Oxfam UK had begun providing support for such strategies at least two years earlier through such means as funding for multipurpose food supplements (MPF). Team nurses like DeMagry and Phillips had systematically publicized the availability and intended uses of the supplements.⁶⁷

The CMAI was the single most important employer of the CUSO volunteers who became involved in family planning in India, but there

64 Relyea, "Termination Report." On the problem of holding onto staff without security of funding, see also Isaac Joseph, "Family Planning Project/Special Report by the Director," *CMAI Journal*, October 1969, pp. 584–586. By the time he wrote this, Joseph was sounding fairly optimistic: 60 hospitals had already had two visits, and there was some prospect of secure and adequate funding of staff through US AID such that workers could be guaranteed job security for five years.

65 Asked about this comment some 40 years after she had written it, Relyea thought she had probably had some male hospital staff and villagers in mind, certainly not Dr. Joseph, whom she recalled as "a dear gentle soul" (email communication, August 25, 2009).

66 For Stilwell's report, see *CMAI Journal*, October 1971, pp. 577–578; for the associate director's views, see "Minutes of the Meeting of Voluntary Organizations . . . 5.1.1971," *CMAI Journal*, March 1971, p. 155.

67 "Association Notes" (regarding Oxfam), *CMAI Journal*, October 1968, p. 530; S. DeMagry, "Sample of a Training Programme and a Follow-up Visit Conducted by a Mobile Training Team," and Phillips, "Follow-up Visit," both in *CMAI Journal*, November 1970, pp. 678, 681 and pp. 683–684.

were also volunteer placements with government agencies. Of 48 volunteers overall in India in September 1968, 10 were involved in family planning. In addition to the six employed by the CMAI, one volunteer was described in a CUSO-Asia report as “Special Assistant to the Minister of Health and Family Planning,” while three others were involved in projects in the state of Haryana.⁶⁸ The “Special Assistant” to whom the report referred was probably JH, a volunteer from Atlantic Canada who was responsible for gathering statistics from district health centres and assembling them for demographic and family planning reports. The continuance of funding from US Aid for International Development (US AID) was contingent on statistical evidence that the various contraceptive procedures claimed for had in fact been carried out.⁶⁹

Vancouver nurse Nancy Garrett, who arrived in India in 1967, was one of the three family planning volunteers employed in Haryana.⁷⁰ She had been hired to fill in at the state’s Family Planning Training Centre in the Medical College Hospital at Rohtak for a nurse who had been sent on a training assignment. Before she could begin her work, she herself needed preparation, not only in unfamiliar technical aspects of her new role but also in the culture, language, and special problems of the region. She recalled receiving excellent mentorship and orientation from some of the centre’s staff before taking up her own work at the centre. Indeed, one professor’s mentorship proved to be a formative influence on her subsequent career. Garrett taught classes to various types of health workers, who were typically brought into the centre for a week’s worth of training. In the course of the week there were also trips to rural areas and sometimes overnight stays to promote awareness of such matters as immunization as well as family planning. IUD insertions were typically done by LHVs and AMVs in the privacy of village women’s homes. Women who agreed to have tubectomies went to local health centres for the procedure.

Much has been written about rushed, high-handed, and single-minded state approaches to family planning in the 1960s to 1980s. It is clear that coercive tactics were not exclusively the result of international pressure or the particularly notorious measures implemented under Sanjay Gandhi.⁷¹ Yet Garrett recalled that the groups with whom she worked tried hard to listen to women’s concerns, address their fears, and establish trust. Moreover, they were trained to deal with other health problems that

68 LAC/CUSO, volume 102, file 3, “Returned Volunteers’ Conference,” containing “CUSO-Asia Report/September 1968.”

69 Information provided by Nancy Garrett, August 25, 2009, based on her conversation with JH.

70 What follows on Garrett’s experience draws on her response to a questionnaire and a follow-up interview (September 19, 2006) and also on subsequent email communications, including comments on a draft of this article (August 25, 2009).

71 For instance, Ness and Ando, *The Land is Shrinking*, pp. 79–95.

came to their attention, including nutritional matters, and they readily put aside their family planning agenda when more pressing needs emerged, as in the case of one village where it became clear that smallpox vaccinations were required. Garrett was pleased to be employed in a government-run family planning institution. Even if state institutions and services were typically of lesser quality than those that mission institutions could provide, there was, she believed, scope for more wide-ranging work. When her two-year term as a volunteer in Haryana ended, Garrett stayed in India for another year in a staff position as CUSO's Delhi-based director of its health and medical programmes.

Nurse Sheila Ward also worked in the state of Haryana.⁷² She had arrived in India in 1964 with her husband, Jim Ward, a CUSO volunteer with agricultural training. Both had felt deeply frustrated and unproductive in their first placement, a Gandhian ashram in Gujarat where, they believed, they were wanted only as "foreign status symbols."⁷³ In her second placement, in eastern Rajasthan, Sheila Ward first developed the strong interest in family planning that led, circuitously, to her challenging assignment in Haryana. Working in Rohtak District in 1967–1968, she conducted a study of IUD use among rural women, funded by US AID. As project director, she was responsible for interviews with some 850 rural respondents who had been fitted with IUDs. The aim was to compare the experiences and continuation rates of those whose IUD insertions had been carried out by doctors versus those carried out by ANMs. ANMs were cheaper workers for family planning centres to employ and more readily available, but, if the devices were to gain widespread acceptance, it was obviously important to know whether, as many doctors believed, ANMs were less adept at doing successful insertions. There were at the time numerous reports of discontinued use of IUDs because of bleeding, pain, and other problems. While the ANMs made easy scapegoats, not all doctors were prepared to exonerate their medical colleagues from responsibility for the problems.⁷⁴

The third of the CUSO volunteers employed in family planning work in Haryana at this time was Vicki Henry, who, like Garrett, was assigned to the state medical college. What use could the college make of a young

72 Information about Ward's work here and below is based on a personal interview, October 29, 2006, on follow-up communications, and on her CV.

73 See the account by Jim and Sheila Ward in McWhinney and Godfrey, eds., *Man Deserves Man*, pp. 367–378, quotation on p. 368.

74 For instance, Leonard E. Blickenstaff, "Sociology of Family Planning," *CMAI Journal*, January 1967, pp. 33–34. See also Ness and Ando, *The Land is Shrinking*, p. 81, regarding widespread resistance to IUDs as a result of failures arising from over-zealous recruitment of clients and inadequate clinical care and follow-up. Historically, traditional midwives (*dais*) had often been blamed for Indian women's reproductive and childbirth problems; see, for instance, Alhuwalia, *Reproductive Restraints*, pp. 159–160.

woman whose only credentials were a newly awarded art history degree? After several false starts, Henry wound up working in the college's photography laboratory and designing family planning posters. Her boss, whom she greatly admired, took her on outings with village-level workers to provide her with necessary background and also, she believed, to use her "as a motivator." Looking back, Henry was sceptical that she had made any contribution "except for that one poster."⁷⁵ Yet her work was no mere frill. She was, in fact, taking part in what became a massive and multi-faceted information and motivational campaign to promote family planning. Even CUSO workers who were not themselves involved directly in family planning in this period remembered the ubiquity of signage promoting the benefits of a small family.⁷⁶ The samples of such advertising that Joyce Relyea brought home included a wordless cartoon, subsequently reproduced in the *Kitchener-Waterloo Record* to accompany an article about Relyea's work (see Figure 3). The cartoon featured a well-dressed peasant with a wife and two healthy children directing his barefoot and child-burdened counterpart to the nearby hospital for contraceptive treatment for himself or his wife.⁷⁷ The state of Tamil Nadu supplied large posters of "small happy families" to hospitals. At least one CMAI member hospital gave the posters to drivers of bullock carts bringing in patients. Drivers of carts not displaying the posters were charged a parking fee.⁷⁸

By the end of the 1960s, media for getting out the family planning message had increased in range, sophistication, and novelty. Garrett recalls the extensive use of films, shown in the nation's wildly popular movie theatres, as well as puppet shows, plays, and various forms of print media by the time she left India. The CMAI pilot project that Relyea helped conduct had even made use of a feature film starring Bollywood heartthrob Dev Anand, since the film "made the need for family planning a stark reality."⁷⁹ Radio was also being used. In 1971, All India Radio provided coverage of a "tubectomy camp" that was hailed as a highly successful instance of cooperation between mission and government, with the latter providing immediate payment both to the woman who underwent the procedure and the motivator who had recruited her.⁸⁰ Meanwhile, Katherine Frank's biography *Indira* includes an anecdote about what was perhaps the most bizarre promotional and

75 Responses by Vicki Henry to author questionnaire, September 9, 2009.

76 Interview with Bonnie Hartley, January 5, 2006, as follow-up to completed questionnaire.

77 Jane Durban, "Waterloo Nurse Aids India's Family Planning," *Kitchener-Waterloo Record*, January 18, 1969, p. 25.

78 Padmini Charles, "Family Welfare Planning," *CMAI Journal*, June 1969, pp. 308, 309.

79 Email communications from Nancy Garrett, November 14, 2008 and August 25, 2009; Relyea, "A New Concept."

80 "Tubectomy Camp, Dhariwal," *CMAI Journal*, October 1971, pp. 539–543.

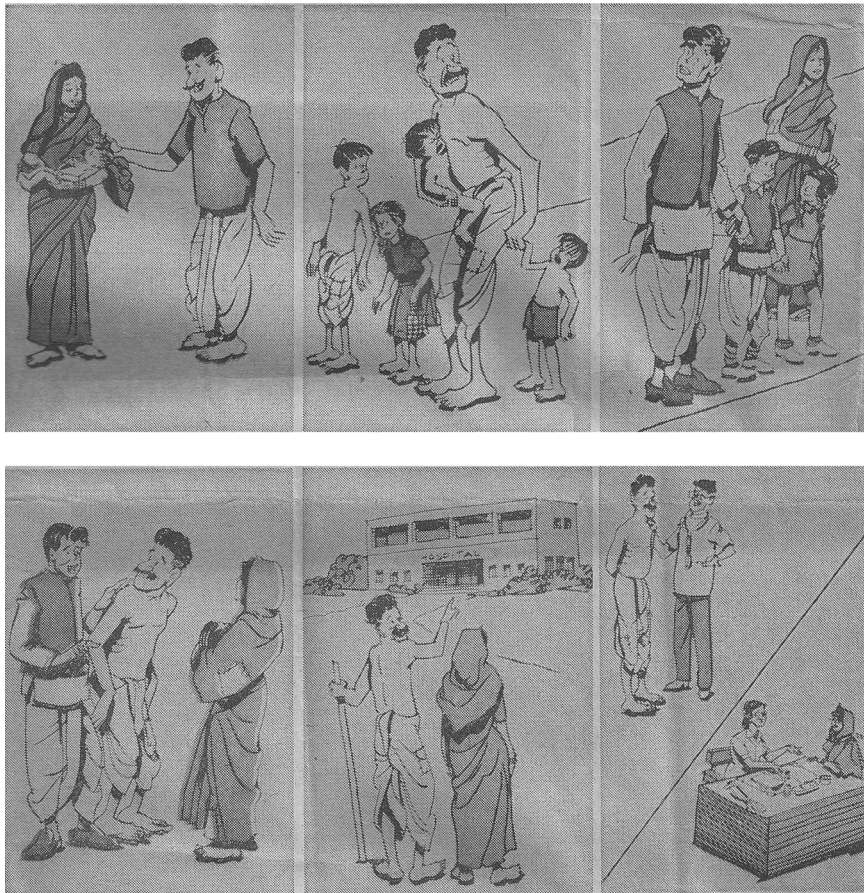


Figure 3: Wordless cartoon from one of the numerous Indian government pamphlets promoting family planning in the late 1960s.

distribution technique: an elephant loaded with condoms and sent into villages. Village children promptly used the condoms as balloons, Frank observes, thereby providing an unintended illustration of the widely used slogan that family planning made for happy children!⁸¹

Government promotion, theatrical approaches, and elephants bearing condoms: it was all a far cry from the situation that prevailed with regard to birth control in 1960s Canada. Not surprisingly, CUSO volunteers had typically had little or no involvement with any aspect of Canada's low-key birth control movement before leaving their own

81 Frank, *Indira*, p. 404.

country. Wendy Marson and Brian Marson, graduates of the University of British Columbia who had arrived in India in December 1966 as a CUSO couple, were an exception to this pattern, and it was they who had established the first direct link for CUSO with the CMAI.⁸² As an undergraduate, Brian Marson had already been involved both with establishing the nascent CUSO at UBC and with what became the Vancouver chapter of the Planned Parenthood Federation of Canada. When he came to Ottawa in 1964 to work full-time for CUSO, he and Wendy, a graduate nurse with public health and psychiatric nursing experience, had continued working with Planned Parenthood. Wendy also took part in lobbying the federal government for changes that would legalize birth control in Canada, and she helped organize a birth control clinic in Ottawa.

As coordinator for CUSO in India in 1967, Brian sought to focus its volunteering efforts on the country's family planning and agricultural priorities. Soon after their arrival in New Delhi, he and Wendy travelled to Ratlam, where they met Bob McClure and Jerry Russell. Within weeks Wendy was serving with the CMAI's Family Planning Project as Regional Director for Northwest India.⁸³ Functioning as a kind of "circuit rider" out of New Delhi, she called on mission hospitals spread over a large region, engaging in the kind of outreach that would later be expanded and developed by the mobile teams. In November 1967 her article "India's Project Number One" was published in *Canadian Nurse*. As well as describing the background and main features of the CMAI's family planning project and her own role in it, Wendy used her article to make it clear to readers that there were more opportunities for nurse volunteers in India's family planning endeavours.⁸⁴ Meanwhile, at the orientation in New Delhi that year for the new cohort of volunteers, Brian Marson tried to ensure that all of them were made aware of the importance of family planning in India's development plans. As part of the orientation, Sheila Ward and Wendy Marson gave presentations on their respective projects. The newly arrived nurses met the secretary of the Trained Nurses Association of India and became registered members. There were also sessions with various government officials, including tea at the residence of Dr. Chandrasekhar, and meetings with Ford Foundation, Peace Corps, and UNICEF representatives.⁸⁵

82 What follows draws on an interview with Wendy Dobson, who served with CUSO as Wendy Marson, August 22, 2007; and on an interview with Brian Marson, May 27, 2009, as well as preliminary and follow-up information provided electronically by Brian Marson.

83 "Family Planning News," *CMAI Journal*, October 1967, p. 532.

84 The article was reprinted in a multi-themed collection of readings on family planning prepared by S. L. Perkin and Brian Marson. See LAC/CUSO, volume 26, file 20, for "Family Planning" in "India Reader."

85 LAC/CUSO, volume 108, file 12, on "Orientation In-Country, Asia 1968," which includes files on "CUSO India Orientation 1967."

CUSO's Departure from India

Given these and other indications of the vitality and acceptability of its programming in India, CUSO's decision to terminate its work there in 1972 was far from predictable. The decision seems to have been taken with a minimum of advance warning and publicity. In 1968 when *Man Deserves Man*, a book by and about CUSO volunteers, was published by Ryerson Press, it contained an appreciative foreword by S. Radhakrishnan, India's president from 1962 to 1967.⁸⁶ A year later, at the CUSO-Asia Regional Meeting, nurse Carol McPherson, reporting for India, indicated that CUSO's India programmes were of such complexity that the number of full-time staff members coordinating them would be increased to three, with one of the three to be a deputy-director in charge of nursing.⁸⁷ (This was the position that Garrett filled following her two years in Rohtak.) The CUSO-India Field Officer's Report, dated March, was upbeat about the outcome of recent internal organizational changes. Relations between CUSO/India and the state and national government officials with whom it had dealings were said to be "excellent."⁸⁸

Nonetheless, no new volunteers were sent in 1971, and in 1972 a terse report at the Asia Regional Meeting announced plans to "deactivate" CUSO's work in India after August. By way of explanation, the report spoke of difficulties in getting postings confirmed for volunteers, of the high unemployment rate in India among the educated, and of the Indian government's "obvious desire to 'go it alone' in the development field."⁸⁹ CUSO was not actually excluded from India, as one scholar claimed a few years later, but along with other Canadian NGOs, including the Unitarian Service Committee and Oxfam, it clearly experienced what he called "diminishing Indian cooperation."⁹⁰ As Pat Phillips, the last person to serve as CUSO coordinator in India, recalled, "The writing was on the wall."⁹¹ Britain's VSO (Voluntary Service Overseas) and the Peace Corps also felt the chill. An insider history of VSO surmises that

86 McWhinney and Godfrey, eds., *Man Deserves Man*.

87 LAC/CUSO, volume 122, file 117 (Regional Meetings), report on "CUSO Regional Conference for Asia/Bangkok," March 14–21, 1969.

88 LAC/CUSO, volume 26, file 24, "CUSO-India/Field Officer's Report," pp. 2, 5, 13.

89 University of British Columbia Archives, John Conway fonds [hereafter UBCArchives/Conway fonds], Canadian University Service Overseas series, box 6, file 11 for "CUSO information/10/CUSO Asia," p. 1; LAC/CUSO, volume 122, file 16, for "Asia Regional Meeting/Bangkok, 7–10 May 1972," p. 3. See also volume 26, files 24 and 26, for articles illustrating difficulties in obtaining satisfactory or worthwhile postings in teaching and some other areas of work in India.

90 Morrison, "Canada and South Asia" in Lyon and Ismael, eds., *Canada and the Third World*, pp. 46–47. See also LAC/CUSO, volume 102, file 11, "CUSO-SUCO Programming Budget, 1973–1974," p. 1, regarding programme changes in 1972–1973 including "the closure of CUSO/SUCO programmes in India and Guyana where the authorities have happily agreed that they can now rely on their own personnel and resources."

91 Handwritten comment from Phillips, July 17, 2009.

India's general reaction against foreign volunteers was probably an outcome of "anti-American feeling caused by [US] support for Pakistan in the recent war."⁹² The Peace Corps, which for a time in the 1960s had India as its biggest placement field, was ordered in 1972 by Indira Gandhi's government to reduce its numbers from over 500 volunteers to just 50.⁹³ Foreign missionaries had periodically been the targets of exclusionary policies or practices.⁹⁴ Now it was the turn of secular volunteers.

The activities of CUSO's India volunteers had contributed significantly to the organization's favourable public image within Canada, especially during the early 1960s.⁹⁵ Understandably, then, CUSO was low-key about its decision to end programming in India and about that country's withdrawal of the welcome mat. Was there also equanimity about quitting India? Several factors in addition to the chilly climate suggest that this was the case. Even at the best of times India had proven to be a difficult country in which to operate a volunteer programme: there had been ongoing financial, medical, and bureaucratic challenges. Moreover, like their Peace Corps counterparts, some CUSO volunteers had had ongoing concerns about unsatisfactory placements. While agriculture and family planning were identified in India's Five-Year plans as areas of need, CUSO (again like the Peace Corps) could not in fact provide many volunteers with agricultural training. Meanwhile, some volunteers found themselves placed in poorly scouted jobs in other lines of work and as a result felt unwanted, ineffectual, or redundant.⁹⁶ Indeed, even in regard to family planning, there were starting to be some concerns. By 1970 articles were already appearing internationally in left-wing media and in publications like *The Economist* that raised questions about the effectiveness, and even the ethics, of family planning as a tool for development, especially if it was coercive and not part of a larger, multi-pronged strategy designed to address poor families' concerns. To be sure, the criticisms were mainly directed at large state-sponsored interventions pushed by the West. Still, articles of this sort were being reproduced in collections of readings for CUSO's own constituency,⁹⁷ and inevitably they stimulated questioning.

92 Dick Bird, *Never the Same Again: A History of VSO* (Cambridge: Lutterworth Press, 1998), p. 97.

93 Kux, *Estranged Democracies*, p. 308. See also Ashabrenner, *A Moment in History*, pp. 271–272.

94 See note 36 and Brown, *Nehru*, pp. 226–228. Nehru had been pragmatic about accepting missionaries into India — they often brought needed skills — but he faced periodic pressures to restrict their entry.

95 See, for instance, Tom Alderman, "What's Bugging the Committed Kids?" *The Canadian*, May 21, 1966; Janice Tyrwhitt, "CUSO: Canada's Foreign Aid Extraordinary," *Reader's Digest*, January 1969, reissued by CUSO in pamphlet form.

96 LAC/CUSO, volume 26, file 24, "Field Officer's Report," 1969, p. 13. See also other documents in files 24 and 26, including "CUSO Nurse/Punjab" and "CUSO Teacher/Bihar."

97 LAC/CUSO, volume 44, file 21, for an article from *The Economist* included in CUSO's "Readings in Development"; also volume 148, file 18, for "Capsule, 1970," including an article entitled "A Black Perspective on Family Planning."

Meanwhile, there was no escaping the fact that there were significant areas of India where family planning remained deeply unpopular. In addition to the very real physical problems that could result from loops or other contraceptive measures, there were rumour-fuelled fears based on misunderstandings (one rumour had it that the loops were foreign worms that worked by eating the uterus or embryo).⁹⁸ In Orissa and some other eastern states where Jean Stilwell's mobile team worked, the hostility of villagers was such that the team removed the family planning sign from their van, already a potential target for resentment because of its vast size on narrow roads (see Figure 4). In any event, not all states were prepared to make family planning a priority.⁹⁹

In the spring of 1970 Ed Ragan, the physician who worked for CUSO at its Ottawa headquarters, asked Nancy Garrett for an assessment of India's family planning initiatives and the place of the CMAI project within them. "It would . . . be interesting to know if the CUSO participants consider the project to be viable and worth supporting in the long term," Ragan wrote. He also raised the question of whether CIDA should be encouraged to support the CMAI's family planning work. Garrett's reply reflected her view that any Canadian financial support should go to family planning projects sponsored by interested state governments. As for the CMAI, though its mobile teams had done commendable work, overall, its family planning project was not well administered. Moreover, she informed Ragan, if the government of India allowed it, there would soon be a very sizable US AID grant to support the CMAI project.¹⁰⁰

It appeared, then, that as well as the problem of India's "diminishing . . . cooperation," there were reservations about CUSO's role in India, even among some volunteers and even about the much-publicized family planning work. At the same time, there was a high demand for CUSO volunteers in many other areas: by 1971 they were serving in more than 40 countries. In Papua-New Guinea, a relatively new field, and almost entirely without an educated class, the number of CUSO placements quadrupled in 1971. The biggest growth area was in Africa, where a high demand existed for teachers. Nigeria became, and for years remained, CUSO's most

98 Blickenstaff, "Sociology of Family Planning," p. 33; Marson, "India's Project Number One."

99 Information about the vans and about some states' indifference provided by Pat Phillips, July 17, 2009.

100 LAC/CUSO, volume 148, file 18, for memo/letter, April 1970 from Ed Ragan, and memo/reply from Nancy Garrett, May 18, 1970. As is noted below, Garrett's concern about poor administration in the CMAI's family planning project was shared by some of its funders. Interestingly, however, asked in 2008 about the basis of her criticism, Garrett had no recollection of having commented negatively on any aspect of the project. Rather, she recalled it as "a good model," especially by comparison with what many state governments were then able to do (email to author, November 14, 2008, and follow-up communication, August 25, 2009).

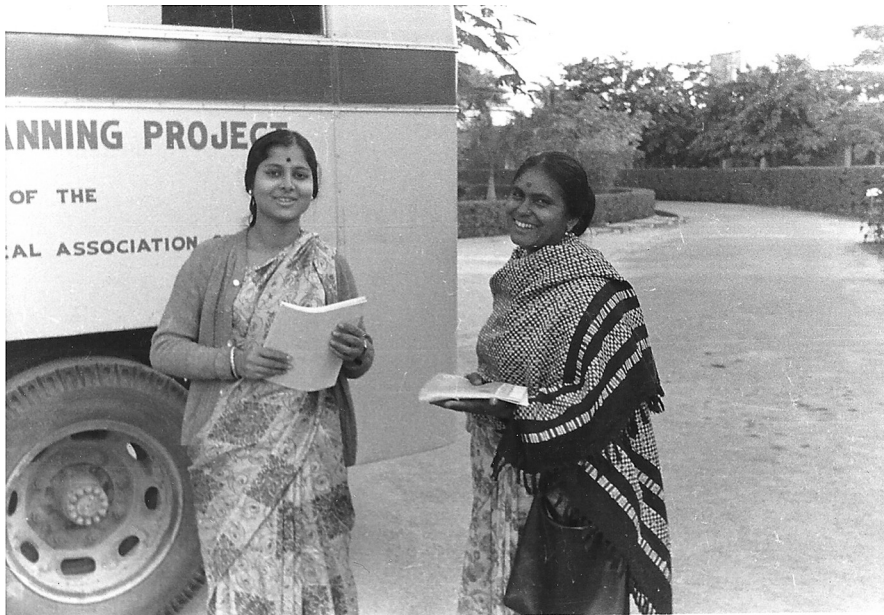


Figure 4: Two nurses with the CMAI's Family Planning Project van. The size of the van made it a highly visible target of resentment in some regions (photo provided courtesy of Joyce Relyea).

important placement country.¹⁰¹ Given greater ease in placing volunteers in countries like Nigeria and the difficulties in India, it was hard to justify maintaining a programme there.

Meanwhile, another “opportunity” was emerging next door to India, in Bangladesh, newly independent and in great need of international assistance following its bloody break from Pakistan in 1971. Following the completion of her two-year term with CUSO in July of that year, Jean Stilwell worked among refugees from the former East Pakistan in India's Bihar state before returning to Canada and undertaking a cross-country tour to educate Canadians about the plight of the millions of refugees.¹⁰² As CUSO coordinator in India, Pat Phillips used CUSO funds to help support Stilwell's work. After serving in India until June 1972, Phillips,

101 UBCArchives/Conway fonds, box 6, file 11, for the following pamphlets: “CUSO Facts and Figures,” p. 1; “CUSO Information/10/CUSO Asia,” p. 1; “CUSO Information/6/CUSO West Africa” [1971], p. 1. The West Africa pamphlet showed 145 CUSO personnel in Nigeria, of whom 70 per cent were in education.

102 UBC Archives/ Conway fonds, box 6, file 11, for CUSO Information Sheet on Stilwell, 1971, and “Bengal: A Background Paper.” See also CUSO *Bulletin*, vol. 3 (1971), special issue on Bangladesh containing Stilwell's “The Full-time Business of Existing.”

too, returned briefly to Canada, but by the fall of 1973 she was back in South Asia, in Bangladesh, investigating prospects for a CUSO health programme and then volunteering in a Dhaka mission hospital.¹⁰³

Moving On

Other volunteers had already moved on. When Joyce Relyea returned to Canada in 1970, the position she had held on the CMAI's central supervisory team was filled by Sujatha DeMagry, the Indian nurse who had been Phillips's colleague and friend. By the early 1970s, Phillips recalled, there was already a growing Indian middle class, and there were more Indian nurses who, like DeMagry, were prepared culturally and qualified professionally to take on the kinds of roles that the small number of CUSO nurses had briefly occupied, in effect filling a gap in the early days of the CMAI's family planning project. Nancy Garrett, leaving India in 1970, likewise recognized that India had a substantial population of educated women and men, many of them seeking jobs. For that reason, she recalls, she had recommended the termination of CUSO's India programme once the contingent of volunteers serving there had completed their terms.¹⁰⁴

Canadian connections with India's family planning campaign did not come to an end with the termination of CUSO's work in India. A. R. Kaufman did end his support for the CMAI's family planning project in 1971, disgusted by its frequent changes in management personnel and its policy directions. Kaufman regarded the CMAI's broadening menu of birth control options and moves towards integrating family planning into comprehensive programmes for maternal and child health care as diversionary and wrongheaded. "In my opinion," he told an Oxfam correspondent, "only sterilization can be helpful to most of the poorly educated Indians." (Perhaps not surprisingly, in 1969 Dr. Chandrasekhar, who had recently been made chairman of the newly established International Association for Voluntary Sterilization, became the first winner in Asia of the Kaufman Award "for distinguished work in demography and family planning."¹⁰⁵) Oxfam Canada, however, continued to support the CMAI's work in conjunction with the much larger and more direct involvement of its Oxfam UK partner; while sharing Kaufman's concern about past management problems, his Oxfam

103 Information and CV provided by Phillips. See Smillie, *The Land of Lost Content*, chap. 13, regarding CUSO's subsequent involvement in Bangladesh.

104 Interview with Nancy Garrett, June 4, 2008; email to author, November 14, 2008.

105 See UWL/DLRBR, GA58, PIB, file 67, Kaufman to Mrs. Acworth (Oxfam UK), November 2, 1972. Regarding the award to Chandrasekhar, see "Association Notes," *CMAI Journal*, September 1969, pp. 522–523; for his chairmanship of the new international association, see Connelly, *Fatal Misconceptions*, p. 209.

correspondents applauded the broader orientation of the CMAI's family planning work.¹⁰⁶

In the 1970s, with Canada's Criminal Code legislation on birth control no longer a barrier, the federal government was at last prepared to invest in international family planning programmes.¹⁰⁷ Both CIDA and the International Development Research Centre (IDRC, founded in 1970) would help finance projects related to family planning in India. A CIDA connection with the CMAI was established in 1972 when, along with a representative of US AID, CIDA's John McRae was present as one of two "Special Invitees" at a CMAI workshop at Bangalore, of which one of the objectives was to "establish priorities acceptable to both donor agencies and the indigenous organization in consonance with modern concepts of delivering health care."¹⁰⁸ For a time in the 1970s, CIDA, along with Norway and especially Sweden, would pay for the costs and provide "incentive money" for vasectomies and tubectomies performed in CMAI-linked medical facilities.¹⁰⁹

Still, CUSO nurses had formed the chief personal link in the chain connecting Canada to India's family planning movement from the mid-1960s to the early 1970s, and it is their perspectives, at the time and in retrospect, that are of special interest in this context. The nurses were well aware that, whether working for the CMAI or a state agency, their efforts were no more than a drop in the ocean in terms of what they could contribute to family planning in a country as vast and densely populated as India. There were also aspects of the projects that seemed to them ill-conceived, inappropriate, or morally questionable. Pat Phillips, for instance, thought the CMAI's huge vans were "totally inappropriate," and Joyce Relyea was certainly not alone in her disapproval of paying village leaders to recruit candidates for vasectomies.¹¹⁰ At the same time, in the specific

106 UWL/DLRBR, GA58, PIB, file 67, Bruna Smith (Oxfam Canada) to Kaufman, October 18, 1972, and Ausma Acworth (Oxfam UK) to Kaufman, October 24, 1972.

107 See *Half a Loaf*, pp.164–165, for journalist Clyde Sanger's scathing view of the way that, until mid-1969, the Canadian government had considered itself "shackled" by "the ancient provisions of the Criminal Code" from supporting international family planning, and for his commendation of the efforts of several Canadian NGOs to address the "population explosion." Sanger lauded Sweden's recent decision to put 12 per cent of its foreign aid into family planning.

108 "Proceedings of the Workshop Held at Bangalore, April 17–21, 1972," *CMAI Journal*, October 1972, pp. 541–547 (quotation p. 541). By 1971 the CMAI family planning project was being described by a senior Indian government official as "the largest single voluntary organization in the field"; see *CMAI Journal*, October 1971, pp. 558–559, for speech on "Advanced Course in Medical and Surgical Techniques in Family Planning," seemingly given at Vellore.

109 Email communication from Dr. Eric Ram to author, February 15, 2006. Dr. Ram headed the Department of Community Health at Miraj Christian Hospital in the 1970s and worked closely with the Maharashtra state government on family planning and other integrated aspects of community health.

110 Comment provided by Phillips, July 17, 2009; Relyea's view is cited in "Waterloo Nurse."

projects in which the volunteers were involved, there was scope for work that felt useful. Briefly back in her home town in January 1969 and interviewed by a local journalist who presented her work in India as a personal sacrifice, Relyea explained her motivation through an emotionally charged image: “If you have ever watched an infant suck on his grandmother’s dry breast because his mother died in childbirth — and there is no food for the baby — and then watched the baby die soon after of starvation, you’d understand.”¹¹¹ Writing for a very different audience in the *CMAI Journal*, Pat Phillips gave an account of her team’s return visit to a hospital where they had earlier conducted training and outreach: “This has been a very rewarding follow-up visit and has really shown us what proper education [in] F. P. can do for the staff in a hospital.” Phillips was heartened by the interest in family planning shown even by the hospital’s elderly clerk, and her own understanding was broadened by the questions asked in a session for the hospital’s “Class IV workers,” since “their questions are the ones that voice the doubts of the majority of India’s population.”¹¹² Likewise, Margaret Hilson of Ottawa, travelling to mission hospitals from her base in Bombay (Mumbai), recalled that her team’s efforts at raising family planning awareness and conducting on-site training were valued and worthwhile. While the hospital personnel with whom Hilson’s team worked did not include doctors, the latter were generally supportive: especially if there was a nursing school on site, they were glad to have training for student nurses.¹¹³

Sheila Ward’s state-sponsored work in a region of Rajasthan that local officials described as “conservative and backward” during her second placement brought her into contact with numerous village women burdened by the experience and the memory of too many children — both the living and the dead. Ward was emphatic that family planning was not simply a modernizing strategy foisted, unwanted, on hapless peasants. Some 40 years later she still recalled the Hindi phrase that these “conservative” village women had used to express their desire for help in limiting child-births: “Benji, baccha bund karo” (“Sister, stop us having children.”)¹¹⁴ She also learned, as had Nancy Garrett, that fear and resistance had to be respected, even when modernizing officials distant from these remote village work sites thought they knew what was in the women’s best interests. “The most important thing I learned in India,” Ward wrote, “was to

111 Relyea cited in “Waterloo Nurse Aids India’s Family Planning.” The statistics behind Relyea’s image were grim: in 1961–1962, 37.5 per cent of deaths in India were children under five. See “Nutrition and Family Planning,” *CMAI Journal*, September 1969, pp. 494–499.

112 Phillips, “Follow-up Visit,” *CMAI Journal*, November 1970, pp. 681–685.

113 Interview with Margaret Hilson, September 19, 2006.

114 Interview with Sheila Ward, October 29, 2006.

listen to what people themselves say they want and need — not just to the interpretations of officials/spokespeople.”¹¹⁵

Whether written at the time or expressed some four decades later, comments and reflections such as these provide valuable insights into the ways that the CUSO nurses experienced this period in their working lives. Their statements also suggest both more sensitivity to subaltern responses to family planning initiatives and more variety in those responses than one finds in Ahluwalia’s analysis in *Reproductive Restraints*, which, though focusing on pre-independence India, briefly extends its critique into post-colonial India to indict feminists and other birth control proponents for not “taking into account or addressing the needs of those for whom . . . [birth control] was intended.”¹¹⁶ Still, as noted above, the CUSO nurses were self-acknowledged bit players in a huge human drama and involved only briefly in work for which they had scant professional preparation in a country vastly different from their own. While as a group they were clearly quick and dedicated learners, it was, as Phillips observed, sometimes a case of the blind leading the blind. In these circumstances, it takes nothing away from what they were able to contribute in terms of practical accomplishment or sympathetic engagement to suggest that what they derived from their involvement with India and its family planning campaign probably outweighed in long-term significance what they did while there.

This was one theme in a report that Sheila Ward wrote for CUSO on its nursing programmes following her return to Canada. Ward was sharply critical of CUSO’s shortcomings in preparing and deploying its nurse-volunteers and subsequently assessing outcomes. She was even more critical of the Canadian government’s shortcomings in regard to participation in international health programmes, particularly those in family planning. Yet, in spite of and because of those problems, there were gains from the India family-planning experience for the CUSO nurses themselves and particularly for those who had served with the CMAI project: they would find themselves the beneficiaries “of a training and experience rare in Canada.” Canada had at last legalized the sale of contraceptive devices and the dissemination of family planning information, Ward conceded. Yet very few Canadians had any expertise in family planning.

115 Email communication from Ward to author, November 12, 2006, as follow-up after personal interview. Nurse Karem Hall, in India as a volunteer in 1962, recalled an anecdote that seemed to illustrate Ward’s concern. Though her posting was not a family planning assignment, Hall was told by a local advisor when she first arrived that she should meet immediately with village women and *tell* them to stop having babies. When the subject of family planning later came up, the village women’s response was that the official, whose wife was unwell and already burdened with many children, should first get his own affairs in order (interview with Karem Hall Wright, March 30, 2007).

116 See the Epilogue in *Reproductive Restraints*, and p. 182 for the quotation.

“Health professionals, particularly doctors and nurses, [still] found themselves woefully ignorant both in technical know-how and programme development.” What was clear, then, was “the obvious advantage of an overseas nursing experience.”¹¹⁷

To a remarkable degree the six CUSO nurses whom I was able to interview about their family planning work were able to parlay that “obvious advantage” into long-term achievements. Four of the six went on to obtain advanced degrees in areas related to public health policy, population studies, and family planning, and, of these four, one subsequently pursued a doctorate in the economics of Korean development and ultimately became director of a university institute for international business. All six women were involved for varying lengths of time in further development work, either in Ottawa for agencies like CUSO, CIDA, and IDRC or for Canadian or other government and international agencies in consultancies and leadership roles overseas. The careers of several of the women were ongoing when they were interviewed, and at least one has been recognized with an Order of Canada award. All six women acknowledged the formative influence of their India years. As one of them put it, the CUSO experience in India was a “major driver” in shaping her subsequent career and interests.¹¹⁸ Another described it as “foundational,”¹¹⁹ while for a third it was “an experience worth gold. . . . Changed my life!”¹²⁰

Conclusion: Out of Sight and Out of Mind

A final irony in terms of the roles played by the CUSO volunteers featured here — and, indeed, by the thousands of others who served outside Canada in the 1960s and 1970s — is the degree to which their experiences appear to have escaped the notice of chroniclers of this period. Hailed as

117 LAC/CUSO volume 148, files 12, 13, and 14, for “Sheila Ward – Report on Nursing, 1969–1971” (quoted passage is from file 13, p. 22). Perhaps the most immediate and direct translation of the India family planning experience back in Canada was Nancy Garrett’s contribution to Benjamin Schlesinger, ed., *Family Planning in Canada: A Sourcebook* (Toronto: University of Toronto Press, 1974), pp. 140–149. The introduction to this sourcebook described it as “the first Canadian effort of its kind in the area of family planning” (p. xii).

118 Interview with Dr. Wendy Dobson, August 22, 2007. Dobson recalls that by the time she left India she had already come to regard a single-minded focus on family planning as an inappropriate strategy for lifting families and countries out of poverty. Research for her subsequent doctorate on South Korea’s economic growth furthered that view: while developing countries and those assisting them should continue to provide help with birth control, much more needed to be done in terms of creating economic and educational opportunities, especially for women, who in turn would be motivated to reduce their birth rates. For a similar perspective see, for instance, Sachs, *The End of Poverty*, especially pp. 10–14, 64–66.

119 Interview with Margaret Hilson, September 19, 2006. Following her term in India, Hilson worked for some years for CUSO, where she pushed for a public health focus in its medical work. She later became senior policy analyst with the Canadian Public Health Association and was a member of the executive board of the World Federation of Public Health Associations.

120 Written comment from Pat Phillips, July 17, 2009.

“fine young Canadians” by those most directly supportive of their overseas service in the 1960s,¹²¹ the CUSO volunteers were never as newsworthy as their short-lived and controversial counterparts in the CYC, the domestic organization whose creation they helped to inspire.¹²² This remained the case even in the 1970s and early 1980s, when right-wing groups decried CUSO’s “radicalism.”¹²³ While Canadian missionaries’ diverse roles in the non-Western world have come to historians’ attention in recent decades, the interventions of CUSO volunteers in the lives, and sometimes the politics, of non-Western people largely remain out of sight and out of mind. The small group of CUSO volunteers considered here exemplify and personalize unofficial Canadian connections with international development that merit closer scholarly attention. Together with the thousands of other volunteers who went to Asia, Africa, and Latin America in the first development decades, they brought back to Canada experiences “worth gold” and a much-needed leaven of global awareness that continues to have ripple effects.

121 Keith Spicer, *Life Sentences: Memoirs of an Incurable Canadian* (Toronto: McClelland & Stewart, 2004), chap. 5. Spicer established Canadian Overseas Volunteers (COV), the University of Toronto student-based volunteer organization that preceded CUSO and was later absorbed into it. The first two cohorts of “CUSO” volunteers in India went out under COV sponsorship.

122 See, for instance, John A. Munro and Alex Inglis, eds., *Mike: The Memoirs of the Right Honourable Lester B. Pearson*, vol. 3, 1957–1968 (Toronto: University of Toronto Press, 1975), pp. 188–189. Kevin Brushett focuses on the domestic version of the US Peace Corps as the “working model” for the CYC in his “Making Shit Disturbers: The Selection and Training of the Company of Young Canadian Volunteers, 1965–1970” in M. Athena Palaeologu, ed., *The Sixties in Canada: A Turbulent and Creative Decade* (Montreal: Black Rose Books, 2009), pp. 246–269, quoted phrase on p. 247.

123 For an extreme example, see Branka Lapajne, *CUSO & Radicalism* (Toronto: Citizens for Foreign Aid Reform, 1983).