

Transcript – Roswell Johnson

Narrator: Roswell Johnson
Interviewer: Tim Hannon
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Location:
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Track 1

Tim Hannon: [00:00] This is a test to see how well this thing works. I'm about two feet away, and it's about level with me. Now I'm about one foot away. Two feet away, one foot away, three feet, now about four feet or five feet. Normal conversational tone. Maybe I should turn up the volume a little. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17.

(break in audio)

TH: This is Tim [Hannon?], class of 1990, interviewing Dr. Roswell Johnson. Today's date is November 1, 1989. Dr. Johnson, to start this off all formally, when did you come to Brown?

Roswell Johnson: In August of '63.

TH: [00:01:00] Okay. And your duties at that point were?

RJ: I was director of health services. And that was about it [for me?]. It was a rather poorly designed job, and it had not been a very active thing, and the utilization of health services had been spotty.

TH: Okay. There were two health services at the time?

RJ: Yes.

TH: One for men and one for women?

RJ: One for –

TH: Okay, so you were only involved with –

RJ: No, I had both.

TH: You did have both.

RJ: Mm-hmm. I had about an hour and a half at Pembroke every morning. I would be at Pembroke from 8:00 to 9:30 or so, as I remember, and then I'd be back to Brown at 10:00. And then another physician would be at Pembroke from 1:00 to 2:30 or so in the afternoon.

TH: Okay. The two health services merged in 1966, I believe?

RJ: Whenever it was.

TH: Whenever it was. [laughter]

RJ: Yeah, right.

TH: Did that have much of an [00:02:00] effect on your duties, or...?

RJ: Well, it made it much better.

TH: Much easier?

RJ: Because at that point, then, I was able to get a female physician to go full-time over to Pembroke, and use those facilities. Which were not that bad. And at that time, we had an inpatient service for women at Pembroke, and the inpatient service for men at Brown. I forget

when we closed the inpatient service for women at Pembroke, but this was [this?] unnecessarily expensive operation. Personnel, and then there's – we had what was – to repeat what we were talking about (inaudible) – zero budget growth, in which we – people had to have, those were days of pretty big inflation. And people had to have some increase in their money. So we'd try to give them five percent or so increase in their salary. But not making your total departmental budget any higher. So that obviously meant, then, that you had to cut down on hours of people who were, or even [00:03:00] terminate positions. Which we did.

TH: And you stayed at Brown until 1980?

RJ: Right.

TH: And by then you were director of health services?

RJ: Right.

TH: Okay. I guess we can start talking about the birth control scandal.

RJ: Right. [laughs]

TH: Of 1965.

RJ: Wonder what – where'd the scandal ever come attached to that?

TH: I don't know. It was never mentioned in newspapers, but suddenly that's the pro term that I know.

RJ: It was not, at the time – it was newsworthy, yeah. But there was no scandal attached to it in any way. (Inaudible) term that doesn't put me down at all, but I'm curious to where the scandal ever got attached to it. [laughs]

TH: A word like that definitely does have connotations. When I talked to you on the phone a few days ago, and you turned to talk to your wife, you said, “I have a Brown student on the phone who wants to talk about that ’65 business.” [laughter] And I’m like... Just an interesting way of seeing how two different people will describe, or...

RJ: Right, right. [laughs] She was an interested bystander then, because she was – We weren’t married. We weren’t married for nine years after that.

TH: Right. Well, why don’t you just [00:04:00] give me your recollection of how things started, and what all happened?

RJ: Okay. The chaplain at Brown, the Episcopal chaplain was John Crocker, who was an old friend of mine. And he calls me one day, and he says, “Oh, I’ve got a problem. I’ve got a graduate student who is over 21, and is going to be married after she gets her degree in June, to another graduate student here at Brown. And they would like to get married now, but her parents will not have any thought of it at all until she gets her degree.” And he said, “They’re sleeping together quite frequently, and I’m worried, and they’re worried, that they’re going to have an unplanned pregnancy, and is there anything we can do about it through the health service?”

And I said, “Well, I don’t know, John. Why don’t you come over and talk about it?” So John came over, and we talked about it a bit, and finally we decided, yes, this was a perfectly reasonable thing to – couple [00:05:00] for whom we would prescribe birth control pills, which were not all that common in ’63. It was not a medical experiment, in any sense of the term, but it was not – didn’t have the pervasiveness that it has at the present time. But, so then he said, “I’m convinced that these people are sincere, etc., etc.,” and then the university policy that as a university official you certainly could do this, with great justification. So, I asked him to send them over, and they came over, and we talked. And I agreed with them. Then I said, “Well, let me talk it over with some of the gynecologists, and senior gynecologists in town, and then finally what it means, and so in terms of myself, my own liability, the university’s liability, and so on and so forth.” So I did, and when I came back, we gave them the prescription.

Now, I’m not really sure what this timing was. I think it was in the fall. But that’s immaterial. And [00:06:00] then that duplicated itself very shortly thereafter, within a matter of

weeks, anyway. And did it again. And then it stayed very quiet, I think, until the following spring. It was in the spring – or was it – no, this was in the spring, and it was the fall of '65 that everything hit the fan.

TH: Yeah, it became newsworthy, or a lot of articles came out around September 28 and the following few weeks.

RJ: Yeah, right. Right. That's right.

TH: Now, you made this prescription you were talking about in the spring. Had you ever prescribed birth control before, do you recall? To Brown undergraduates?

RJ: No. No. This was probably among the very first of any universities in the entire country. After it broke, several of my friends – because I'd been an official, I'd been chairman of the New England College Health Association, and I was on some national committees, so that I knew quite well all the directors of larger universities around the country, and [00:07:00] two or three of them wrote to me. In longhand. [laughs] Not in dictation. [What's?] (inaudible), and he said, "More power to you." He said, "I did this once, several years ago, in this kind of a context." And two or three other of them wrote to me, including one from one of the Midwestern universities, who was a rather close friend of mine, and he said, "We've been doing this pretty much routinely, Ros." He said, "I don't think there's any—" He said, "If anything ever comes of this, you need some backing up," he said, "I for one would be very happy to come to your defense." And then at that point, he was in a very large Midwestern university. He left after that, he left to become (inaudible) in one of the smaller ones, but I had a lot of backing at the time. But it was all undercover.

TH: Okay. Going back a minute to, when you were talking about the thought process that was necessary to go through to determine whether or not you would make this prescription, you talked about the couple's primary concern was an unwanted pregnancy, [00:08:00] and you had to determine whether or not they were sincere. I assume that means sincere in getting married?

RJ: Yeah.

TH: And therefore this was therefore a warranted [condition?]?

RJ: This sounds like mid-Victorian, the discussion, in 1990. And it was, in one sense of the term. But this was a policy decision. Had I been in private practice, and these two people had come to me, there would've been no problem at all. But I was very much aware of my public vulnerability, and being the director of health services at Brown.

TH: You said that this was probably one of the first incidents of prescribing birth control – I guess, [once it?] became public, obviously, you've mentioned some other friends who had mentioned that this was policy at their schools, just keeping very quiet. Do you recall how or why it became public? It obviously was printed up in the *BDH*, I believe, first. Do you know who became aware –

RJ: Yeah, it came – right. And I never... [00:09:00] I never did know exactly what leak occurred, that Charlie Bakst was able to start the investigative reporting scene. And even after the thing the other day, the thing we had last year, I never was quite clear on what the leak was.

TH: I've read a couple of the articles, but it's not really clear to me who – there was a claim, I guess, by the administration that, one, reporters had been planted –

RJ: Now, that –

TH: – according to your office.

RJ: – now that followed. That was a little later. But that had really nothing to – things were fermenting, at that time. Yes, this was a *BDH* female staff member whose father was a physician, and who came to me and said, could she have a prescription for birth control pills? And I said, “How old are you?” And she said, “Nineteen.” And I said, “No way.” And I said, “After you're

21, then come back and we'll talk about it again." So then her headline [00:10:00] was that she was given a tentative prescription. Tentative prescription to –

TH: Ah. Those journalists, the way they twist those words. [laughs]

RJ: Yeah, right. [laughs] Two years from now, she would get a prescription. In 1965, she got a "tentative prescription." Obviously, nothing was written or anything, but – would not be valid until 1967. [laughs]

TH: Like a post-dated check, (inaudible) [I suppose?].

RJ: That was the plan, so to speak. And she had no desire to get a prescription whatsoever.

TH: Right, right. She was just testing the system, [these guys had?] (inaudible).

RJ: Yeah.

TH: Why do you think it was newsworthy at Brown? Why do you think the *BDH* ran these articles and had editorials? Do you–

RJ: Well, there was an ongoing feud with Rosemary Pierrel, who was dean of Pembroke. And this was one way to, as I look at it now and then, of putting her on the spot.

TH: To see what she would do?

RJ: Yeah. She was damned if she did and damned if she didn't. [00:11:00] If she knew about it and wouldn't admit it, then she was – this was bad. And if she didn't know about it, why didn't she know about it? Why would somebody do something like this?

TH: Okay. It's my understanding from what I've read, and an interview I had with Charlie Bakst a couple days ago, that the reason the *BDH* thought that this whole issue was newsworthy was

related to what you're saying, in the sense that they were hoping to reveal, and maybe exploit for the opportunity of promoting change, the hypocrisy that existed –

RJ: Mm-hmm. Yeah.

TH: – in Pembroke's deanery or administration, in the sense that they would – how could the administration support the system of parietals, of curfews, of strict control of young females' behavior, and yet at the same time allow a doctor to prescribe birth control medication? Which obviously is a sign of [00:12:00] admitting that sexual activity among these females does exist.

RJ: Was going on. Right.

TH: Okay. So, in the small atmosphere of Brown, I guess, was basically just the situation, the newspaper wanted to expose this hypocrisy and maybe try to continue mentioning (inaudible) –

RJ: Yeah. I think your word “exploit” was well chosen. [laughs]

TH: It was. Thank you. Would you speculate why it became so popular on the national scene?

RJ: Because it was news.

TH: It was news?

RJ: Yeah. What a juicy tidbit.

TH: Okay. Did Brown have the reputation in 1965 it has now, of being this liberal college, bunch of liberal-minded students doing all sorts of crazy things?

RJ: No. No. That all came after the magazine report, and the curriculum reform, and all that. Mm-hmm.

TH: Okay. You mentioned that some of your friends at large Midwestern universities had been prescribing pills, maybe several times before, though they kept it private. Obviously you were trying to keep the situation private as well.

RJ: Sure. Sure.

TH: As you should be. [00:13:00] Do you think there would have been a different public reaction if the news had first broken at a large state university? Was the atmosphere in which it broke influential?

RJ: I don't think it would've been much different then. I think community sensitivity to the changing sexual mores was so near a flash point that anything that seemed to change this would've done it. I think it might've been even worse at a big public university, because [there'd?] have been clamoring to, "Off with his head!"

TH: I guess I'm just trying to get at, like – everyone seems to come down on Brown for the suicide pill, and a number of other issues recently, where Brown students seem to be so radical. I wasn't really sure if the university had this reputation of being very liberal and therefore maybe that's why the public was so interested.

RJ: No. No, I don't think that had anything to do with it at all. I think it was simply [00:14:00] the times and the issue. I think it would've happened, had been that much of a problem anyplace.

TH: Okay, this kind of is a good segue, I guess, into the question I'm really trying to address for this paper. In an interview a couple of years ago, [Helen Setula?] said that birth control became more available as there became more of a need for it. Okay. Now, what I'm trying to establish as a causal relationship is, did the increased availability of contraceptive, and information on contraception, cause a new liberation of sexual ethics in students? Or did kind of growing sexual liberation among the students cause the increased need of birth control?

RJ: I would say probably the latter.

TH: Okay.

RJ: Because long before this ever started, I was going out to the dormitories and various [00:15:00] residential units of all kinds, talking about birth control, without any holds barred. I took condoms, I had the foam, I had a pelvic model showing how a diaphragm was inserted, talked about the Pill, talked about fertility periods with the month, there, and when the woman's fertile and the most fertile, etc., and what the Pill did, and so on and so forth. There were no holds barred and no fancy words for female genitalia and male genitalia. And then we talked about the anatomy. [laughs]

TH: I assume the administration was aware that you had these outreach programs, if you want to call them that?

RJ: Oh, I suppose so. I never asked their permission. It was health education.

TH: But they never offered any resistance, either.

RJ: No. No, no, no, no.

TH: And the students, I assume, were interested in attending these talks?

RJ: Yeah. Usually we had a very good crowd.

TH: Okay. Was your perception of the [00:16:00] student as he or she walked into the room, were they very knowledgeable? Or were they starting with a blank slate?

RJ: It was highly variable, Tim. Yeah. Some knew everything that was going on. Very few knew – I would say, on the average, that their intelligence about this issue was – they were far less sophisticated about this than one would have expected from a group of Ivy League students.

TH: Do you think...

RJ: The naiveté was just incredible. With some people.

TH: Is that – well, you can make a distinction of Ivy League students. As opposed to...?

RJ: Well, I'm saying the Ivy League students only because these people allegedly had better test scores, and better whatever, and better sophistication backgrounds, than a bunch of kids that you'd get from a small Midwestern parochial school, so to speak.

TH: So you're saying that one's perceptions of how much one knows might be influenced by their [00:17:00] economic background, their geographic –

RJ: Hopefully.

TH: – background? Okay.

RJ: Hopefully. But it didn't work out that way, to the extent that you'd think it would.

TH: Okay. Did you feel that there was a good rapport? A comfortable rapport between you and the students?

RJ: Yes.

TH: They felt very comfortable with –

RJ: Yes.

TH: – talking to you, even though you were an elder, and you were [quote, part of the?] administration?

RJ: Yes, yes, I think that was always a little bit of a revelation to me. That I was at that point 55 or so, and old enough to be any of their fathers by far. But I wasn't preaching. This was not on a moralistic basis. This was a medical information system.

TH: Did the chaplain ever accompany you along on a visit to, maybe, offer a more moralistic –

RJ: No. No. We intentionally tried to keep that out of it.

TH: But he did maybe know, or was aware of what you were doing?

RJ: One time, [00:18:00] one of the fraternities – or maybe it was an inter-fraternity meeting – we had a large meeting at the refectory. And he came, that night, and we did participate in it. But that was a different format than we're talking about here.

TH: Did you focus on fraternities, with these talks?

RJ: No.

TH: You just hit any dorm, any –

RJ: Any dorm, any residential unit, right.

TH: Did you feel that you should have, or that there was a need to target the frats for any reason?

RJ: No, I did it only in the standpoint of the leaders. If it was a fraternity, the president would usually call me. If it was a dormitory, it would be the university proctor, whatever their term was in those days. No, there was no attempt to single out the Greeks from the non-Greeks, and so on and so forth.

TH: How would you describe the presence of the fraternities, in 1965? Were they very prevalent, and was social life oriented to [00:19:00] Greek life? Or were you too removed to have a good assessment?

RJ: I don't think I can give you a good assessment on that. I later got into the much – when I was teaching this in the medical schools when I was much more into the alcohol and drug scene, in, say, my last five years there, than I was in the birth control thing. And there I thought there was a big difference.

TH: Between –

RJ: The drinking being –

TH: – frat, and –

RJ: Yeah.

TH: Okay. I talked to an alumnus from the class of '65, and he was generally under the perception that there wasn't much talk between students, or between a student and an administrator, on the topic of contraception or [00:20:00] birth control. You say that you had a good rapport between the students and that these meetings were well attended?

RJ: Yeah, but it was a very delicate situation. I would frequently have people come in and hem and haw about something that was going on, and I would – since I had been doing this, they knew that I was not a moralistic person on it, but they would still come in and be very – now, I never took any roll, or anything, so I don't know who really came to the meetings. And maybe this person never been to one of meetings, he maybe didn't know what my orientation was. Every once in a while somebody would come in worried about the size of his penis and would like to talk about it. And if they were to pick, after I'd done this a few times, now if they were to pick up some of the telltale signs [of?], “Are you worried about the size of your genitalia?” “Yeah!” [laughs] No, it's... [00:21:00] I think it would depend on who you talked to about that.

Because, yeah, an awful lot of people are very sensitive about – it was not a matter of common conversation.

TH: But there was, say, a wide spectrum on which a student could fall, as to how open they were, or how comfortable they felt talking about it?

RJ: Yeah. And at the conclusion of every one of these meetings, I said, “Now, look. If you want to come and talk to me about any of this privately, and I’m sure that –” I said, “I didn’t attempt to answer any of your individual questions, because I’ve been at this long enough now to know that you’re not going ask me any personal questions.” But I said, “Do come in,” and I said, “If the secretary says, ‘What do you want to see him about?’” – which I did encourage the secretaries to do, because I wanted to know whether it was going to be a 20-minute appointment or whether it was going to be, “I’ve got a splinter under my fingernail” or something like that – I said, “Tell them it’s personal.” And I said, “They have been thoroughly indoctrinated into the idea that if it’s personal, hands off. It’s going to be a rather lengthy appointment, and that’s all I need to know.”

TH: Okay. In the group discussions, do you have a [00:22:00] recollection of how well the group was divided between male and female? Or, did a lot more females attend, or did a lot more males attend?

RJ: Well, we always made it clear that if it was at a male dorm, that females were welcome, and vice versa. It would tend to be whatever –this was... When did they do coed housing? Is that –

TH: Sixty-nine. It was when they established coed dorms.

RJ: Was it that far back? Was it?

TH: I believe so.

RJ: I was thinking it was closer to [at the end?] of my lifetime. Yeah, I don't remember any preponderance of males over females at any meetings, unless for some reason or other it tended to be a one where I would expect it to be that way.

TH: You said you made it known that if it were in, say, an all-male frat, that women were still welcome.

RJ: Yes.

TH: How did you make it known?

RJ: To whoever invited me.

TH: Okay. Do you know if there were ever signs [00:23:00] posted on a local bulletin board, or (inaudible)?

RJ: Sometimes you miss. You tended to see it more in the dormitories.

TH: Today at Brown, students like to get in heated debates over just about anything. And any time that can be posted, or any t-shirt that's worn, if it's at all offensive, suddenly is worth of an editorial in the *Brown Daily Herald*. Do you recall any reaction to any of these signs, that "This shouldn't be posted, because it's offensive to someone's, maybe, moral standards?"

RJ: No. No. Moral question never came up. That I can remember. It's interesting that you should raise it, because I wonder why it didn't. [laughs]

TH: Do you think it may have been because we were – well, I wasn't there, but we, the students, were Ivy League students, and therefore maybe somehow more enlightened, or more, I guess, accepting [00:24:00] of another student's views?

RJ: Well, I think... You can attack me on this idea, but there was nothing in the whole presentation that had anything of a value judgment.

TH: Okay. Do you think that was essential to opening up the discussion?

RJ: Yes.

TH: As long as it was no morals, no judgment, nothing—

RJ: Yeah. I didn't say, "This is good" or "This is bad." I did say that I think the height of irresponsible behavior is sexual intercourse without some kind of protection.

TH: Okay. What types of contraception did you talk about, and were available?

RJ: Everything there was.

TH: Everything there was.

RJ: And with the chapter and verse right there in my little hand. I had a little kit...little doctor's kit, so to speak.

TH: So what were the popular methods back then? If you recall.

RJ: Well, a condom. And then the condom with a spermicidal foam. And the diaphragm, which had been – and then we went into some – talked about [00:25:00] rhythm, talked about just the sponge in the vagina, with foam on it. And then the in-utero, the cervical caps, and the Copper Ts inserts and so on and so forth. Yeah, they were all available then. They were not well worked out, and of course as the Robbins Company later learned to their multi-million-dollar grief, some of them weren't very good. [laughs]

TH: I didn't mean to try to ask you to recall all the different types of contraception off the top of your head.

RJ: No, but every one that was available.

TH: Okay. I mean, I have a little list here that's on the back of my survey. I don't think in your last statement you actually mentioned the Pill, but obviously the Pill was one of the ones you talked about.

RJ: Oh yeah. Mm-hmm.

TH: From, say, some of the students that either didn't attend these sessions or never talked with you – obviously I don't think you would have any knowledge of these students if they never talked to you, but [00:26:00] was it your perception that a male Brown student might perceive a female Brown student differently if he knew that she was on the Pill, or, in a sense, that she was, quote, “sexually loose,” and therefore he might raise her opinion or lower his opinion of her?

RJ: That issue never came up. But I think it certainly would have... It did not encourage promiscuity.

TH: Someone being on the Pill.

RJ: Yeah.

TH: Okay.

RJ: I don't think it encouraged promiscuity. Or, let's put it the other way around. I don't think that the prescription of the Pill promoted promiscuity.

TH: They would have been promiscuous with the Pill or without it.

RJ: Exactly. So –

TH: And therefore you just wanted to make sure that they were safe.

RJ: Exactly. And that was why I felt that [00:27:00] regardless of what anybody said or did, that this was, to me, as a physician, a morally justifiable decision. As I said at the time – I don't know if the quote ever got around very much – I never, ever prescribed a Pill to a virgin.

TH: Okay. You talked about the students sometimes coming in for a personal discussion. Again, do you remember a propensity for these individuals being mostly female or mostly male, or...?

RJ: I would say probably a few more males.

TH: A few more males. And were they generally – they were obviously interested in information, but was this usually about a birth control method, or, what were they – what were, like, a typical topic? If you can recall.

RJ: Well, premature ejaculation, what was wrong with them, or what – how could they prevent it? Size of their genitalia. Worried about, was there a pretty good chance that she could [00:28:00] be pregnant because this or that happened in the way of their using or not using or improperly using birth control devices? One thing... I obviously don't have very much information on that point, because it never came up very much. One thing that is important, though, that in spite of the fact that I was doing this a very great deal of the time, I never felt that I had gotten to more than a relatively small fraction of the population at risk.

TH: Okay. If a student came in and you were busy, who else could they have talked to? Were there a number of other doctors, I assume? Or did they other doctors not feel comfortable, or nurses?

RJ: Well, I don't think there was enough of it that that question ever arose very much. Now, that's maybe a naïve assumption. But in those early days, I don't think there was that much. I

don't think – and your other [00:29:00] alternate answer, I think that might very well have been true. A lot of the people were not very comfortable about it.

TH: Okay. Do you ever recall there being...? I'm thinking, sometimes a man prefers to talk to a man about an issue, or a woman might prefer to talk to a woman. At least, that's the general perception. Did you ever encounter a woman who was hesitant to talk to you because you were a man, and therefore did she ever request a female staff to talk to?

RJ: I would bring that subject up, now and then. But we did have female staff members. And I figured, if they had chosen to come to me, then I was not going to put them down by saying, "Wouldn't you rather talk to a woman about this?" She always had that option, and she knew that.

TH: Did you ever have couples that came in?

RJ: Yes.

TH: I'm sure this is very tough, to remember the specifics of one meeting, but did you feel that it was the woman who [00:30:00] wanted them both to go in, or the man who was getting them in, or who was most interested in getting information, or was it a mutual interest, or – can you recall any situations?

RJ: I can recall a few. Some of them very touchy, in retrospect, and so on and so forth. I would guess that there was no preponderance of male versus female. I think that sometimes it was one partner, sometimes the other, sometimes both.

TH: Okay. I just have a couple questionnaires that I've been handing out to Brown students, both male and female. And, just to try to get your perception of what a student's perception was 20 years ago, I'd just like to throw a couple of these questions out. You can answer in one word or a paragraph. "One of my biggest fears is getting the woman pregnant." Most students would agree with that statement back then? Or would they disagree?

RJ: I don't know. [00:31:00] Because they never talked to me about – curiously enough, that particular angle, I don't think ever came up very often.

TH: All right. What angles did come up, then?

RJ: Well, (inaudible), “My greatest fear is that.” They would say, “Yeah, I have concern that.” I'm not sure what their greatest concerns were, whether it was the moral issue... I used to talk a bit about the, you know, Biblical story of the virgins, that after they had gone to the temple and had intercourse with the virgins, that they were never the same. That there's something about that intimate relationship that – yeah, some people shrug it off, okay, fine. You don't have to carry a big thing about the first girl you kissed or whatever. But there tended to be more of the [00:32:00] concern if there'd been intercourse. If there'd been a more deep sharing.

And that one of the saddest things could be for a couple that'd been living together all year, and this would be much more apt to be the woman coming to me than the man. The woman coming and saying that their live-in boyfriend had decided they would call it quits. And she said, “I never had any idea that our relationship was so close.” She said, “I'm just devastated.” She said, “It's...” There were no formal vows of any kind, but she said, “It wouldn't have been any worse if I'd been [this route?] being a divorce.”

TH: Okay. Would you say that most students, therefore, in that era, would agree that – they obviously gave weight to sexual intercourse in a [00:33:00] relationship. I think you've established that. There's a saying that maybe the transition from boyhood into manhood comes with your first sexual encounter. Was that a prevalent myth that probably was in the minds of students?

RJ: I don't know.

TH: Okay.

RJ: It doesn't seem to me in retrospect that it was that close to any thought-out issue.

TH: Or that simply stated in terms of –

RJ: Yes, right.

TH: Okay. I guess where I'm really coming from is, in say, a Jewish bar mitzvah, the rabbi will say, "Now you are a man." And therefore it's the religious rite of passage which makes an individual a man. And sometimes people say that just the college experience in general. Sometimes it's the first sexual encounter. [00:34:00] I don't know if that influences your answer, but that's the angle from which I'm coming [at?] this.

RJ: I see your angle. No, I never heard very much about it, as a rite of passage, so to speak.

TH: Okay. Did most college undergraduates think of getting married soon after college? Was that kind of the track that they were on? Marriage was going to come pretty soon after college?

RJ: Yes, quite frequently. Seniors would talk about that. Particularly those that I knew, for whatever reason. Some of them quite ill from time to time, or some that had the very difficult issue we handled, and sometimes with parents and so on. This kind of situation came up now and then, that a woman would bring her parents to see me, because she was going to live with a man, and that her parents thought this was so horrible, etc., etc.

TH: You've mentioned a couple times live-in boyfriends, or a couple living together. [00:35:00] If I have my facts correct, the first Brown females that were allowed to live off-campus were 30 in number, and that was in the fall of 1965. If they were the first 30, it obviously would be tough to have a live-in boyfriend, at least as far as the administration knew, before '65. Maybe just for clarification of my interpretation of some of the things you're saying, do you think maybe your perceptions are basically after '65?

RJ: Yes. I think so.

TH: On these coed –

RJ: Because I think that things started to change a very great deal. In the first place, the first two years there, they didn't know me and I didn't know them. And there wasn't very much trust on either side. And I think that this thing that happened in the end of '64 was the first time that we were beginning really to have some mutual trust on either side.

TH: Okay. So you had these [00:36:00] discussion groups in the fraternities and in the dorms from, say, '63 or '64 on?

RJ: No, I honestly can't remember. The thing that brought up the problem about the birth control lectures and so on – the visits, call them what you like (inaudible) – was the rather large number of abortions we were having. And nobody knew. At that time, abortion was so sub-rosa, that they were having very great difficulty getting any information on it. And I was probably the first line of getting information on abortion that they would think of. And that was why. Then I went on into the – so, I suppose that I started in '65. In '64. Yeah. Came there in the [00:37:00] summer of '63, so I think probably the fall of '64 was when I started this, because I was getting more and more of these people. We had some contacts out, so I could refer them for abortions, and we did.

And I can remember one... [laughs] One of the very few if any that I can remember. Of personal (inaudible) in an abortion. This individual came to me. At that point, New York had been pretty much closed up, because everybody was watching everybody else. And I heard from somebody that a physician in the Midwest, shall we say – north or south of the Midwest, but anyway – would do this. So I called him. And I told him who I was, and that I had a young woman that I needed a gynecological consultation on. [00:38:00] And could she come and see him? And he said yes. And I never will forget the heart-in-my-mouth attitude I had from the time she got on the plane to go down there and come back. Because if anything had happened to her, boy, I tell you. [laughs]

TH: And you say abortions were...

RJ: They were illegal, and they were difficult to come by.

TH: But they were also at least common enough for you to – or, to warrant your interest and your decision –

RJ: The location of them. Yes.

TH: Right. But also your decision to try to reach out to the Brown students through these talks, and maybe other ways, too.

RJ: Yeah. I did not advertise in the talks that if you get pregnant, come back and talk to me about your abortion. [laughs] And I never suggested, ever once, that somebody have an abortion. They would come to me and say, “Where can I get an abortion?” And at that point, [00:39:00] there were sources in New York, abroad, Bermuda and the Bahamas, Washington, DC, and this one other place.

TH: I’m just... my mind is wandering a little bit and I’m trying to develop a relationship. The question that I asked, 10 minutes ago now, was, “As a male, one of my biggest fears is getting a woman pregnant.” And you were kind of saying that you never really discussed it, or they’ve never (multiple conversations; inaudible) –

RJ: Nobody volunteered that that – I assume that that was one of their serious problems, yeah. Yeah, that’s kind of an advanced idea that we didn’t discuss. And obviously, if they hadn’t been worried about that, they wouldn’t have come to see me.

TH: That’s true. It’s just interesting, because if they weren’t worried, and yet there was obviously a substantial – not substantial – there was a number of incidents in which a woman was pregnant and needed an abortion. It’s kind of a [00:40:00] contrasting situation there. To try to reconcile.

RJ: Well – no, there wasn’t. It wasn’t that – you can’t believe this, but these people never thought that they’d become pregnant.

TH: These people being the males, or – well, obviously the females are becoming, but –

RJ: Yeah, either the male or the female. That, “It can’t happen to us.”

TH: Okay. And you would say that was a naïve but prevalent view of the students?

RJ: Yes. Yes.

TH: Okay.

RJ: That’s why I think maybe my answer to, “That’s not my greatest fear,” was probably a more factual answer. And truthfully a more factual answer than what we just talked about. Because, “This can’t happen to me.” And you would think that once a woman had had one abortion, or one unplanned pregnancy, because of a lack of contraception, that that would be a “lesson,” in quotes. It wasn’t.

TH: You did have repeat customers?

RJ: Oh, we had repeat. Yes.

TH: Okay. Maybe a couple more questions from this old survey of mine. [00:41:00] I know the question I want to ask you, it’s over here somewhere. (rustling pages) I know the question, I just want to get the wording right, so I’m making sure. “Contraception is the woman’s responsibility.” And, on a scale of one to five, number one being “strongly agree,” number five being “strongly disagree,” number three is “don’t know,” what would you say a male’s reaction is to that statement, or a female was, in 1965? “Contraception is the woman’s responsibility.”

RJ: Yeah, (inaudible) responsibility. Well, there again, it depends on the male. Chauvinist would say, “That’s her problem, not mine.” And on the others, much more – I would say the more prevalent opinion would have been a one or a two.

TH: Okay. You would say that there was... Okay, I guess you basically said [00:42:00] you probably only ever touched a small percentage of the Brown students.

RJ: I'm afraid so.

TH: But within that small percentage, there was some degree of mutuality in the sense that couples would often come in, or they would be interested?

RJ: Yeah. Because, you see, this was a pre-selected group, so to speak. They came to the lectures then because they were interested, and they'd come to see me because they're interested in it. The others that didn't give a shit wouldn't come.

TH: Okay. In talking to you today, I'm actually getting a lot more information about the students' perceptions than from any other individual I've talked with. But it's kind of interesting that the alumni that I have talked with or have heard from, basically don't have a whole lot to say. And –

RJ: No, because you're talking about sexuality. And this is a very, very touchy subject with people.

TH: Yes. I'm sure the mere fact that I'm a male and I'm young, and they're like, "Who is this young whippersnapper, and why does he want to get up in my personal life?"

RJ: Yeah. Yeah, yeah, right.

TH: [00:43:00] When that's not really my angle, but I can see them perceiving it that way. But I guess also it's probably just that there was such a majority that never, quote, "gave a damn," or was interested and cared.

RJ: Yeah. Right.

TH: Okay. Do you think there was more than one moral standard by which Brown men judged Brown women? If you want, I can explain my thought behind that.

RJ: Well, my answer at the present time would be “I don’t think so, or I wasn’t aware of it,” but elaborate a little bit. Maybe I’m –

TH: Okay. There was a saying that goes, and I’m only going to paraphrase, because it’s [something I?] got somewhere, “a woman who lets someone have liberties with her is certainly popular with the boys.” But, as the saying goes – and there’s a nice little rhyme – that “Those who you can have fun with are not the types you grow [00:44:00] old and grey with.” And that sense that, “I would never marry a woman who wasn’t a virgin.” And yet, a man would want to have fun with a woman who was, quote, “loose with her sexual activities.” Was there that kind of double standard on campus?

- End of Track 1 -

Track 2

TH: [00:00:00] [OK?].

RJ: [laughs] No, I don’t think so, that there was that much of a double standard.

TH: Okay. In the very beginning of this conversation, you were describing a situation on campus, and you used the term, “mid-Victorian.” At least in the standard of 1990. Obviously, that phrase that I just said, I think, would often be somewhat indicative of, quote, “mid-Victorian,” a very old or archaic, obsolete saying.

RJ: Right, right. There was all right – the double standard, it was all right for a man to go to a whorehouse, but you’d certainly never want to marry a whore.

TH: Right, yeah. Okay. So, it's a fine line on how, quote, "mid-Victorian" the 1965 era was, in its perceptions. Okay.

RJ: Yeah.

TH: Let me just look in my notes, but...

RJ: One of the worst [00:01:00] beatings I ever took in a student meeting was a meeting at Pembroke. It was a women's program session. Because I was prescribing the Pill. Because this was a dangerous thing, I shouldn't ever do that. This was a very dangerous thing to do. Led by one of the faculty members, I might add.

TH: What were the anticipated dangers?

RJ: Well, the blood clotting, and all these things that are known to be... But this was something I had a lot of [difficulties?] in my own head, before I ever did this. And that's why I went to talk to some of the leading obstetricians in town. "What about this? Am I subjecting these women to greater problems because I'm prescribing the Pill?" And every one of them said, "Hell no." The problems of pregnancy, the medical problems incumbent in pregnancy, will encompass many more problems than this woman would ever have by taking the Pill for many, many years. [00:02:00] So, and we did not – we never had the idea that you could not have another means of contraception. We didn't say, "It's either this or go see somebody else." That was never it. So I was always very – well, I shouldn't say very, but I was somewhat always bitter about that thing, because we weren't selling birth control pills. We were simply selling the concept of birth control.

TH: Okay. The only reason I ask what dangers, was I was trying to establish a difference whether it was the medical dangers that you said that it was, or whether it was the, quote, "moral dangers" of corrupting the youth and promoting promiscuity.

RJ: I had no problems with that at all. That may have been a naïve assumption on my part. But I didn't think that there'd be more promiscuity because a woman was on the Pill. Maybe she would.

TH: Before – while we were talking, before the tape was running – you said to [00:03:00] this day you still didn't know whether you were perceived as the goat or the hero, back then. One, I'm just trying to get your words. You did say goat or hero?

RJ: Yeah, right.

TH: Could you elaborate on that? What makes you think that way? Why are you still indecisive?

RJ: I don't think that the students ever had any perception of the personal and professional risk to which I was subjecting myself by doing this. I wasn't doing it to be a hero. I didn't mean that at all. I was doing it to try to prevent pregnancies that were unwanted, were tragic, destructive to both the man and the woman, and something that I wanted to do something about. I had had a conversation with the woman that was president of the Planned Parenthood – or no, not Planned Parenthood, one of the other [00:04:00] – it was not Planned Parenthood. But she talked at one of the American College Health meetings. And I told her what I'd been doing, in the lectures and so on and so forth, and I said, "I'm perfectly aware of the fact that this doesn't do any good at all." And she said, "Absolutely." She said, "That's the first good lesson for you to learn. That you cannot do this through meetings and groups and so on. This is a gut feeling that a man and a woman has to have. You can't do that in a 60- or 90-minute presentation of all these physical modalities, so to speak."

TH: So you're saying the students might not have been aware of the risk that you were putting yourself at? As you then said, an unwanted pregnancy, obviously, could be very detrimental in a number of ways, to both the male and the female. I think because the [00:05:00] woman is the one who actually becomes pregnant, she is going to be much more aware of the possible consequences of an unwanted pregnancy. Do you think males were as aware? Or, because –

RJ: Oh yes.

TH: They were aware.

RJ: Yes, I think males get themselves a guilt trip on this. That they need counseling just as much as the woman does. Yes, in the physical, day-to-day problems, the woman (inaudible). That's obviously the... It was not that the man would say, "Olay, there went a few billion sperm, but who cares, period."

TH: You said, felt guilty? What caused that guilt, in a man?

RJ: Well, that he had fathered an unwanted child.

TH: Okay. But that's what his primary concern was, that it was an unwanted child, and therefore that he might be drawn into a commitment, are you saying?

RJ: No, whether he was or was not [00:06:00] brought into the commitment. He had really caused somebody some pain. And he would have had to been a very unfeeling lout, in the nth degree, not to have been affected by that to some degree or another. Obviously, some people were devastated by it, and others were, shall we say, annoyed. But I mean, there was a big middle ground.

TH: When a woman came in to talk to you about an abortion that she needed, do you ever recall a man coming in with her? Or a mutual counseling?

RJ: Once in a while. I always tried to get her to have the man come in and see me, either with her or without her. Which sometimes they did.

TH: [00:07:00] Did religion in many cases play an important –

RJ: No.

TH: – role? No? Okay.

RJ: No, I remember I was on *The Today Show* twice because of this. And just as an indication of what national titillation was. And I remember, Barbara Walters asked me at the end of an interview. She said, “If a Catholic girl came in, would you just as quickly prescribe birth control pills for her as you would for a non-Catholic girl?” And I said, “It would depend on whether the Catholic girl’s mother wanted an unwanted child or not.” [laughs]

TH: Okay. When were these interviews, on *The Today Show*? You don’t need to give me dates, but, I mean, early ’70s, or ’80s, or...?

RJ: No, late ’60s.

TH: Late ’60s.

RJ: I can remember one time, because it was... My present wife and her husband were coming back from the Cape and stopped at our house in Jamestown, which we were just building. And that would’ve been in ’68, [00:08:00] I guess.

TH: Okay. Because I had never heard of these interviews. Were you chosen because you’re a wonderful man, or because you happened to be from Brown University, or what was the –

RJ: I was chosen because I had made headlines in all the papers. [laughs] My youngest boy was a (inaudible) at the time, said, “Oh hell, Dad, too bad the *New York Times* was on strike! [laughter] [And you didn’t make?] the front page of the *New York Times*!”

TH: This was all about the, quote, “birth control scandal”?

RJ: Yes, solely.

TH: Were there any other birth control scandals at any other Ivy League institutions that you know of?

RJ: Not that I know of. They'd all call me and kid me about it. I said, "The only difference is, you're a hypocrite and I'm not." [laughter] We did a second birth control show on TV. And this was an evening thing, and they got a blistering amount of mail, because they replaced *Bambi* [00:09:00] to show this thing at about 6:30, right prime family time, so to speak. And they had three women. One a New York housewife from [Mamaroneck?] who had been on the diaphragm and didn't want the diaphragm because she had to interrupt love-making to put it on, so she wanted the pill instead. And then a couple of other ones. And a priest from Toronto. And the priest – we recorded this thing one morning. And then it was put on the air a week from the following Sunday, whenever it was. But I remember walking back to the hotel with the priest, and I said, "What does your cardinal say about this? Your bishop?" [Is he aged male?]? [laughter] (inaudible)

TH: You said a minute ago that the other health directors from other Ivy League institutions might have called and ribbed you about it to some extent. And you just said that, "Well, you're a hypocrite, and I'm just being more honest." [00:10:00] They generally were supportive of you?

RJ: Oh, very. Very, yes.

TH: Okay, so you were just kind of kidding about that. Do you know a Dr. Dana Farnmuth [sic]?

RJ: Farnsworth.

TH: Farnsworth, okay.

RJ: Yes, very well.

TH: Of Harvard?

RJ: Unfortunately, Dr. Farnsworth died from Alzheimer's. And Alzheimer's I think had preceded his obvious illness. But we had a lot of run-ins.

TH: Okay. He was at Harvard at the time of the '65 issue?

RJ: Mm-hmm.

TH: Okay. I came across a newspaper article that has a quote of Dr. Farnsworth saying, "Supervision of contraceptive practice is not an appropriate function for college health services."

RJ: Right. I remember that very well.

TH: Oh, then that sticks out in your mind.

RJ: Yeah.

TH: Was that just the public voice of Harvard, [could be]?

RJ: No, that was Dana. That was Dana Farnsworth in a personal conviction. Dana did not have much of a concept of what university life was all about. He and I [00:11:00] had a public discussion one time. At Princeton, curiously enough. One of the big foundations had a three-day conference down there, and he represented – he and I and the University of Massachusetts, and I think [Bill Dalrymple?] was there too, and then a lot of other – oh, not a lot of other people, six or eight other people. And we had a discussion on drugs and marijuana and alcohol and so on. And regrettably, I had – in the Brown Medical Association journal they'd asked us both to present papers in the Rhode Island Medical Association journal. And he had had some cases. He said, "This woman had been promiscuous, and she had been an alcoholic, and she'd done this. And then she took up marijuana."

And I didn't want to do it, because he was without any question the most dearly [00:12:00] loved and the most revered director of college health services in the United States. But I just couldn't resist saying, "This is what I've been saying all the time, that the drug use was

not – the use of marijuana was not the first illicit material these individuals used. Probably the first was cigarettes, when they were 8 or 10 years old, which are obviously illegal. No big moral issue, but they were illegal. And then they would have a beer or whisky or whatever, and that was illegal. And then maybe sometime later on they'd have marijuana.” Now, did the marijuana lead to the coke, or did the cigarette lead to the coke, or – wasn't this a lifestyle of this person's individual way of life, that they got into these things?

And, you know, he was a lovely man, but he did have Alzheimer's, and he gave a paper at the American College Health Association, when he was well into the Alzheimer's. And those others who knew him – and my wife had followed a lot of his discussions and so on, my present wife – she [00:13:00] said, “Oh my god, what is the matter with him?” I said, “He is a very ill man.” That's the last time he ever did public speaking.

TH: I guess I'm going to slightly reiterate one of my first questions. You were talking about personal lifestyles and an individual first trying one vice and then another. You know, progressing from a cigarette to maybe a harder drug. One of the first questions I was asking was whether the increased availability of birth control caused increased sexual activity, or whether the desire or the actualization of increased sexual activity among undergraduates cause an increased need for contraception. In light of that last statement about kind of a progressing, would you say that it was definitely one or the other, or was it probably a mutual influence, meaning it went both ways? That maybe some individuals who might have been exposed to some experience at a younger age would tend to be [00:14:00] quote, “more promiscuous” and more active at an earlier age –

RJ: Yeah.

TH: – and might cause a need for the availability of birth control? And then maybe an individual who suddenly came to Brown and saw this availability who may not have been active suddenly said, “Well, if it's here and it's easy, maybe I'll try to become more active?” And therefore the cause and effect can work in two different ways on two different individuals?

RJ: I got to multiple choice all of the above. [laughs]

TH: Everything and everything, okay.

RJ: Yeah, I think so. Yeah, I don't think I have any good answers about as to which was the cart and which was the horse, so to speak.

TH: I don't think there is a clear one. But I'm just trying to establish –

RJ: Sure.

TH: – which way, in all and all. But, you know, I'm going to try to write 25 pages about that. I don't expect you to be able to give me the answer in two sentences, don't worry. That basically exhausts most of my questions, but you told me an interesting story, down in the lobby, [00:15:00] about – and I forget who this gentleman was, but someone who attacked you, or maybe attacked the university, for the advertising of condoms.

RJ: Oh yes, condoms, in the *Brown Daily Herald*.

TH: Just so we can get it on tape, so everyone will be able to hear the story forever after.

RJ: Well, it was at Parents' Weekend. Nothing much had ever been done before, I guess, and then they had – since I was obviously a pretty good sitting duck target, why not put old Johnson [up there, so then?] you can have [one more time?] shots at him, right? [laughter] And this man, who was very much of an anachronism of his time, shall we say, took me to task because the *Brown Daily Herald* – you would think that I had something to do with the policy of the *Brown Daily Herald*. It was quite obviously not the case. [laughs] If he'd known a little bit more about it.

But, [00:16:00] he took me to task for the fact that the university permitted the *Brown Daily Herald* to run ads for condoms. And I said, well, that might be a matter of offensive taste to some people, but I didn't think it had ever harmed anybody. And then he went on some length of how did (inaudible) [do any?] harm. “That kind of situation doesn't harm people any more

than some of the magazines you take into your home. I'm sure you take so and so, or so and so, and so and so." "Well, yes, I take so and so." I said, "Well, in that magazine, don't they advertise liquor?" "Yes." And I said, "Well, liquor kills people. And I don't think a condom ever killed anybody." And at that point, the audience broke out into a pretty good cheer, because nobody – I don't think very many parents objected. Might've thought it was a little bit offensive, or "Golly, isn't that awful that times have come to this," or whatever, but. [laughs]

TH: Inappropriate, but probably necessary.

RJ: What with – pardon?

TH: I said, maybe one of these older, maybe more set people might say [00:17:00] that it was inappropriate, but they probably would see the necessity, and that it definitely wasn't harmful.

RJ: Yeah, right, exactly. Right. I don't know what we'd have done if we'd have had condom dispensing machines on the campus at that point. [laughs]

TH: You're aware of that, though?

RJ: Oh yes! Oh, yes. Yes, I'm all in favor of that. [laughs]

TH: This incident that you just recalled, do you remember about what year that might've been? We're talking late '60s, early '70s, or [what?]?

RJ: Oh, '68, '69, somewhere around in there.

TH: Okay. It was said, or suggested, in some of the newspaper articles I've read that maybe the reason students started standing up and demanding in a sense better healthcare, or a wider variety of healthcare in the sense that contraceptive devices be available, and that it was going to be all right for doctors to prescribe birth control, statements like that, is because of the general rising [00:18:00] activism or awareness of college students in general at the end of the '60s. In the

sense that they were getting involved in civil rights, and protests on the Vietnam War, and I guess a number of other issues. Do you think birth control can be thrown into that group of causes for increased awareness and activism?

RJ: It might be. But you see, the first request I had was not from a student.

TH: Okay. You're saying it was brought on by the chaplain?

RJ: First request I had was from – and maybe you can say because they'd come to him, but the first request was from the chaplain. Yes, I think this whole business of "To hell with the old folks!" and "Don't trust anybody over 30" and all the rest of the rhetoric of those times, undoubtedly contributed to it. But it also contributed to the fact that, "To hell with this! We'll make love no matter whether we've got the things or not." And some of these people who were so dedicated to preserving the responsibility and the respect for women, this [00:19:00] all went out the window. When they had an erection. When they had –

TH: They started thinking with their other head, as the saying goes.

RJ: Yeah. Four or five beers. Right, exactly, so, right. Otherwise you wouldn't have had so many abortions. Or so many unwanted pregnancies.

TH: You've been most informative. I'm very appreciative. Is there any questions you want to ask me, or anything I said that made you wonder or question?

RJ: No. No, I think you've really done a magnificent piece of research, because you obviously have got all the facts. Or the facts as they were presented to you through the public press.

[laughs]

TH: In that case. Tough to tell what really is the facts sometimes, but... okay. I'll just stop my tape.

RJ: Well – yeah.

- END -