

CHOICE/LESS, The Backstory: The 1956 Puerto Rican Pill Trials

- Dr. Brandi: I'd like to know first what are your goals for birth control? What are you looking for in a birth control method?
- Sonia: Well, I'm looking ...
- Jenn: That's Dr. Kristyn Brandi with her patient, Sonia. Sonia is a medical assistant at Boston Medical Center where Dr. Brandi is an OB-GYN and fellow of family planning.
- Dr. Brandi: What types of birth control have you used before?
- Sonia: Just the pills.
- Dr. Brandi: Just pills. What did you like about the pill?
- Sonia: I didn't like it because I got pregnant twice with the pills.
- Dr. Brandi: Oh, no. I'm so sorry.
- Sonia: I keep forgetting about them so ...
- Jenn: As part of her duties at the hospital, Dr. Brandi works in the birth control clinic counseling patients on what their options are and helping them find the contraceptive that best fits their lifestyle.
- Dr. Brandi: I'm doing a qualitative research study that's looking at contraceptive coercion, and that's pressure by providers on patients to try to use certain types of birth control. I'm really, at the base level, interested in how people choose what kind of birth control they want to use and how it fits into their reproductive life plan, how it fits into their families. I'm trying to figure out how doctors or general medical providers play into that, how our counseling can help affect their decision-making both positively and negatively.
- I particularly have an interest in Puerto Rican women partly because I'm Puerto Rican, and so I feel a particular sentiment toward that population, but also because Puerto Rican women have had a long history of contraceptive coercion by the government, by private investors as far as their contraceptive control.
- Jenn: Dr. Brandi's patient Sonia is also Puerto Rican and they both say that while they and other Puerto Rican women they know are aware of the early and controversial trial for a birth control pill in Puerto Rico, no one really talks about it.
- Dr. Brandi: A lot of Puerto Rican women knew about this trial and grew up hearing this story. I actually asked my mom about it after I'd been to Puerto Rico and worked there for a little while and she said, "Yeah, of course. Everyone knows about this history." Then I asked her if any of her friends or family have ever talked about it. She's like,

"No, we never really talk about it, but everyone knows about it." I think that it still informs a lot of women's contraceptive decision-making because, A, they're familiar with sterilization and birth control pills and so they feel some comfort level even though they have this history of these methods being pressured on these women.

But, also, B, I think they're distrusting of both physicians but also just new contraceptive technologies. I have heard patients actually tell me about the trials in conjunction with their own contraceptive decision-making, that people have been very wary to try new things because they know this history of doctors trying new birth control on minority women.

[Introduction Music]

Speaker 4: Some people say it was part of eugenics. We say it was genocide.

Speaker 5: I was outraged that this doctor decided for me that I was okay with not having the ability to have any future children.

Speaker 6: They were targeted. Women were used in the trial because they were poor women.

Speaker 7: All the simple stuff has been done a long time ago. There are no simple answers now.

[End Introduction Music]

Jenn: For Rewire Radio, I'm Jenn Stanley and this is Choiceless, the Backstory. Four weeks, four stories of unethical medical research, coercion and injustices in healthcare that have led us to where we are today because pro-choice is a meaningless term when we assume that all choices are created equal.

As contraceptive technology improves, many women enjoy myriad choices when it comes to birth control. According to the Guttmacher Institute, the pill and female sterilization have been the most used methods of contraception since 1982. Today the pill is a safe and effective form of birth control, but it has a complicated history. In this episode we'll be talking about the early birth control pill trial in Puerto Rico.

Dr. Brandi: I think a lot of things went poorly with the contraceptive trial in Puerto Rico. I think first and foremost that they were targeted, that women were used in the trial because they were poor women, that they were uneducated women, and they thought that that was something that would be the minimum standard of who could use the pill, to then use on people that are not in that category.

Jenn: After the United States seized control of Puerto Rico in 1898 US sugar and coffee growers saw an opportunity to make a lot of money. They bought up a lot of the farmland that had previously been owned by Puerto Rican farmers. Local farmers

were displeased and had to choose between migrant agricultural work and city life.

By 1925 only 2% of the population owned 80% of the land, leaving 70% of Puerto Ricans landless. The majority of the population lived in abject poverty making only \$4 a week with no opportunity to buy back their land. Puerto Ricans didn't even have the right to elect a governor. The United States typically appointed American politicians who they knew would advance US interests on the island. But the dominant narrative of the day was that overpopulation, in particular the overpopulation of poor Puerto Ricans, was to blame for poverty and every other societal ill on the island. Discussions about race and overpopulation fueled debates about whether Puerto Rico was entitled to independence.

A 1925 editorial in Puerto Rico's largest daily newspaper, *El Mundo*, argued, "These endless offspring of our *jibaros* are the misfortune that retard our advancement." It goes on to say, "We would be grateful if the government sought a way for our country to stop being so overcrowded with residents without the opportunity to succeed in life." The eugenics movement, or the belief and practice of controlling reproduction so that only so-called desirable traits are passed on, was thriving, both on the mainland United States and in Puerto Rico. And make no mistake, eugenics policies were often part of liberal and leftist agendas.

Dr. Greenlee: My name is Cynthia Greenlee. I'm the Senior Editor here at Rewire and I also am a historian. I specialize in the history of gender and the United States in the later part of the 19th century and going into kind of the mid-20th century. In the early 20th century, eugenics ideas became more and more popular in the United States. The idea that really took a foothold was the idea that some people were fit to reproduce and some people weren't. So, who wasn't fit to reproduce?

So, that would be people who were considered "defective," I'm using the language of the eugenics movement there. Those might be people who were epileptics. They might have mental health issues. They might have other chronic health issues. They also were people who were poor people and poverty stricken and in some cases that also meant people who were not white Anglo-Saxon, but in general it was really popular for eugenicists to say, to talk about the inferior classes or the inferior races. They had definite ideas about how society should be ordered and they had some ideas about how that could be accomplished. Some of them believed that we could have a more fit, healthy society of the people we wanted if we kind of curated who gave birth and who didn't.

There are kind of different camps of eugenicists and there were some that believed in birth control and Margaret Sanger was one of them. She had a brief flirtation with eugenics. In the 1920s she had a publication called *The Birth Control Review*. If you go back and look at this document, and as a historian I'm totally into documents, you can see a number of columns by Sanger in which she talks about eugenics.

For instance, there's one I think in October 1921 in which she says okay, we need to

think about how we get the society we want. She uses terms like racial regeneration and who is fit to reproduce, who's not fit to reproduce. She talks about birth control and how birth control can be in alignment with the eugenics movement. Now that's not to say that the eugenicists always agreed with Sanger, because some of them were really concerned that if we made birth control available, that the people they wanted to have more children, you know, usually white, educated, upper class people, that they would choose to use birth control too.

I think that Margaret Sanger's relationship with eugenics was a combination of things. I think part of it was an important political alignment for her. I think part of it was a deep-seated belief in birth control and that she really wanted people to have the right to produce when they wanted to and she felt like it was important to have alliances across different types of movements and I also think that Margaret Sanger was an, I don't always think this is a helpful thing to say, but she was a person of her times.

We all are people of our times, but it wasn't at all unusual to have these ideas that poor people shouldn't reproduce. In fact, we still have those ideas in some ways now, but Margaret Sanger, for me, the question is why do we care so much, especially when it comes to Planned Parenthood? She ended up creating an organization that then became one of the largest healthcare providers in the United States, Planned Parenthood. It's that relationship that I think makes Margaret Sanger's views really, really kind of radioactive for people.

Jenn:

As feminist scholar Laura Briggs points out in her book *Reproducing Empire*, eugenics dominated public health discourse and policies on the island by 1933. James Beverly, an American lawyer who was the appointed acting governor of Puerto Rico at the time, was very vocal about his eugenics agenda and had been corresponding with Margaret Sanger about contraception and sterilization as a means for population control.

He wrote to her, "I have always believed that some method of restricting the birth rate among the lower and more ignorant elements of the population is the only salvation for the island. The tragedy of the situation is that the more intelligent classes voluntarily restrict their birthrate while the most vicious, most ignorant and most helpless and hopeless part of the population multiplies with tremendous rapidity."

Beverly's support for eugenics and population control allowed for clinics to open up in poor and working class neighborhoods. These early clinics were run by nurses and social workers, most of whom were Puerto Rican. They encouraged and taught women how to use diaphragms to control their family size. But controversy surrounding these clinics and the use of birth control generally led to many of them shutting down. The Catholic Bishops and the Puerto Rican Nationalist Party were both opposed to these contraceptive programs and they spread their concerns that birth control was the fulfillment of the United States' genocidal plot against Puerto

Ricans.

Even some supporters of birth control voiced concern that while contraceptives may decrease family size and control the population, they worried that birth control initiatives might encourage poor Puerto Rican women to stay unmarried. They believed that marriage was the real cure for the island's poverty. So Beverly's enthusiastic support of birth control eventually cost him the governorship. Still, poor women's fertility remained the scapegoat for all the island's failures.

A few years later, Dr. Clarence Gamble, an American physician and heir to the Proctor and Gamble and Ivory Soap fortune, founded a birth control program that put physicians in charge of the previously autonomous nurses and social workers who had been running the clinics. Gamble was very frank about his desire to only offer birth control to very poor women in an attempt to decrease their population and went door to door in working class and impoverished neighborhoods to coerce residents into using birth control.

He promoted spermicidal jellies and foams over the more effective diaphragm because he didn't think the women were smart enough to use a diaphragm properly. Gamble was more interested in the number of women who agreed to use these methods than the individual failure rates. A few unplanned pregnancies were less important to him than the overall reduction of the poor population, but for individual women, the high failure rate made spermicides an undesirable option.

The women who wanted to use contraceptives weren't concerned with the overall reduction of the working class. They just didn't want an unplanned pregnancy. For many of them, unplanned pregnancies could cost them their jobs and jobs were not easy to come by. So women were choosing permanent sterilization over jellies and foams because avoiding an unplanned pregnancy was the reason many of them were choosing to use some form of contraception.

Eugenic sterilization policies were increasingly common in the United States and they were desired for Puerto Rico because of the US's interest in controlling the island's poor population. So US officials appointed an interim governor who they knew would sign laws legalizing birth control and eugenics sterilization, but who was also Catholic and as such could possibly allay fears that many Puerto Rican nationalists had, that the US was trying to exterminate the population.

In 1937, acting governor Rafael Menendez Ramos signed a law that legalized voluntary sterilization for birth control and compulsory sterilization for the so-called "feeble minded, the poor and the diseased."

Voluntary is a misnomer though. Many women targeted for sterilization both in mainland United States and in Puerto Rico believed that the procedure was reversible. Even among those who understood it was permanent and asked for it anyway, it's hard to say for sure whether these tests were truly elective procedures.

Puerto Rican women could be fired for being pregnant and the poverty rate was very high. Spermicidal jellies and foams were not the most reliable. Their options were inadequate and they didn't have much of a choice. Sterilization became the preferred method of birth control. In 1965, the Puerto Rican Department of Health conducted a study to determine the relationship between sterilization and cancer. While no link was found, their survey showed that about one-third of all Puerto Rican mothers ages 20 to 49 had been sterilized, and one-third of those women thought the procedure was reversible.

Contraceptives were still illegal in the United States under the Comstock Laws and Puerto Rico's history with population control had created what some scientists and feminists thought was the ideal laboratory for a birth control pill trial. Margaret Sanger had been desperately trying to find a magic pill to prevent pregnancy and bring reliable birth control to the masses. Then in 1951, when Sanger was 72 years old, she met a researcher, Dr. Gregory Pincus, at a dinner party.

Pincus wasn't a conventional choice as he'd been conducting research on the fringes outside of university. Pincus had lost his job at Harvard in the mid-30s after he accomplished in-vitro fertilization in rabbits, a move that at the time was too controversial. So he moved to Worcester, Massachusetts and co-founded the Worcester Foundation for Experimental Biology, which funded his work on steroids. His research led him to believe that progesterone could prevent pregnancy, but he needed more funding for research.

Sanger was able to provide him with a small grant from Planned Parenthood Federation for America and from that research he found that progesterone did prevent pregnancy in rats and rabbits. However, Planned Parenthood denied him additional funding believing that it was too risky. Pincus then met Dr. John Rock, a Harvard OB-GYN who'd been testing progesterone on patients with infertility. The pharmaceutical company GD Searle had already developed a synthetic progesterone pill.

All they needed was more funding, and Sanger came through again with funding from Katherine McCormick, a feminist and philanthropist. Pincus and Rock started with a small study disguised as a fertility study in Massachusetts and they used Rock's patients as test subjects. The results of the small study were conclusive, but they weren't enough to gain FDA approval for the drug. So with funding and a pill from GD Searle, Pincus, Rock, Sanger and McCormick took their study to Puerto Rico. Here's Dr. Kristyn Brandi again.

Dr. Brandi: Puerto Rico seemed to have less stringent laws as far as clinical trials, but there was also a social context as to why Puerto Rico was chosen. Pincus, who was one of the scientists that developed the pill, is famously quoted as saying that if the poor women of Puerto Rico could use this birth control, poor, uneducated women, then anyone could use the birth control pill.

I feel like that was a lot of the sentiment in going into Puerto Rico, that women would be able to try this pill and see if it worked, and if there were side effects of problems, then there weren't as many serious consequences. The pill that they started with is called Enovid. It was a pill that they were using for other type of medical diseases, but thought that this would be a great trial to use it with pregnancy. However, they were using doses that are probably at least 10 times higher than what they are now.

Jenn: The researchers went door to door in poor communities asking women if they would be interested in a pill to prevent pregnancy, but the birth control counseling they were undergoing and the consent forms they were signing were in English and many of the participants only spoke Spanish. Women in the pill trial had no idea it was experimental and many were unclear of the side effects, which were numerous and severe. Nausea, dizziness, blood clots were just a few and women in the trial started experiencing these side effects. They reported them to researchers as extreme enough that it was interfering with their daily lives.

Dr. Brandi: People were reporting side effects, but there were some thoughts that these side effects were not as big of a deal because they were coming from Puerto Rican women. There were some reports where women were reported as being complainers and that it was just something that was something that was prevalent in the Puerto Rican person versus an actual side effect that was significant in their trial. However, when they did the trial later in the US, they found that women were experiencing similar side effects.

Jenn: Half of the trial participants dropped out. Many of them left because they found the side effects to be unbearable and some of them left because they got pregnant while taking the pill. Pincus ignored these reported side effects saying that it was in Puerto Rican women's nature to complain too much and he misrepresented the unintended pregnancy in his reports because he believed those were the results of these uneducated women taking the pill incorrectly.

But the rate of the side effects was high and some women experienced them so severely that they were hospitalized. Recruitment to replace those who dropped out proved difficult because the side effects were common enough that word was spreading fast. Many women continued to choose sterilization even after the pill was available because at least they knew it was effective.

Dr. Edris Rice Wray, one of the physicians leading the test in Puerto Rico, warned Pincus that while the pill seemed to be nearly 100% effective in preventing pregnancy, the dose might be too high to be safe, but Pincus wanted to move forward with his research and continued to downplay the risks when reporting his results.

At least three women died during the study.

Given what we now know about the side effects of the pill, many physicians and

researchers believed that blood clots could have been to blame, but we'll never really know because at the time Pincus chose not to investigate the deaths. He had a successful study, one that would likely make him a lot of money. He'd invested in stock in GD Searle and was eager to market the pill to American women as their ticket to independence.

The first advertisement for GD Searle's Enovid showed the image of Andromeda breaking away from the shackles that bound her to the sea monster. "She would be freed from her chains at last," the ad read. The Puerto Rican women who died in the study disappeared into history.

It would be 10 years before the FDA launched an investigation into the fatal side effects of the pill, including blood clots and increased cancer risk. Today, birth control pills have much lower doses of hormones and the risk of serious side effects is very small.

Pincus made a sizable profit off the pill, but Rock did not. In her 1982 book, *The Pill, John Rock and the Church*, journalist Loretta McLaughlin notes that Rock didn't invest in Searle's stock because he didn't want to profit off the risks he took with other people's bodies, other people who had a choice between a few inadequate options, other people whose fertility had been blamed for their struggles, and for their country's struggles. Women were lied to, ignored, and used.

CHOICE/LESS: The Backstory is produced by me, Jenn Stanley for Rewire Radio, with editorial oversight by Marc Faletti, our Director of Multimedia and Executive Producer. Cynthia Greenlee is a Senior Editor at Rewire and is a contributor and story consultant on this series. Laura Huss provided research for this series. Brady Swenson is our Director of Technology. Jodi Jacobson is our Editor in Chief. Music for CHOICE/LESS is by Doug Helsel.

Thank you to all the staff at Rewire. Tune in next week to learn more about the dark history of reproductive health advancements when I talk to reproductive justice pioneer Loretta Ross about the Dalkon Shield IUD. Thanks for listening.