

Planning a Family: Birth Control, Sterilization, and the Welfare of Society in Cold War Brazil

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Abstract

This article explores the history of family planning during the Brazilian military dictatorship by focusing on the activity of The Society of Family Welfare (Sociedade do Bem-Estar Familiar no Brasil, BEMFAM), founded in 1965 and affiliated with the International Planned Parenthood Federation. BEMFAM's campaigns were met with criticism from various fronts. The Catholic Church condemned the use of contraception methods. The military, which had ruled the country since taking power in 1964, opposed BEMFAM's efforts to curtail population growth and its international partnerships. Leftist organizations attacked BEMFAM as well, denouncing its initiatives as a form of criminal Western imperialism. The denunciations ultimately led to a parliamentary inquiry into the activities of BEMFAM. Analyzing the dictatorship's intelligence reports, state records, and BEMFAM's publications, the article elucidates how population control models, Cold War ideologies, and gendered politics shaped health and reproduction in military Brazil.

Keywords: Brazilian dictatorship; family planning; birth control; BEMFAM; Cold War

Resumo

Este artigo aborda a história da Sociedade do Bem-Estar Familiar no Brasil (BEMFAM), fundada em 1965 e afiliada à International Planned Parenthood Federation. O trabalho da BEMFAM para promover o planejamento familiar foi alvo de várias críticas. A Igreja Católica condenou a

distribuição de métodos anticoncepcionais pela BEMFAM. Os militares, que governavam o país desde 1964, se opuseram à política de controle de natalidade e às relações internacionais da BEMFAM. No entanto, diversas organizações de esquerda também denunciaram a BEMFAM como uma organização criminosa controlada pelo imperialismo norte-americano. As acusações culminaram na instauração de uma Comissão Parlamentar de Inquérito em 1967. Com base em fontes da BEMFAM e dos órgãos do regime militar, o artigo discute a influência das questões de planejamento populacional, desenvolvimento e de gênero e das ideologias de Guerra Fria nas políticas de saúde e reprodução na época da ditadura.

Palavras chave: ditadura militar brasileira; planejamento familiar; controle de natalidade; BEMFAM; Guerra Fria

In 1976, the northeastern Brazilian state of Pernambuco signed an agreement with the Society of Family Welfare in Brazil (Sociedade do Bem-Estar Familiar no Brasil) to launch a pioneering program for the state's residents. The society, a family planning organization known by its acronym BEMFAM, would distribute contraception pills in healthcare centers located in all of Pernambuco's 164 municipalities, as well as offer consultations and educational activities about reproduction and family planning.¹ The announcement was immediately denounced by conservatives and the Catholic Church, which opposed the use of oral contraceptives. Interestingly, it also drew criticism from leftist organizations. The Pernambuco chapter of the Brazilian Democratic Movement party (Movimento Democrático Brasileiro) denounced the state government in its newsletter, criticizing its "distorted" preference to control births rather than improving "the miserable conditions" of the majority of Pernambucans.² The newsletter continued by citing critics of the initiative, alleging that using the pill posed medical risks or contending that the program was motivated by capitalist market interests that would generate tremendous profits for foreign pharmaceutical producers.³

This was not the first time that the campaigns of BEMFAM—established in late 1965, a year after a coup toppled the Brazilian government and began a twenty-one-year military rule—attracted harsh criticism. As early as 1967, the left-leaning Medical Association of Guanabara State (Associação Médica do Estado da Guanabara, later Rio de Janeiro) alleged in a complaint to the authorities that BEMFAM was promoting abortion practices and violated Brazilian law and medical ethics.⁴ In 1975, the association intensified its attacks, releasing a public statement that accused BEMFAM of sponsoring criminal abortions and sterilizations while relying on funding from foreign entities. The Guanabara association demanded not only the permanent suspension of

BEMFAM's activity but also that charges be laid against the organization for committing crimes of genocide.⁵

That BEMFAM was attacked by the Catholic Church, conservative regime supporters, and leftist organizations highlights the conflicting trajectories of family planning in military Brazil. This article explores this complexity by focusing on the emergence and activity of the Society of Family Welfare in the context of the Brazilian dictatorship. Relying on BEMFAM's reports and publications, state and intelligence records produced by the dictatorship, as well as press sources, the article elucidates how population control models, Cold War ideologies, and gendered politics shaped health and reproduction in military Brazil.

The history of family planning in Brazil is relatively recent. Since its early colonial period, the Brazilian state had persistently advanced pronatalist policies. In its state-formation era in the late nineteenth and turn of the twentieth century, officials and leaders encouraged the growth of population across the nation's vast regions to exert state power.⁶ As historians have shown, these efforts led to the medicalization and professionalization of maternal and infant health, as well as to the suppression of the roles of midwives and wet nurses.⁷ In the 1930s and 1940s, particularly under the Vargas regime, authorities promoted puericulture alongside sanitation reforms to reduce infant mortality. Seeking to advance a modern Brazilian nation with a strong labor force, the state sponsored the opening of pre- and post-natal care clinics, milk banks, and hygiene programs that supported fertility and motherhood.⁸ The state also criminalized abortions and suppressed the use of contraceptive methods in its legal and professional codes. Brazil's 1890 penal code outlawed not only abortions and their providers but also women seeking the procedure. This was reaffirmed in the 1940 code, which remained untouched for nearly forty years.⁹ Brazil's code of medical ethics, as another example, proscribed the advertising or discussing of treatments meant to avoid pregnancy.¹⁰ In fact, the 1932 law that regulated the medical profession in Brazil made it illegal for doctors to engage in practices that prevented conception.¹¹ The Brazilian state, therefore, categorically rejected family planning and other policies that could have decreased the nation's reproductive growth.

The Cold War era reshaped approaches to reproduction and fertility in Latin America, including Brazil. In the 1950s—years before Paul Ehrlich's popular 1968 *The Population Bomb*—scientists and public figures in and outside of the U.S. began discussing the “risks” of population growth. They contended that overpopulation would result in dwindling natural resources and lead to demographic, social, and political disasters.¹² These fears were amplified by Cold War anxieties over national security and geopolitical power. As social scientists warned, rapid population growth could hinder development, trigger

political instability, and culminate in impoverished populations—factors viewed as fertile grounds for the spread of communism.¹³ In this context, various international organizations (among them the World Bank, the United Nations, the Rockefeller-funded Population Council, and the International Planned Parenthood Federation) and US-based entities (such as the International Cooperation Administration and later the U.S. Agency for International Development [USAID], as well as the Kellogg, Rockefeller, and Ford foundations) began promoting family planning practices to decrease reproduction in regions they believed were vulnerable to communist influence, mostly in the Third World.¹⁴ Its proximity to the U.S. and extensive rural population made Latin America a particular focus of international family planning campaigns.¹⁵ In fact, by the mid-1960s USAID's Office of Population was coordinating efforts to promote family planning programs in most countries in Latin America.¹⁶

The efforts to promote family planning ideas in Latin America faced various challenges. Some viewed population decrease as necessary for the furthering of economic development. There were also those who understood birth control as critical to challenge social and gender hierarchies. But many others vehemently opposed efforts to reduce population size because it contradicted both Catholic doctrines and pronatalist, growth-based state policies.¹⁷ In Brazil, the dictatorship that took over the country in 1964 and ruled for twenty-one years devised development strategies based on expanding the population's size rather than decreasing it. BEMFAM, which was one of the only active family planning organizations in the country, received most of its funding from international organizations. As this article illustrates, only in the context of the long transition to democracy and economic decline in the late 1970s and early 1980s the Brazilian dictatorship endorsed the ideas of family planning. This partially explains why the history of family planning in Brazil has not received a lot of attention in historiography, particularly in the literature about the dictatorship.¹⁸ But BEMFAM, this article shows, was an influential organization whose campaigns both provoked major political controversies in the country and had significant effects on the lives of many Brazilians. By 1980, over 800,000 women were served in over 90 clinics run by BEMFAM across Brazil. Between 100,000 and 500,000 women were registered annually as active users of the oral contraceptives distributed by the organization.¹⁹ Over a thousand physicians, politicians, academics, and journalists participated in BEMFAM's training programs, often through scholarships offered by the organization.²⁰ Moreover, BEMFAM's early leaders later served in regional and hemispheric offices of international organizations advocating for family planning.²¹ The history of BEMFAM thus serves as a significant window into the conflicts about public health, population control, sexualities, religion, and gender in Cold War Brazil.

The Emergence of BEMFAM

The Sociedade do Bem-Estar Familiar no Brasil was established in November 1965 by a group of obstetricians who were concerned by the rising number of induced abortions in the country.²² “Provoked” abortions were not only illegal but also posed a great risk to women’s health. Moreover, they believed that the increase in unwanted pregnancies indicated that women in Brazil did not find favorable social and economic conditions for carrying unplanned pregnancies to term. To confront this challenge, they conceived BEMFAM as both a research organization—promoting the medical, socioeconomic, and demographic study of “human reproduction physiology” and its impact on the welfare of the family—as well as a service provider that advances family planning practices in Brazil.²³

First operating under the guidance of leading obstetricians and gynecologists in Rio de Janeiro such as Octávio Rodrigues Lima, BEMFAM soon expanded into an organization with national aspirations.²⁴ Within two years, it had affiliated with and began receiving funding from the International Planned Parenthood Federation (IPPF).²⁵ This in many ways was also the result of a concentrated effort by IPPF’s Western Hemisphere office to promote the creation of local family planning associations. Along with funding BEMFAM, it supported the founding of the Guatemalan Association of Family Welfare (Asociación Pro Bienestar de la Familia) in 1964, the Association for the Welfare of Colombian Family (Asociación Probienestar de la Familia Colombiana) in 1965, and the Chilean Association for Family Protection (Asociación Chilena de Protección a la Familia) in 1966.²⁶ In its first two years of operation, BEMFAM received around US\$100,000 from IPPF and the Rockefeller-led Population Council. Government records indicate that additional grants, from the Ford Foundation for example, increased BEMFAM’s budget significantly in that period.²⁷ With this significant funding, BEMFAM opened clinics in various Brazilian states, first for the urban middle-class populations in Rio Grande do Sul, Paraná, Guanabara (later Rio de Janeiro), and São Paulo, and then with a more substantial focus on the poorer states of Bahia, Pernambuco, Ceará, and Rio Grande do Norte. In its first year of activity, the organization had nine clinics in operation, servicing around 2,000 patients. By the end of 1967, BEMFAM was already servicing over 13,000 regular patients in 31 clinics across 11 Brazilian states.²⁸ By the mid-1970s, there were over 90 BEMFAM clinics in Brazil with hundreds of thousands of registered patients.²⁹

The Rationale for Family Planning

An analysis of BEMFAM's early published material indicates the main motivations and rationales for promoting family planning in Brazil. Its first major conference was organized in July 1968 in the southern city of Londrina (Paraná state) and attended by the director of IFPP's Western Hemisphere office Ofélia Mendoza, the prominent Colombian leader of reproductive health Jorge Villarreal Mejía, Chilean pioneer of family planning and social medicine Benjamín Viel, and other leading Brazilian and Latin American practitioners of reproductive health. The conference proceedings emphasized the need to reduce Brazil's high rates of provoked abortions, which often led to maternal mortality.³⁰ Family planning methods, the conference participants asserted, were scientifically approved, safe, and most effective in confronting these incidences. As they concluded, doctors had the professional autonomy and duty to advise their patients about contraceptive methods. Anticipating potential opposition to their conclusion, the conference organizers also emphasized that responsible family planning did not mean abortions or forced sterilization and added that the opinions, moral principles, and religious beliefs of patients must be respected.³¹

Alongside the problem of induced abortions, conference leaders saw Brazil's "rapid and disorganized" population growth as an "impediment" to the nation's socio-economic development.³² Indeed, BEMFAM's periodicals often referred to the challenges posed by Brazil's human growth. This was in contrast to the claims made by developmentalists, who contended that demographic growth should be encouraged to support the expansion of the labor force and to populate the nation's distant geographies. BEMFAM's advocates of family planning, however, warned in various articles that rapid demographic growth presented a "grave problem" for Brazil's progress. Inspired by debates in the U.S. about population "explosion," they were concerned by the country's total fertility rate, averaging around six children per woman during most of the 1960s and bringing Brazil close to the one hundred million people mark in the last years of the decade.³³ As they noted, between 1960 and 1970, the nation's urban centers grew exponentially due to millions of Brazilians emigrating from the rural Northeast to metropolitan areas in search of work. Brasília's population, for instance, witnessed a whopping increase of 285% during that decade. Belo Horizonte, Curitiba, and São Paulo saw population growth ranging between 55% and 80%. Even in the northern regions, cities like Manaus (73%) and Recife (36%) experienced substantial population expansion.³⁴ By 1970, Brazil's cities of over 100,000 residents increased their share of the country's population from 19% to 28%.³⁵ This process had considerable negative effects, BEMFAM asserted in its publications, pointing out that the substantial population growth far

outpaced the construction of housing or the expansion of public services. The result was a “belt of marginalized people” that surrounded state capitals and a considerable decline in public health indicators and infrastructure.³⁶ Rural areas likewise suffered, as migration to the cities created an “economic absence” in the periphery, hindering poor families’ ability to sustain themselves and care for their children.³⁷

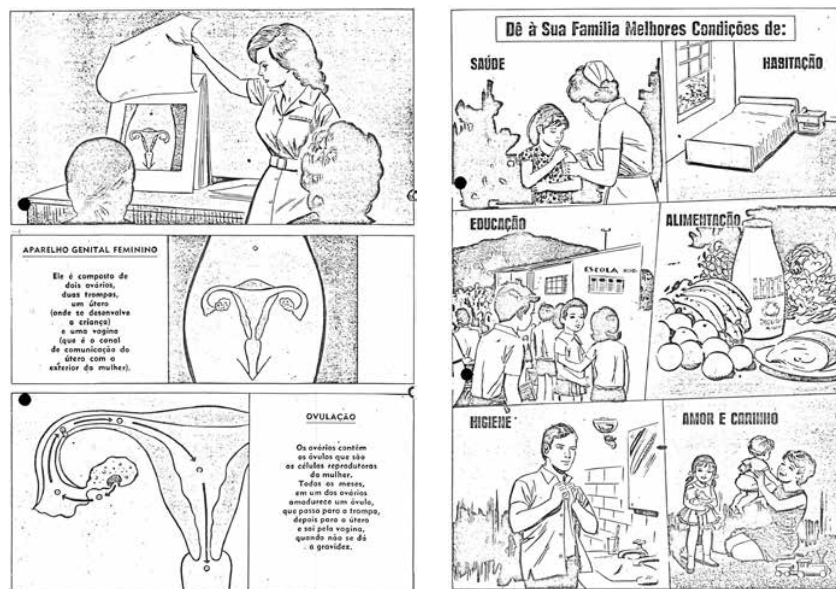
In many ways, these observations were echoing the views of various international organizations such as the Pan American Health Organization or the Ford Foundation warning that rapid population growth would endanger the health and food security of societies in the underdeveloped world.³⁸ The 1965 United Nations World Population Conference particularly focused on fertility and rapid growth, seeking to find a balance between the world’s resources and populations.³⁹ Drawing on these neo-Malthusian debates, BEMFAM’s leaders saw Brazil’s demographic trends as detrimental to the nation’s social and economic stabilities. For them, reducing, rather than expanding the population was necessary to confront the impending “population bomb” and mitigate the evolving social and economic disparities between rural and urban centers in the country. The fear of “exploding” metropolises in the southern regions of the nation also carried racial meanings, of course. As scholars have shown, many of those advocating for a balanced regional distribution racialized migrants coming from the Northeast as the backward others who were “troubled by problems of poverty, illiteracy, and disease.”⁴⁰ Lastly, BEMFAM’s publications asserted that family planning practices could promote greater autonomy for Brazilian women. They referred to early advocates of birth control like the American Margaret Sanger as “pioneers.” They suggested that determining the number of children and spacing of pregnancies could not only resolve many of Brazil’s social and economic “ills” but also lead to the formulation of a modern Brazilian woman.⁴¹ Advances in reproductive health were thus understood as a means toward national progress. Significantly, however, BEMFAM did not consider abortion as part of a woman’s autonomy. Moreover, the upper ranks of BEMFAM’s leadership did not include a single woman for a full decade after its establishment.⁴²

Guided by a sense of urgency to confront Brazil’s fast population growth and increase in induced abortions, BEMFAM began advancing a multi-avenue project that involved health, education, and policy initiatives. In clinics, health professionals offered family planning consultations and sex education classes. Women and couples began by learning about the reproductive system and its cycles as well as discussing the responsibilities of newlyweds towards their future newborns and society. After concluding with the education part, women could schedule a subsequent meeting with a consultant, followed by a medical exam. Then, they enrolled in BEMFAM’s contraceptives distribution program,

which included a regular supply of birth control pills or counseling towards the use of intrauterine devices (hereafter IUDs).⁴³ In the 1970s, BEMFAM's professionals also began performing screenings for gynecological cancers.⁴⁴



From “Como Planejar a Família,” BEMFAM’s illustrated educational booklet about reproduction and family planning, distributed in the 1970s. The booklet tells the story of João and Maria, a newlywed couple that learns about and enjoys the benefits of family planning practices.⁴⁵



Illustrated introduction to the female reproductive system. The following section presented the male reproductive system as well. From “Como Planejar a Família.”

According to the booklet, the benefits of family planning were extensive and led to better health, housing, education, nutrition, and hygiene. The ideal family, the illustration shows in the bottom right corner, is small in size and enjoys “love and care.” From “Como Planejar a Família.”

Along with providing reproductive health services, BEMFAM sought to transform public opinion and reshape state policy on family planning in Brazil. In its first ten years of activity, BEMFAM offered nearly 3,000 scholarships to doctors, social workers, nurses, lawyers, and various academics to participate in the organization's training programs. BEMFAM also organized thousands of public lectures that introduced the principles and models of family planning to various professional groups. And it organized seminars for thousands of state and federal representatives, military officials, journalists, and religious leaders with the aim of influencing political and policy debates about family planning. Lastly, BEMFAM produced numerous publications, from booklets like the one mentioned above that introduced family planning foundations to studies that discussed predictions of population explosion and showed how family planning advanced economic development.⁴⁶

These publications reveal how particular notions of race and class shaped understandings of family planning at the time. Images illustrating the negative consequences of population growth typically presented multiple Black children who appeared to be neglected by their parents. These depictions were contrasted with images of a single-child family that appeared as white, urban, and seemingly middle- or upper-class. There were also drawings that emphasized a dramatic "before and after" process for those who practiced family planning. Multi-child families were depicted as poor, rural, and miserable, while single-child families appeared as happy members of the upper class who enjoyed the service of a nanny. These representations were distributed on a massive scale: by the late 1970s, BEMFAM was circulating over 750,000 copies of its publications per year.⁴⁷

Photo: Evandro Teixeira de Almeida



Photo: Paula Chapman



On the left, the dangers of population explosion are represented by an image of multiple, poor Black children. On the right, the benefits of family planning are illustrated by a white, middle-class, single-child family. From BEMFAM's publication on the evolution of family planning, "A evolução do planejamento familiar no Brasil," 1981.



Desenho: Paula Chapman

“Before and after” family planning. While the multi-child family on the left is depicted as rural poor, the single-child family on the right appears to belong to the upper class and can afford the services of a nanny. From BEMFAM’s “A evolução do planejamento familiar no Brasil,” 1981.

The Distinctive Politics of Family Planning in Military Brazil

In late March of 1964, a military-civilian coup overthrew Brazil’s democratic government and installed a dictatorship that ruled the nation until 1985. In the context of the Cold War, the regime sought to eradicate a perceived communist and subversive threat, bolster national security, and advance the modernization of the country. Family planning models, BEMFAM’s leaders believed, fit well with the dictatorship’s socioeconomic approach. Historically, political and intellectual leaders in Brazil (and various other Global South countries) had advocated for population expansion to settle remote peripheries and increase the workforce. In the 1960s, however, rapid population growth became a significant concern. Informed by the Cold War discourse, social scientists and medical professionals believed that an uncontrollable increase in population size would lead to extensive poverty and thus hinder modernization efforts.⁴⁸ BEMFAM built on this perception, arguing in its publications that markets’ expansion did not necessarily require significant population growth. Even John D. Rockefeller, BEMFAM emphasized, affirmed that “unrestrained” population increase will lead to social unrest and the collapse of essential services, ultimately weakening purchasing power and economic growth.⁴⁹ For BEMFAM’s leaders, family planning not only served as the perfect solution for social and economic challenges, but also contributed to national security. Population explosion, it contended in another publication, would push people away from poor rural areas, leaving these vulnerable to outside influences. Indeed, for Cold War ideologues and

social scientists, poverty, social discontent, and underdevelopment could open the door to “foreign threats,” particularly communism.⁵⁰

While family planning advocacy was an inherent aspect of Cold War national security and development discourse, the Brazilian dictatorship was very suspicious of this model and frequently opposed it. Regime officials certainly subscribed to various Cold War ideologies and believed that economic and social development—alongside repression of “subversive” activity—would be critical to advancing capitalist modernization and preventing the dangers of communism. But family planning contrasted with the dictatorship’s understanding of geopolitical power and national development. Certainly in its first decade, the regime advanced an expansionist economic and development policy. Rather than population control, it promoted the settlement of unpopulated areas and the growth of the workforce.⁵¹

Brazil’s dictatorship was also decisively Catholic and thus disapproved of the use of contraceptives. In 1968—the same year in which the United Nations declared family planning a basic human right—the Pope published the encyclical *Humanae vitae*, which not only condemned the use of the birth control pill but also asserted that artificial contraception could open “the way for marital infidelity and a general lowering of moral standards.”⁵² This and other papal directives played a significant role in the dictatorship’s policymaking. As military leaders often announced, the regime’s objective was not only to restore order and defend Brazil from the communist threat but also to reestablish the nation’s Western, Christian identity.⁵³ The Brazilian dictatorship was thus extremely hesitant to adopt family planning policies and persistently monitored BEMFAM’s activities through various intelligence agencies.⁵⁴ BEMFAM faced strong opposition from the Catholic leadership itself. The National Conference of Bishops of Brazil (Conferência Nacional dos Bispos do Brasil, CNBB)—which supported the 1964 coup but became more critical of the regime after repression intensified in the 1970s—approved of natural pregnancy planning techniques such as the rhythm method or monitoring basal body temperature and cervical mucus. But it firmly opposed using artificial contraceptive methods, which it viewed as a form of fertility control and a violation of Catholic doctrines.⁵⁵

BEMFAM was also denounced by nationalist groups. The National Defense League (Liga da Defesa Nacional), for example, asserted in a 1972 letter to President Emílio Médici that BEMFAM’s initiatives thwart the superior interests of the nation by caving to foreign influence and allowing international organizations to promote population control in the country. A similar letter from the Brazilian Education Association (Associação Brasileira de Educação) to the dictatorship’s Justice Minister Alfredo Buzaid rebuked BEMFAM for distributing the pill. It suggested that the government should invest in education programs

and resources for maternity and infancy instead of supporting efforts to limit the “legitimate expansion of the population.”⁵⁶

Indeed, various nationalist and conservative groups criticized BEMFAM not only for infringing on Catholic doctrinal imperatives but also for promoting population control and foreign interests. Ironically, similar attacks came from leftist groups. The National Revolutionary Council (Conselho Revolucionário Nacional), an early-1970s clandestine group that promoted armed struggle against the dictatorship, harshly condemned BEMFAM for its collaboration with international organizations. In its underground publication “Independence or Death,” the group called BEMFAM a “disgraceful,” and “criminal” organization that was not only manipulated by North American imperialist money but also took “nefarious” steps to mislead the population about contraceptives.⁵⁷ The group also sent a threatening letter to the offices of BEMFAM in which it accused the organization of “sterilizing thousands and thousands of Brazilians under the pretext of family planning” and demanded it to halt all activities. “If this demand will not be heeded,” the group warned, “[BEMFAM] will be punished severely.”⁵⁸

Lastly, BEMFAM faced criticism from within the medical establishment. The left-leaning Medical Association of Guanabara State (Associação Médica do Estado da Guanabara, later of Rio de Janeiro) frequently denounced BEMFAM’s activity as illegal and immoral. In an early complaint submitted to the regional medical board in 1966, the association accused BEMFAM’s physicians of violating medical ethics when distributing the birth control pill and promoting intrauterine devices. In 1967, the association filed a similar complaint to the Ministry of Justice, arguing that BEMFAM’s objectives not only contradicted Brazil’s aspirations of national growth but also amounted to crimes of abortion and genocide.⁵⁹ The Guanabara association also alleged that BEMFAM was serving foreign interests, receiving millions of dollars from international organizations such as the International Planned Parenthood Federation and the Ford Foundation.⁶⁰

The attacks against BEMFAM increased significantly after a 1967 story in the newspaper *Ultima Hora* alleged that a clandestine plan to sterilize women was being carried out in the Amazon region. The sterilization the piece referred to was the insertion of intrauterine device, which it dubbed “instruments of crime.” It not only claimed that various women in the states of Maranhão, Goiás, and Pará were manipulated into using IUDs but also that the facilitators of the operation were US evangelicals.⁶¹ The *Ultima Hora* article misconstrued the insertion of IUDs as a sterilization procedure, despite it being a reversible birth-control method. The piece also did not refer specifically to BEMFAM. But in the context of increasing criticism of family planning and Cold War concerns

of national security, the report succeeded in prompting calls for investigation. A few weeks later, in May 1967, the Brazilian Congress approved the formation of an eleven-member Parliamentary Inquiry Commission (Comissão Parlamentar de Inquérito, CPI) to examine “whether a plan to limit childbirth in Brazil existed” and investigate allegations of “foreign interference in the country’s demographic dynamics.” The commission was also mandated to clarify BEMFAM’s “actions in the process of birth restrictions”; study the medical, moral, social, religious, economic, and political aspects of IUD applications; and consider their effects on “sovereignty and national security.”⁶²

The CPI conducted 31 hearings and listened to 25 depositions over one year, but it never completed the inquiry or produced an official final report.⁶³ One possible reason for its abrupt ending could be the political instabilities of 1968. Social unrest had intensified in the country since the beginning of that year, as students and activists protested against the dictatorship in increasing numbers. While the CPI was conducting its meetings, the regime’s security forces were violently suppressing protest rallies, arresting social and labor leaders, and killing demonstrators. These actions brought hundreds of thousands of Brazilians to the streets in mid-1968, demanding an end to military rule. Meanwhile, radicalized students and labor activists joined underground groups to engage in armed struggle against the dictatorship. In Congress, the opposition denounced the regime’s brutality, leading to a political crisis. Ultimately, the dictatorship reacted by promulgating Institutional Act Number 5 (Ato Institucional Número Cinco, AI-5), through which it significantly intensified state-sponsored repression.⁶⁴ In this context, CPI members might have refrained from publishing a final report because of the potential political risks.

Despite the absence of a final report, a significant part of the CPI’s records was published in Brazil’s Congressional *Diário Oficial* in late 1970.⁶⁵ These records reveal that the commission explored various topics related to family planning and population control in Brazil. CPI members invited investigative journalists who had reported on the Amazon controversy as well as public officials from the region to clarify the allegations that sterilizations were being conducted. Various journalists denounced what they perceived to be efforts to limit population growth in the northeastern region of the country. Catholic leaders who appeared before the commission (including the Archbishop of Goiânia Fernando Gomes dos Santos) joined these allegations, highlighting what they understood as a threat to religious principles and papal guidelines. There were also federal and state representatives who discussed the state and municipal agreements that allowed organizations like BEMFAM to provide reproductive health services across Brazil.⁶⁶

The inquiry commission paid considerable attention to BEMFAM, scrutinizing its involvement in birth control initiatives, its objectives, and its budget. Commission members sought to clarify whether BEMFAM's sponsorship of IUDs violated Brazil's code of medical ethics. They also examined whether BEMFAM was promoting illegal abortive practices. And they raised concerns regarding BEMFAM's outside funding sources and the financial interests of foreign companies manufacturing the pills and IUDs. Speaking before the commission, BEMFAM's executive director Walter Rodrigues defended the organization, using various scientific studies and educational slides about reproduction. He contested the accusations that his organization was complicit in sterilizations and abortions, affirming that IUDs were contraceptive methods that offered women free choice with regard to their preferred family size.⁶⁷ He disputed the allegations that these practices violated legal codes but asserted that Brazil's laws dealing with contraceptives were outdated and not in line with the country's social realities. Rodrigues reiterated the risk of rapid population growth and emphasized that Brazil's "epidemic"-like numbers of provoked abortions were a matter of public health. Citing studies from around the world, he maintained that family planning practices resulted in a significant decrease in abortions and contributed to Brazil's social development. BEMFAM, Rodrigues argued, was merely seeking to tackle an urgent public health issue neglected by the state: "our objective is a medical one," he concluded.⁶⁸

In addition to clarifying the allegations of sterilizations and investigating BEMFAM, the commission invited multiple professionals and researchers to explicate the broader meanings of family planning, from doctors who explained the medical effects of oral contraceptives to demographers who discussed the impact of family planning models on population growth and national development. As scholars have already noted, ideas about gender, class, and race underlie various statements made before the commission by advocates of family planning. Experts in medicine and demography, for example, asserted that unplanned births would result in millions of "uneducated" people hindering the nation's development. Economists posited that an impending explosion of impoverished populations in the Northeast would create unprecedented pressure on Brazil's social welfare agencies and economic growth.⁶⁹ Given that the northeastern population was not only poor but also predominantly nonwhite, these assessments reveal how family planning advocates often racialized the populations that should—and should not—be reproducing to advance the nation.⁷⁰ Indeed, as one advocate asserted before the commission, family planning had the ability to "save humanity" from imminent risks.⁷¹

After multiple sessions, the Parliamentary Inquiry Commission did not find evidence that BEMFAM had promoted population control or violated Brazil-

ian law. With the absence of a final report, the scandal about alleged sterilizations in the Amazon fizzled out. BEMFAM received more good news towards the end of 1967, when the Federal Medical Council—the supreme regulatory board of medicine in the country—ruled that the organization’s programs did not violate Brazil’s code of medical ethics. The council’s ruling emphasized that intrauterine devices did not induce abortions or sterilizations and stressed that contraceptives were scientifically approved. These methods, the council concluded, were promoted by the World Health Organization and “respect[ed] both the life and the health of their users.”⁷²

BEMFAM’s leaders were very satisfied with the decisions of the parliamentary inquiry and the Federal Medical Council to absolve the organization of legal and ethical accusations. The medical council’s decision was celebrated on the front pages of BEMFAM’s newsletter, circulated among clinics and professionals.⁷³ BEMFAM’s Executive Secretary, Walter Rodrigues, lashed out at the accusers, claiming that their attacks were misinformed, sensational, and aimed “to lead public opinion to adopt a radical political attitude.”⁷⁴ But while Congress and medical authorities legitimized BEMFAM’s activity, dictatorship officials still viewed the organization as a concern. In fact, declassified records reveal that in the years after the aforementioned inquiry concluded, the regime’s intelligence agencies, justice department, and health ministry exchanged confidential correspondence about BEMFAM’s operations. Officials requested BEMFAM’s financial and annual reports from government agencies and solicited the police for records on BEMFAM’s staff. Intelligence reports compiled not only profiles of BEMFAM’s leadership but also kept copies of its partnership agreements with states and municipalities. Agents monitoring the organization also assembled copies of BEMFAM’s brochures, publications, and booklets about family planning and fertility. These reports indicate that dictatorship officials were concerned by issues similar to those examined by the CPI. They were particularly preoccupied with BEMFAM’s international connections and sources of funding, which were perceived as potential “outside interference” in Brazilian policies.⁷⁵

The ongoing monitoring of BEMFAM could reflect the dictatorship’s increasing anxieties over gender, subversion, and international politics, particularly in the late 1960s and early 1970s. BEMFAM promoted family planning as a way to reduce provoked abortions, ease the burden on social services, and ultimately lead to development and economic growth—goals that in theory were supported by dictatorship officials. For many of them, however, family planning also had cultural and moral implications. They associated the use of the birth control pill with the ills of the modern, radical world of the 1960s. Indeed, various conservative intellectuals and Cold War ideologues at the time

equated the pill with the sexual deviancy of middle-class university students who opposed military rule. In other words, the use of birth control was not only a case of sexual pathology but also indicated possible political subversion. In this context, family planning policies could have been viewed as a threat to the dictatorship's political power and gendered ideologies.⁷⁶

That BEMFAM was affiliated with international organizations could have also served as a cause of concern for the dictatorship. By late 1969, news of the regime's intensification of state-sponsored repression was circulating outside of Brazil. Soon thereafter, organizations such as Amnesty International and the International Commission of Jurists began reporting on cases of torture and forced disappearances in Brazil. The regime persistently refuted the allegations of systematic repression and in confidential memos considered the accusations part of a worldwide "defamation campaign" against Brazil, organized by Communists who aligned with international organizations.⁷⁷ Officials were thus considerably reactive to international involvement in domestic affairs, which they perceived as a threat to military rule. BEMFAM's work with international organizations—many of them supporting liberal projects related to health, family planning, and population policies—might have touched a raw nerve at a challenging time for the dictatorship's international relations.

Legitimizing Family Planning

The extensive attacks against BEMFAM in the late 1960s prompted the organization to increase public relations efforts in the 1970s, expanding its educational and political lobbying initiatives. It circulated various publications that introduced the concepts and models of family planning to professionals and the public.⁷⁸ It produced pieces that presented family planning as a model that allowed couples to "freely and consciously determine the size of family."⁷⁹ And it published articles that highlighted the contributions of family planning to Brazil's public health, income distribution, and development.⁸⁰ Various additional publications explained how family planning policies conformed to religious and specifically Catholic principles.⁸¹ Concomitantly, BEMFAM continued to publish materials about Brazil's "demographic problem."⁸²

Alongside public relations initiatives, BEMFAM expanded its outreach efforts. In the early and mid-1970s, the organization cultivated relationships with regional elected officials that culminated in agreements to provide family planning services in various northeastern states. By the late 1970s, BEMFAM had agreements with 18 Brazilian states, from Pernambuco to Rio Grande do Sul.⁸³ To supplement its primary clinics located in cities, BEMFAM developed

a community-based oral contraceptive distribution program in rural areas. First piloted in 1973 in the northeastern state of Rio Grande do Norte, the program recruited volunteers such as schoolteachers, nurses, and midwives who nurtured local relationships and distributed free pills to women in their area of living. Regional community and municipal leaders supervised the programs, which received medical consultation from BEMFAM's professionals. By 1975, the program was in operation in 150 state municipalities of Rio Grande do Norte. Similar community programs were later launched in the states of Pernambuco, Paraíba, Alagoas, and Piauí.⁸⁴

Building on its state and municipal campaigns, BEMFAM expanded its lobbying at the federal level. The relationships cultivated with congressional representatives and committees led to significant legal amendments related to family planning. In 1971, a presidential decree granted BEMFAM the status of federal "public service" (*utilidade pública*)—a significant mark of legal, political, and social legitimacy for the organization.⁸⁵ An additional legal effort, which Congress began discussing in the mid-1970s and ultimately approved as a law in 1979, revised Brazil's Penal Code to legalize the advertisements of contraceptives.⁸⁶ These changes also facilitated the participation of a Brazilian government delegation at the 1974 United Nations World Population Conference in Bucharest, Romania, which focused on family planning. The conference's Plan of Action recommended that all countries "respect and ensure [...] the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children; [...] [and to] make available to persons who so desire advice and the means of achieving it."⁸⁷ The participation of Brazilian officials in the conference signaled a shift in the dictatorship's attitudes towards state involvement in family planning policies.

The gradual acceptance of family planning was further illustrated in the regime's National Development Plan (II Plano Nacional de Desenvolvimento, adopted in late 1974), which stated that state policy should respect the "decision of each couple in determining the desired number of children."⁸⁸ A few years later in 1978, President Ernesto Geisel asserted in a press conference that "demographic explosion is a very serious problem in Brazil," and affirmed that family planning was an effective means to confront this challenge—an unprecedented statement by a Brazilian president.⁸⁹ Indeed, in the context of economic downturn in the late 1970s and early 1980s, various officials warmed to the idea of population reduction as a potential tool in mitigating the negative effects of recession. While substantial policies in this direction would be implemented only in the mid- to late 1980s, BEMFAM capitalized on this shift by expanding its international and local collaborations with municipal and state authorities. By 1983, the organization had professionals, consultants, and volunteers working in

over 2,000 community posts across the country—particularly in the Northeast. In Pernambuco alone, BEMFAM provided contraceptives for distribution in over 475 centers.⁹⁰ In 1984, shortly before the end of military rule, the federal government launched a program to make birth control methods available to poor women.⁹¹

Conclusion

In the last years of the dictatorship, BEMFAM enjoyed political, social, and professional legitimacy. As this article has demonstrated, however, this was hardly the case during most of the organization's first decade of activity. BEMFAM's founders expected opposition from Church authorities but assumed they would earn support across the political spectrum and within the medical community. Family planning, after all, was not only encouraged by international health organizations but also corresponded with the government's plans for national development and public health. Their predictions were way off. Indeed, for various groups, BEMFAM's initiatives triggered distinctive Cold War anxieties. For a long time, regime officials were ambivalent toward family planning because it contradicted their economic and development plans, predicated on stimulating Brazil's population growth. In the context of late-1960s opposition to military rule and youth counterculture, dictatorship ideologues also linked family planning to sexual subversion and society's "moral decline." Lastly, with mounting international criticism of the dictatorship's state-sponsored repression, regime officials became increasingly nervous about outside involvement in Brazilian domestic affairs. Ironically, some of the dictatorship's most committed foes shared a similar sentiment. As this article has shown, various opponents of the regime from the Left—in the medical sector, in underground groups, and within the opposition party—opposed BEMFAM's promotion of contraceptives and viewed the organization as an agent of Western imperialism that actively advanced population control policies. In this illustrative Cold War moment, therefore, right-wing radicals and leftist activists both considered BEMFAM a threat. Of course, the motivations behind the sentiments of opposition to BEMFAM differed significantly based on political stances and ideologies. For the regime and its supporters, family planning challenged various religious principles and ideas about women's proper gender roles. For those on the Left, the focus on family planning enabled the state to shirk its responsibilities towards Brazilians. They believed that the solution for Brazil's challenges did not lie in pregnancy spacing but rather in extensive state investment in social services and in the welfare of Brazilians. BEMFAM's founder and executive

secretary Walter Rodrigues noticed this distinctive political overlap as well. When invited to speak about family planning before the U.S. Congressional Committee on population in 1978, Rodrigues commented that his organization was facing opposition from both conservative priests and leftist groups. “Working in family planning in Latin America is a very sensitive area,” he asserted, “half of the people say that we work for the CIA and the other half says that we work against the CIA.”⁹²

Some of the criticism waged against BEMFAM was certainly grounded in evidence. As this article has shown, family planning was indeed promoted and often sponsored by international organizations that sought domestic impact. The international discourse of family planning was certainly shaped by racial and gendered motivations, and frequently focused on the problem of “population explosion” in the Global South.⁹³ This aspect was highlighted by various feminist groups in Brazil as early as the 1970s, particularly by Black feminists.⁹⁴ At the same time, BEMFAM included socially minded professionals and volunteers who considered family planning critical to the basic health needs of their communities. It is in the context of heightened Cold War polarization, cultural paranoias, and intensifying state-sponsored repression that these conflicts escalated to battles involving legal accusations, police monitoring, and government investigations. In this way, the history of BEMFAM not only illustrates the particular dynamics that shaped attitudes towards family planning in military Brazil but also highlights the role Cold War tensions played in framing debates about reproduction and health in Latin America.

Notes

1. “Querem cassar até o direito de nascer,” *Momento*, MDB Pernambuco, núm. 5, julho 1977, in Arquivo Nacional [hereafter AN], Divisão de Segurança e Informações, do Ministério da Justiça (hereafter DSI/MJ), RIO TT 0 MCP PRO 851; and “convênio que entre o governo do estado de Pernambuco e a sociedade civil de bem estar familiar no Brasil para execução de um programa de planejamento familiar,” April 1976, in AN, Serviço Nacional de Informações, AC ACE 2942/79.
2. “Querem cassar até o direito de nascer.” The Movimento Democrático Brasileiro was the official opposition party to the Brazilian dictatorship, established under its controlled two-party system.
3. “A quem interessa o controle da natalidade,” *Momento*, MDB Pernambuco, núm. 5, julho 1977, in AN RIO TT 0 MCP PRO 851.
4. Parecer: exame do Conselho Federal de Medicina de pedido de providências contra limitação de nascimentos, a rogo do sr. ministro da Saúde, November 6, 1967, in AN BSB IS INF PJU 02.
5. “Um decênio de desserviços ao Brasil,” Associação Médica do Estado do Rio de Janeiro, November 1975, in AN, Serviço Nacional de Informações, AC ACE 2942/79. See also

- “Médicos acusavam a Bemfam de praticar o genocídio,” *Ultima Hora*, November 10, 1971.
6. Délcio da Fonseca Sobrinho, *Estado e população: uma história do planejamento familiar no Brasil* (Rio de Janeiro: Editora Rosa dos Tempos, 1993), pp. 37–57.
 7. Okezi T. Otovo, *Progressive Mothers, Better Babies: Race, Public Health, and the State in Brazil, 1850–1945* (Austin: University of Texas Press, 2016), Chapters 1–2.
 8. These policies originated in the Latin American notion of “preventive eugenics,” which viewed state-sponsored public health programs as critical to the advancement of the nation’s human and social stock. See Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991); Gilberto Hochman, Nísia Trindade Lima, and Marcos Chor Maoui, “The Path of Eugenics in Brazil: Dilemmas of Miscegenation,” in Alison Bashford and Philippa Levine (eds.), *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010). For an updated analysis of Brazil’s eugenics movement see Vanderlei Sebastião de Souza, “Eugenia, racismo científico e antirracismo no Brasil: debates sobre ciência, raça e imigração no movimento eugênico brasileiro (1920–1930),” *Revista Brasileira de História*, 42:89 (2022), pp. 93–115.
 9. Abortion providers were criminalized in penal codes as early as 1830. See Cassia Roth, *A Miscarriage of Justice: Women’s Reproductive Lives and the Law in Early Twentieth-Century Brazil* (Stanford: Stanford University Press, 2020), pp. 18–19 and Chapter 1. See also Fabíola Rohden, *A arte de enganar a natureza: contracepção, aborto e infanticídio no início do século XX* (Rio de Janeiro: Editora Fiocruz, 2003), especially chapter 3.
 10. See article 56 in Conselho Federal de Medicina, *Código de Ética Médica*, 1965.
 11. Decree 20.931 (1932) proscribed engaging in practices that aim to prevent conception or interrupt gestation (excluding medical cases). Decree Law 3.688 (1941) prohibited the public advertising of processes, substances, or objects aimed to cause abortion or prevent pregnancy.
 12. Pierre Desrochers and Christine Hoffbauer, “The Post War Intellectual Roots of the Population Bomb,” *Electronic Journal of Sustainable Development*, 1 (2009), pp. 73–98.
 13. Raúl Necochea López, “The Puerto Rico Family Life Study and the Cold War Politics of Fertility Surveys,” in Anne-Emanuelle Birn and Raúl Necochea López (eds.), *Peripheral Nerve: Health and Medicine in Cold War Latin America* (Durham, NC: Duke University Press, 2020), pp. 109–131. See also Karina Felitti, “The Birth Control Pill and Family Planning,” in *Oxford Research Encyclopedia of Latin American History* (Oxford University Press, article published in 2022).
 14. Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014), chapters 11 and 12; and Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, MA: Harvard University Press, 2010).
 15. Eve Buckley, “Overpopulation Debates in Latin America during the Cold War,” in *Oxford Research Encyclopedia of Latin American History* (Oxford University Press, article published in 2018).
 16. Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill: University of North Carolina Press, 2014), pp. 9–10; 108–110. See also Marcos Cueto and Steven Paul Palmer, *Medicine and Public Health in Latin America: A History* (New York: Cambridge University Press, 2015), pp. 192–197.
 17. On the broad history of family planning in Latin America see Necochea López, “The Puerto Rico Family Life Study”; Annika Hartmann, “Shaping Reproductive Freedom:

- Family Planning and Human Rights in Cold War Guatemala, 1960s-1970s,” *Forum for Inter-American Research*, 11:3 (2018), pp. 124–39; Eric D. Carter, “Population Control, Public Health, and Development in Mid Twentieth Century Latin America,” *Journal of Historical Geography*, 62 (2018), pp. 96–105; Buckley, “Overpopulation Debates in Latin America during the Cold War”; Ana María Medina Chávez, “Contexto social del debate sobre el control natal en Colombia en las décadas de 1960 y 1970: política, medicina y sociedad,” *História, Ciências, Saúde-Manguinhos*, 21 (December 2014), pp. 1467–73; Necochea Lopez, *A History of Family Planning in Twentieth-Century Peru*; María Carranza, “‘In the Name of Forests’: Highlights of the History of Family Planning in Costa Rica,” *Canadian Journal of Latin American & Caribbean Studies*, 35:69 (2010), pp. 119–54. See also Natalie L. Kimball, *An Open Secret: The History of Unwanted Pregnancy and Abortion in Modern Bolivia* (New Brunswick, NJ: Rutgers University Press, 2020); Jadwiga E. Pieper Mooney, *The Politics of Motherhood: Maternity and Women’s Rights in Twentieth-Century Chile* (Pittsburgh: University of Pittsburgh Press, 2009); Mala Htun, *Sex and the State: Abortion, Divorce, and the Family under Latin American Dictatorships and Democracies* (Cambridge: Cambridge University Press, 2003); and Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).
18. Délcio da Fonseca Sobrinho’s *Estado e população* is the only book-length work dedicated to the topic. Recent studies include Solange Aparecida de Souza Monteiro and Maria Regina Momesso, “A BEMFAM: do planejamento familiar à ética da existência,” *Diálogos Pertinentes*, 18:1 (2022), pp. 144–72; Edméia de Almeida Cardoso Coelho, Maria de Fátima Gomes de Lucena, and Ana Tereza de Medeiros Silva, “O planejamento familiar no Brasil no contexto das políticas públicas de saúde: determinantes históricos,” *Revista da Escola de Enfermagem da USP*, 34:1 (2000), pp. 37–44. See also Marcos Jungmann Bhering, “Controle da natalidade no Brasil: um estudo sobre o centro de pesquisas e assistência integral à mulher e à criança (1975-1994),” Ph.D dissertation, Rio de Janeiro, Fundação Oswaldo Cruz, 2014; and Joana Maria Pedro, “A experiência com contraceptivos no Brasil: uma questão de geração,” *Revista Brasileira de História*, 23 (2003), pp. 239–60.
 19. See Memorandum on Foreign Trip Report (AID/RSSA): Argentina, Uruguay, Brazil; July 26-August 22, 1981, sent December 7, 1981, Department of Health & Human Services, Centers for Disease Control, page 7. Available at https://pdf.usaid.gov/pdf_docs/PDAAV349.pdf ; and Walter Rodrigues, *The Evolution of Family Planning in Brazil* (Rio de Janeiro: BEMFAM, February 1980). Some reports suggest the actual number of patients was higher.
 20. Rodrigues, *The Evolution of Family Planning in Brazil*.
 21. BEMFAM’s founder, Octávio Rodrigues Lima, was elected president of the Western Hemisphere office of the International Planned Parenthood Federation, which oversaw 80 affiliated organizations in various countries. The executive director of the office was also a Brazilian, Dr. Luis Leite. See *Boletim BEMFAM* 5, ano 5, May 1972, pp. 1-2. The editions of BEMFAM’s *Boletim* used for this research were consulted at the Biblioteca Nacional and the Centro de Pesquisa e Documentação of the Fundação Getúlio Vargas, both in Rio de Janeiro.
 22. This was based on research conducted by BEMFAM’s founder Octávio Rodrigues Lima, examining the rates of abortions in Brazil in the early 1960s. See Walter Rodrigues, “Progress and Problems of Family Planning in Brazil,” *Demography*, 5:2 (1968), p. 801.

23. Sociedade de Bem-Estar Familiar no Brasil, “Os tres primeiros seminarios brasileiros de planejamento familiar.” BEMFAM, 1969. Biblioteca Nacional (hereafter BN), Obras Gerais. See also Brochure of BEMFAM, 1968-1969, AN, DSI do Ministério da Saúde, Informes e Informações, Pessoas Jurídicas (hereafter AN BSB IS INF PJU), 01; and Rodrigues, “Progress and Problems of Family Planning in Brazil,” pp. 800–810.
24. Rodrigues Lima was the director of Brazil’s first maternity hospital, today part of the Federal University of Rio de Janeiro. His father, Antônio Rodrigues Lima (1854-1923), was the founder of the hospital and one of the leading physicians in turn-of-the-century Brazil.
25. Souza Monteiro and Momesso, “A BEMFAM”; Bhering, “Controle da natalidade no Brasil: um estudo sobre o centro de pesquisas e assistência integral à mulher e à criança (1975-1994).”
26. Warren C. Robinson and John A. Ross, (eds.), *The Global Family Planning Revolution: Three Decades of Population Policies and Programs* (Washington, DC: The World Bank, 2007), chapters 8 and 9. For the tensions within IPPF’s policies in its early days, see Sara Weydner, “Reproductive Rights and Reproductive Control: Family Planning, Internationalism, and Population Control in the International Planned Parenthood Federation,” *Geschichte und Gesellschaft*, 44:1 (2018), pp. 135–61.
27. Report on BEMFAM’s partnership with the Population Reference Bureau, March 10, 1969; and copies of BEMFAM’s budget records, both in AN BSB IS INF PJU 01. These were substantial budgets for a new private non-profit organization (one hundred thousand dollars in the 1960s is equivalent of nearly one million in 2023).
28. “Estatísticas anuais do movimento da BEMFAM (Relatório de BEMFAM e vinte anexos),” 1972, AN BSB IS INF PJU 03. See also “Relatório atividades referentes ao ano de 1967,” AN BSB IS INF PJU 01.
29. Sobrinho, *Estado e população*, 106; Rodrigues, *The Evolution of Family Planning in Brazil*.
30. Representatives from the Catholic Church attended as well. See Sociedade de Bem-Estar Familiar no Brasil, “Os tres primeiros seminarios brasileiros de planejamento familiar.” See also Jadwiga Pieper Mooney, “From Cold War Pressures to State Policy to People’s Health: Social Medicine and Socialized Medical Care in Chile,” in Anne-Emanuelle Birn and Raúl Necochea López (eds.), *Peripheral Nerve: Health and Medicine in Cold War Latin America* (Durham, NC: Duke University Press, 2020), pp. 187-210.
31. Sociedade de Bem-Estar Familiar no Brasil, “Os tres primeiros seminarios brasileiros de planejamento familiar.”
32. “Conclusões do I seminário” in Sociedade de Bem-Estar Familiar no Brasil, “Os tres primeiros seminarios brasileiros de planejamento familiar.”
33. In 1968 the population of reached nearly 89 million people; by 1973 there were over one hundred million. See: “Estado da População; População Estimada, 1920-1970,” *Estatísticas Históricas do Brasil*, IBGE. On Brazil’s fertility rate see George Martine, “Brazil’s Fertility Decline, 1965-95: A Fresh Look at Key Factors,” *Population and Development Review*, 22:1 (1996), p. 48.
34. *Boletim BEMFAM* 3, ano 5, March 1971, p. 2.
35. Michael L. Yoder and Glenn Fuguitt, “Urbanization, Frontier Growth, and Population Redistribution in Brazil,” *Luso-Brazilian Review*, 16:1 (1979), p. 71.
36. *Boletim BEMFAM* 4, ano 5, March 1971, pp. 2-3.
37. “Conclusões do III seminário” in Sociedade de Bem-Estar Familiar no Brasil, “Os tres primeiros seminarios brasileiros de planejamento familiar.”

38. See for example the concerns of the Pan-American Health Organization regarding population growth: Abraham Horwitz, “The 10-Year Health Plan for the Americas,” and J. L. García Gutiérrez, “Health Planning in Latin America,” both in *American Journal of Public Health*, 65:10 (1975), pp. 1047-1049 and 1057-1059.
39. The conference was held in Belgrade, Yugoslavia in September 1965. See “The World Population Conference 1965,” *International Migration*, 3:4 (1965), pp. 185–203.
40. Quote from Yoder and Fuguitt, “Urbanization, Frontier Growth,” p. 73. See also Barbara Weinstein, *The Color of Modernity: São Paulo and the Making of Race and Nation in Brazil* (Durham, NC: Duke University Press, 2015); Stanley E. Blake, *The Vigorous Core of Our Nationality: Race and Regional Identity in Northeastern Brazil* (Pittsburgh: University of Pittsburgh Press, 2011).
41. *Boletim BEMFAM* 3, ano 5, March 1971, p. 2.
42. This is based on my survey of BEMFAM’s boards between the late 1960s and 1980, found on the pages of its bulletin (*Boletim BEMFAM*).
43. Report on BEMFAM’s activity, August 1968, AN BSB IS INF PJU 02.
44. Walter Rodrigues and BEMFAM, “O planejamento familiar no Brasil,” 1974, BN, Obras Gerais.
45. “Como planejar a família: Aprenda com João and Maria,” circa 1972-73, by BEMFAM. In: AN BSB IS INF PJU 03.
46. Walter Rodrigues and BEMFAM, “Planejamento familiar e desenvolvimento brasileiro,” 1978, BN, Obras Gerais; and Walter Rodrigues and BEMFAM, “A evolução do planejamento familiar no Brasil,” 1981, BN, Obras Gerais.
47. *Ibid.*
48. See also Necochea López, *A History of Family Planning in Twentieth-Century Peru*, 9-10; and Necochea López, “The Puerto Rico Family Life Study.”
49. *Boletim BEMFAM* 3, ano 5, March 1971, p. 2; and *Boletim BEMFAM* 5, ano 5, May 1972, p. 4. In 1950s, Rockefeller founded the Population Council, which promoted family planning around the world. See also Rodrigues, “Progress and Problems of Family Planning in Brazil”; and Rodrigues, *The Evolution of Family Planning in Brazil*.
50. “Conclusões do II seminário” in Sociedade de Bem-Estar Familiar no Brasil, “Os tres primeiros seminarios brasileiros de planejamento familiar.”
51. These policies were laid out in the regime’s Programa Estratégico de Desenvolvimento (1968-1970) and the Programa de Integração Nacional (1970).
52. *Humanae Vitae*, Encyclical on the Regulation of Birth by Pope Paul VI, July 25, 1968. The United Nations defined family planning as a human right in the 1968 International Conference on Human Rights, see Article 16 of the Teheran Proclamation.
53. María Soledad Catoggio and Mariana Ortega Breña, “Religious Beliefs and Actors in the Legitimation of Military Dictatorships in the Southern Cone, 1964-1989,” *Latin American Perspectives*, 38:6 (2011), pp. 25–37.
54. See reports from multiple intelligence agencies on BEMFAM’s legal, professional, and political status in AN BSB IS INF PJU 02.
55. In Ministério da Saude, Fatores Populacionais. 4.1, January 29, 1981, AN BSB IS INF PJU 03. See also Paulo César Gomes, *Os bispos católicos e a ditadura militar brasileira: a visão da espionagem* (Rio de Janeiro: Editora Record, 2014).
56. Letter from Liga da Defesa Nacional, May 18, 1972; and letter from Associação Brasileira de Educação, August 14, 1972. In AN BSB IS INF PJU 03.
57. Conselho Revolucionário Nacional, Independencia ou Morte, edition 26, August/September 1972. In AN BSB IS INF PJU 03

58. Letter to BEMFAM from Conselho Revolucionário Nacional, September 3, 1972 in AN BSB IS INF PJU 03
59. Parecer: exame do Conselho Federal de Medicina de pedido de providências contra limitação de nascimentos, a rogo do sr. ministro da Saúde, November 6, 1967, in AN BSB IS INF PJU 02. The Guanabara Medical Association would become the Medical Association of Rio de Janeiro State in 1975.
60. Associação Médica do Estado do Rio de Janeiro, “Um decênio de desserviços ao Brasil,” November 1975, in AN, Serviço Nacional de Informações, AC ACE 2942/79.
61. Waldemar Pacheco, “Ação clandestina de evitar filhos,” *Ultima Hora*, April 21, 1967.
62. Resolução nº 17, May 20, 1967, Diário do Congresso Nacional, June 7, 1967, Seção 1, pages 2457-2458.
63. The CPI met regularly from June 1967 to May 1968. In reporting to Congress, commission member Tourinho Dantas lamented the early conclusion, calling it “unfortunate.” See Diário do Congresso Nacional, November 26, 1969, Seção 1, pp. 628-629.
64. Maria Helena Moreira Alves, *State and Opposition in Military Brazil* (Austin: University of Texas Press, 1985), pp. 93–100.
65. “Comissão Parlamentar de Inquérito para estudar a conveniência ou não de um plano de limitação da natalidade em nosso país: Relatório dos trabalhos realizados” (hereafter Comissão Parlamentar de Inquérito), Diário do Congresso Nacional, September 23, 1970, Seção 1, suplemento ao no 117.
66. Ibid
67. On the historical and gendered meanings of IUDs during the Cold War, see Jadwiga E. Pieper Mooney, “Of ‘Zipper Rings’ and ‘Tatum Ts’, Chile – USA: Intrauterine Devices, Men of Science, and Women in Need,” *Comparativ*, 28:3 (2018), pp. 14–32.
68. See Walter Rodrigues’s deposition from August 10, 1967, in Comissão Parlamentar de Inquérito, pp. 75-90.
69. See Sobrinho, *Estado e população: uma história do planejamento familiar no Brasil*, pp. 110-114; and Comissão Parlamentar de Inquérito, pp. 91-109. See also Victoria Langland, “Birth Control Pills and Molotov Cocktails: Reading Sex and Revolution in 1968 Brazil,” in Gilbert Joseph and Daniela Spenser (eds.), *In From the Cold: Latin America’s New Encounter with the Cold War* (Durham, NC: Duke University Press, 2008), pp. 320-322.
70. See Sônia Beatriz dos Santos, “Controlling Black Women’s Reproductive Health Rights: An Impetus to Black Women’s Collective Organizing,” *Cultural Dynamics*, 24:1 (2012), pp. 13–30.
71. Comissão Parlamentar de Inquérito, pp. 91-109.
72. Parecer: exame do Conselho Federal de Medicina de pedido de providencias contra limitação de nascimentos, November 6, 1967, in AN BSB IS INF PJU 002. The ethics investigation was prompted by the complaint filed by the Medical Association of Guanabara State mentioned earlier in the article.
73. “Conselho Federal de Medicina julga ético o emprego de anticoncepcionais,” *Boletim da BEMFAM*, December 1967, p. 1. See also “Conselho federal de medicina apoia a BEMFAM e condena a A.M.E.G.,” *Boletim da BEMFAM*, February 1972, p. 1.
74. Rodrigues, “Progress and Problems of Family Planning in Brazil.”
75. Reports monitoring BEMFAM found in AN BSB IS INF PJU 01.
76. Victoria Langland, “Birth Control Pills and Molotov Cocktails,” pp. 308-349; and Benjamin A. Cowan, *Securing Sex Morality and Repression in the Making of Cold War Brazil* (Chapel Hill: The University of North Carolina Press, 2016).

77. James Naylor Green, *We Cannot Remain Silent: Opposition to the Brazilian Military Dictatorship in the United States* (Durham, NC: Duke University Press, 2010), pp. 204–210.
78. See Walter Rodrigues and BEMFAM, “O planejamento familiar no Brasil,” 1974, BN, Obras Gerais.
79. “O porque do planejamento familiar,” *Boletim da BEMFAM* 3, March 1972, pp. 1-4.
80. See for example “Planejamento familiar e distribuição de renda,” *Boletim da BEMFAM* 8, August 1972, p. 4; and Walter Rodrigues and BEMFAM, “Planejamento familiar e desenvolvimento brasileiro,” 1978, BN, Obras Gerais.
81. See “Igreja catolica e o planejamento familiar,” *Boletim da BEMFAM* 9, September 1972, pp. 1-7; and Walter Rodrigues and BEMFAM, “A Igreja e o planejamento familiar,” 1980, BN, Obras Gerais.
82. See “O problema populacional,” *Boletim da BEMFAM* 8, August 1972, p. 7; and “O problema demografico,” *Boletim da BEMFAM* 9, September 1972, p. 8.
83. Agreements are listed in AN BSB IS INF PJU 02. See also Rodrigues, *The Evolution of Family Planning in Brazil*, p. 43.
84. Peter J. Davies and Walter Rodríguez, “Community-Based Distribution of Oral Contraceptives in Rio Grande do Norte, Northeastern Brazil,” *Studies in Family Planning*, 7:7 (1976), pp. 202-207; and Rodrigues, *The Evolution of Family Planning in Brazil*, pp. 55-59.
85. Decree 68.514, April 15, 1971.
86. Law 6.734, approved December 4, 1979. Article 20 in the original law proscribed advertising procedures aimed to induce abortion or “prevent pregnancy.” The revised article removed the latter, maintaining “inducing abortion” as an offense.
87. See “World Population Plan of Action,” in the *Report of The United Nations World Population Conference, 1974* (United Nations Publication, 1975).
88. See II Plano Nacional de Desenvolvimento, approved as Law 6.151, December 4, 1974. See also Marvine Howe, “Brazil is Seeking a High Birth Rate,” *The New York Times*, June 3, 1974, p. 9.
89. “Geisel quer EUA integrados no conjunto de América,” *Jornal do Brasil*, January 19, 1978, p. 18. See also Walter Rodrigues and BEMFAM, “Planejamento Familiar e Desenvolvimento Brasileiro,” 1978, BN, Obras Gerais.
90. Thomas G. Sanders, “Family Planning and Population Policy in Brazil,” Report no. 16, Universities Field Staff International, 1984.
91. Family planning policies continued to be controversial in political debates, however. See Alan Riding, “Brazil, in a Policy Shift, Backs Family Planning,” *The New York Times*, July 28, 1984, Section 1, p. 2.
92. The committee discussed the U.S. government’s population and development assistance in Latin America. See “Hearings before the Select Committee on Population, April 25-27, 1978,” Washington, U.S. government printing office, 1978.
93. Souza Monteiro and Momesso, “A BEMFAM.” On abortions and gender roles in the history of Brazil see Roth, *A Miscarriage of Justice*.
94. See dos Santos, “Controlling Black Women’s Reproductive Health Rights”; Mariana Santos Damasco, Marcos Chor Maio, and Simone Monteiro, “Feminismo negro: raça, identidade e saúde reprodutiva no Brasil (1975-1993),” *Estudos Feministas*, 20:1 (2012), pp. 133–51.