

## **“Global Man” Meets Local Women: Examining Public Health, Fertility Regulation, and Gender Equity in Chile**

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In the 1960s, a new educational film, *Family Planning/Planificación Familiar*, made its debut in Chile and throughout Latin America. The animated movie, produced by Walt Disney in English and Spanish, introduced its viewers to a cartoon husband, claiming to represent the "Common Man," and to Donald Duck, the narrator, who led the audience from one theme to the next. After describing the dangers of overpopulation and underdevelopment, the Duck concluded that family planning, which would lead to smaller families and to population decline, was the only way to ward off poverty. When "Common Man's" cartoon wife popped up intermittently, she had doubts, though she was too shy and embarrassed to speak. The wife only managed to voice her doubts about family planning by whispering into her husband's ear while he articulated her questions to the audience. The narrative concluded with an interpretation meant to assure the concerned woman that family planning was not only socially acceptable, but was indeed indispensable to the healthy future of a woman's family, her community, and humankind as a whole.

By examining the subtext of this educational film, we gain insight into claims made by global actors and their understanding of local responses to a new paradigm on population control after World War II. Donald Duck appropriated the right to speak for the "Common Man" and professed to fulfill a civilizing mission in introducing modern values and behaviors to far-off lands. Yet, while the voice claimed to be universal, it presented the message of global political actors and silenced the voices of local women. Fertility regulation, the film suggested, would pave the road to modernity: smaller families would promote the modern values necessary to stimulate economic development and end poverty. Appropriating interpretive power, global actors placed new responsibilities on the shoulders of local women and expected women to act accordingly. The complex interactions between the two are at the center of my analysis of the social politics of fertility regulation in one national context: Chile.

Defining the characteristics of global actors as well their influence on changes at the local level in Latin America has been a central aspect of my work, and the collections at the Rockefeller Archive Center have helped me address a number of crucial questions: What was the nature of the relationships among Chilean and U.S. institutions connected to the development of public health and family planning? How did the *people* in charge of building institutional connections cooperate, and what were the (changing) terms of their cooperation? Given that the majority of physicians, politicians, and health officials who appeared as the major actors in these global interactions were men, I was particularly interested in the attention they gave to the lives of local women. After all, local women would soon begin to rely on the public health- and family planning institutions that began to take shape in the course of the interactions I examined.

A number of specific documents stood out and moved me to the center of the debates surrounding health care projects connected to funds from the United States. Field Officers'

Diaries, documenting the comments by officers of the Rockefeller Foundation in the field, were among the most revealing sources to address my local-level interests. Traveling officers commonly visited educational, scientific, and research institutions in the Latin American Southern Cone, and in Chile. Their frequent conferences with government and health officials on the state of funded projects in the region allowed them insider-perspectives, and the diaries that document these contacts shed light not only on the “technical setup” of international cooperation, but also on the personal impressions by those who witnessed the foundational moments of new programs on location.

Three RAC collections helped me (re-) conceptualize the analytical framework of my work: the Papers of John D. Rockefeller 3<sup>rd</sup>, the Rockefeller Foundation Archives, and the Population Council Records. Documents range from personal communication, office memos, to business contracts. First, they show, the complexity of the relationships at the center of my analysis: interactions among Chile and the United States were shaped by physicians’ interests in public health, by a desire to promote education and access to health services, and by the interest of politicians and health officials to “modernize” sectors of Chilean society that “lagged behind”. Second, the collections powerfully document change over time: advances in technology and medicine were as striking as the impact of changes in the global political climate and led to multiple changes in the ways population policies were addressed globally and in Chile.

“Business interactions” revealed in these collections confirmed that technical advice was, indeed, only a small chapter in the relationship between Chileans and Americans interested in fertility regulation. When the Population Council’s own Raymond L. Belsky contacted a representative of Johnson & Johnson International in Santiago in October 1968, his mission was to follow up on data and sample plastic condoms sent the year before. But when Belsky tried to

promote the Corporation's manufacturing of the newly developed re-usable plastic condoms (to be marketed as luxury-products, re-usable because praised for their durability due to their thickness and strength of the material) Chileans had long found other types of contraceptives.

RAC documents confirmed the centrality of a number of Chilean physicians in the history of fertility regulation in Chile. I discovered detailed correspondence to shed light on the life of Jaime Zipper, one the professionals involved in the scientific experiments leading to family planning programs in his native country. A first clandestine family planning clinic opened the door to some women – and a newly invented Chilean IUD, the “Zipper Ring”, led to the first changes in women's lives. Jaime Zipper's presence in these developments was noticed early on. Throughout the 1950s and 1960s, he engaged in clinical work in the obstetrical and gynecological service of the Barros Luco Hospital in Santiago and conducted research at the Institute of Physiology of the University of Chile. Without official license, he began approaching the topic of fertility regulation in this double capacity: as a physician, concerned about the state of public health, and as a researcher-scientist, interested in the progress of medicine. In 1959, his scientific ambition grew when he discovered a journal-publication on modified metal intrauterine rings, first used by Gräfenberg in 1929 and later studied under controlled scientific conditions. The medical problems physicians encountered with these IUDs, difficult to remove and not easy to properly place, stimulated Zipper's creativity. He began to experiment with nylon thread, material otherwise used for fishing, and designed a ring wound several times around two fingers. One of the ends could be used as a tail for removal. With this invention in hand, Zipper placed a sign "Contraceptive Clinic" on the door of his office in the Barros Luco Hospital and initiated his experiment.

Zipper's connection to U.S. educators, physicians, and researchers were further informed by documents of the Division of Medicine and Public Health archived at the RAC. The

International Health Division of the Rockefeller Foundation, with functions relating to field operations in public health, research bearing upon such operations, development of aid through laboratories, and statistical service, preceded the Division of Medicine and Public Health, but was transformed in 1951. Now, the program in public health was continued by the new Division of Medicine and Public Health created in May, 1951. Division documents allowed me to confirm that a “longer” historical view would significantly strengthen my argument. While creation of the public health system in 1952 laid the groundwork for new approaches to women’s health and gender equity, the international community also played a role. I could examine sources that connect specific Chilean health care initiatives to international developments. Physicians, in the process of building the School of Public Health at the Universidad de Chile, counted on the financial support and advice of U.S. scholars and members of foundations such as the Rockefeller Foundation and the Population Council. To show the development and impact of these connections, I extended my analysis to include the 1950s and the 1990s, and add 1) a study of the development of the public health system in Chile, and 2) an analysis of the recent debates on health, gender, and human rights that accompanied the process of re-democratization after dictatorship. Debates on public health encompass questions of fertility regulation and reveal characteristics of global influences that support my conclusions. The characteristics of Chilean “global connections” reveal a stunning set of interactions among physicians, politicians, and health care officials, and shape my re-interpretation of old notions of (cultural) imperialism. Despite powerful global paradigms, first defined by northern prescriptions of population control aimed at population growth in developing countries, Chilean actors found ways to employ global generic debates with a remarkable degree of creativity and autonomy within their own national context.