Se Aguanta: Borderland Internationalism, Overpopulation, and Reproductive Control

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In the 1950s and 1960s, Mexican-origin women in El Paso experienced a marked increase in aggressive birth control campaigns. These were explosive decades for contraception; an array of new technologies including the Pill, spermicidal foams, and intrauterine devices (IUDs) emerged, augmenting older tools like the diaphragm. Women had never seen such diverse birth control technologies in their lifetimes.[1] PPEP continued directing its advertising at women in the most economically depressed areas of El Paso, specifically the Mexican-origin, mostly working-class wards south of the train tracks. As years passed, PPEP expanded its reach to women across El Paso County. The organization launched educational campaigns sharing new birth control equipment with women in door-to-door campaigns that advertised new pharmaceuticals—it explicitly called one major campaign "Knock on Every Door." While PPEP promoted the utility of birth control for greater reproductive autonomy, it also continued to distribute materials dramatizing what it perceived to be the perils of overpopulation from the perspective of Anglo upper-middle-class El Pasoans. Working-class women received an onslaught of birth control information and contraceptive devices in their homes and places of work in the decades after World War II as PPEP expanded its concerns for population control to an international arena. At the same time, Planned Parenthood Federation of America attempted to distance itself from openly supporting eugenic ideology due in part to the horrors of the Holocaust.

Cold War obsessions with population increases, especially within communist countries, inflected mid-century anxieties about overpopulation and helped reshape old rationales for birth control into new technological advancements in contraception.

Bombarded by news articles proclaiming that the United States' food reserves were "sav[ing] vast areas of world from disastrous famines" and that Russians rejected the "reduction of population or birth control" cemented for many El Pasoans that, while eugenic justifications for engineering better races was now out of vogue, a concentrated effort to curb population growth was not.[2] Internationally, population control advocates proclaimed that Malthus, not Galton, reigned supreme.

This was merely a magician's sleight of hand, however, as concerns for population size and fitness for reproduction had shifted to highlight specific regions of the world—namely in the Global South—as the culprits for resource depletion through out-of-control fertility. Organizations such as Planned Parenthood Federation of America pivoted toward a less overt call for social engineering via negative eugenics and more toward solving the problem of so-called overpopulation among the poorest communities on the planet.[3] Population control ideology merely became a global movement, becoming naturalized and imbricated through discourses on foreign aid as a "tax burden" for Americans after World War II. For instance, PPEP had a special fixation with family planning in Japan, proclaiming that in the years since V-J Day, Japan's population had seen a marked increase representing an "untold increase in the tax burden of America, which has pledged itself to support its former defeated enemy."[4] PPFA auxiliaries, such as Planned Parenthood of El Paso, began ginning up support for constraining the reproduction among the global poor, notably in Latin America, Africa, China, Japan, and India.[5]

Planned Parenthood of El Paso became a model of the internationalist work others might do.[6] It had always claimed that both quantity and quality of people were at issue in the borderlands. As such, it had never deviated from its intended audience. PPEP merely intensified its campaigns, and Mexican-origin women were mercilessly targeted for reproductive control. The organization did soften its message, removing direct references to a woman's lack of "eugenic fitness" from its advertising. In this way, El Paso is a prime site to examine how eugenic thinking was naturalized in the movement and how birth control advocates continued developing a borderlands lexicon that allowed them to speak about population bombs without directly naming the Black and Brown people they accused of orchestrating the explosion. It was understood by many donors, though, that the continued rationalization for offering free contraception to the poor was to curb the fertility of those considered "unfit" for reproduction.

Chapter 4 examines how PPEP's birth control campaigns became more forceful due in part to a confluence of forces that connected borderland efforts for population control to international aims addressing overpopulation at its reproductive roots. Bolstering PPEP's long-established fears about overpopulation among Mexicans in the region, international population control advocates made the borderlands central to experimentation, testing, and research of new contraceptive campaigns and devices. Various players on the international scene, including Clarence - Gamble and Margaret Sanger, produced a perfect circle of co-constitutive anxieties they had exalted since

the 1930s, homing in, once again, on Mexican-origin women's reproduction in the borderlands in the 1950s and 1960s. This chapter connects the international efforts of population control advocates in the US-Mexico borderlands to older testing sites, such as Puerto Rico, as Spanish-speaking people from Spain's former colonies became the main test subjects for new birth control technologies. Furthermore, this chapter explores how even as Mexican-origin women attempted to use new contraceptive devices and pharmaceuticals and showed enthusiasm for joining PPEP's efforts in providing critical reproductive health information to their own community members, the PPEP board of directors remained indifferent to and often skeptical of Mexicanas taking care of their own reproductive health needs.

William Vogt's Maria in the Borderlands

One clear iteration of an aggressive reproductive control project was the campaign to offer contraceptive devices door-to-door. This mode of dissemination saw its origins in Planned Parenthood Federation of America's neo-Malthusian obsession with averting a "population explosion" and expanding its international arm with Planned Parenthood World Population.[7] Although Sanger had invested money in producing simpler— "dummy-proof"—contraceptives, it was not until major philanthropists, entrepreneurs, and pharmaceutical companies jumped in that new contraceptive technologies emerged en masse. This postwar population control movement included wealthy financiers, such as John D. Rockefeller III, Levis Strauss, Clarence Gamble, and others. William Vogt, the director of Planned Parenthood Federation of America, joined their contingent as one seeking to heighten concerns for overpopulation's deleterious impacts on the environment.[8] Elite El Pasoans had conflated overpopulation with poverty, destitution, and racial degeneration in southside barrios and were alarmed by an impending population bomb since at least the late 1920s.[9] Sanger, along with Goetting, peddled support for clinics in the borderlands, marrying eugenics with demographic doom. William Vogt's PPFA directorship in the 1950s reinvigorated an urgency for population control and found fertile ground in the borderlands.

Known as the father of the modern environmentalist movement, Vogt penned *Road to Survival* (1948), which enumerated countless environmental catastrophes that could befall a population left to its own devices. His best-selling book opens with a series of fictional vignettes, portraying people in various parts of the world confronting what we today call "climate change." Vogt's *only* female character is "Maria," an Indigenous woman from Michoacán, Mexico. She, like her more than "twenty-three million [Mexican] compatriots," is indifferent to the impacts of how Mexico's poverty—-lack of access to water, food, and clothing—-will influence the foreign policy of the United States, Vogt writes. Maria only sighs and mutters, "Se aguanta—one must bear it." This phrase, Vogt suggests, is the most "common on the lips of the women of her people."[10] Vogt constructed his fictional Maria by embellishing tropes

about Mexican-origin women, likening her to poor women in developing nations around the world. Her indigeneity harkens back to those who modernity has left behind. In his story, Maria is also illiterate and has recently lost her baby due in part to a lack of water in her region—-this last revelation he delivers by describing how her now-empty rebozo once held her infant on her back.[11] Her meager existence, Vogt explains, is inextricably tied to the fate of millions of others around the globe due in part to overpopulation.

Vogt provides a simple mathematical formula for addressing the indiscriminate rise of populations. The letter "C" in his equation stands for what Vogt termed "carrying capacity," or the ability of an area of land to provide for the population on it. Without a clear understanding of this critical equation, by men of science and politics, he contends that "at least three-quarters of the human race will be wiped out."[12] Vogt's *Road to Survival* was in line with early twentieth-century demostopic literatures, such as David Starr Jordan's *The Blood of the Nation* and Madison Grant's *Passing of the Great Race and The Conquest of a Continent*, discussed in Chapter 1, although they explicitly decried the decline of the white race and white civilization. Vogt couched his demographobia in clear Malthusian terms.[13] Vogt believed he could foretell the "'history of the future'" by providing a graph of population increases over time and the depletion of natural resources on another, the lines had overlapped and were increasingly growing apart.[14] Vogt's ideas were vital in shaping the international family planning movement in the years after World War II.[15] His participation in this postwar population control iteration of the birth control movement preceded his time as director of Planned Parenthood Federation of Amer- i- ca. During his directorship, Vogt helped reorient PPFA's mission to provide "cheaper contraceptives, education and incentives to increase demand, and linking food aid to population control."[16]

In 1953, Vogt brought his message to the US-Mexico borderlands after he attended a global population control conference spearheaded by Sanger and her new International Planned Parenthood Federation (IPPF) in Bombay, India, the year before.[17] Lady Dhanvanthi Rama Rau of India, a powerful champion for contraception in one of the world's most populous countries, was critical in bringing Sanger; Vogt; Elise Ottesen-Jensen, a Norwegian-Swedish sex educator activist; and C. P. Blacker, the secretary of the Eugenics Society, together to hash out specifics about IPPF.[18] They wanted to make birth control a "cornerstone of the welfare state" and fundamental to the struggle for women's rights in India and around the world. Sanger also secured Blacker, who, according to Ottesen-Jensen, was potentially a racist, to be IPPF's new director.[19]

Months after the success of the Bombay conference and the establishment of the IPPF, Vogt arrived in El Paso praising the gains made in India and its effects on the rest of the world. He spoke at various meetings and luncheons around the city, declaring that "the meeting in Bombay clearly established India's leadership in that field [family planning]."[20] For Vogt, the conference was a call to arms for all those interested in arresting war and famine. Addressing members of the Kiwanis Club and

at a public meeting at the Southern Union Gas Company, Vogt stated that "it is when we come to the larger problem of how to provide food and the other necessities of life for a hundred million people in the next 15 or 20 years that we see the momentous importance of Planned Parenthood."[21] His celebration of the Bombay conference in El Paso set the groundwork for Rama Rau's visit to the borderlands later that year. Sanger sent Goetting word that Rama Rau's lecture "will be a wonderful boost to our cause" in El Paso.[22]

Vogt's best-selling book and his work with the international movement for Planned Parenthood made him a huge draw. As he lectured on scarcity, poverty, and war, many middle- and upper-middle-class El Pasoans who attended his talks could easily resurrect Vogt's fictional Maria. While she was meant to be a stand-in for all economically poor, Third World women, in the US-Mexico borderlands, Vogt's Maria was exactly who El Paso elites and ascending middle-class Anglos pictured when they linked overpopulation to their southern neighbors in Mexico. She was not a fictional character but a real, flesh-and-bone person they all knew too well. Now, with Vogt's help, white borderlanders were affirmed in making Maria the nexus to overtaxed land, never-ending war, famine, and environmental devastation.

Considering these challenges, Mexican-origin women like Bertha González Chávez and the hundreds of women attending clinics in the 1930s and 1940s were the mirror opposite of Vogt's Maria. They defied racialist expectations, using what services and supplies they needed from the birth control clinic and leaving aside what they did not. As Vicki Ruíz has stated of the settlement movement in the El Paso, "Mexican clients, not missionaries, set the boundaries for interaction."[23] The same rings true for PPEP clinics, even though doctors, clinic staff, and board of directors convinced themselves that Mexican-origin women's enthusiasm for contraceptive information was due to their educational campaigns alone. PPEP advocates could not imagine that Mexican-origin women understood for themselves the benefits of these contraceptive tools.

Thousands of Mexican-origin women from Mexico and the United States attended PPEP clinics as women took advantage of the various technologies that came and went like the tide. Pharmaceutical companies regularly offered substantial financial support to clinics willing to use their clientele as human guinea pigs. Planned Parenthood of El Paso exploited these conditions. This bounty of human need and excitement provided doctors, Planned Parenthood advocates, and pharmaceutical companies with ready test subjects in the borderlands as new and sometimes untested technologies made their way to local communities.

Mining the Archives for Moments of Reproductive Liberation and Care

Although women from both sides of the border attended the Planned Parenthood clinic since its opening in 1937, scant information exists about their lives, desires, and concerns as they entered the clinic in search of reproductive health services. While

myriad documents exist tracing the history of the white women who founded Planned Parenthood of El Paso, the doctors and advocates who worked toward its mission, and other organizations who supported its efforts, few sources exist in PPEP archives that vividly describe the patients themselves.

What we do know about the thousands of women who risked social and cultural stigmas to visit PPEP's birth control clinics is gleaned from clinic data, forcing us to rely on patients' actions rather than words—as clinic figures often omitted personal testimony—to attempt to understand their motivations and experiences.[24] Chicana feminist Chela Sandoval's "differential mode of oppositional consciousness" and its connections to reproductive care help further underscore the significance of grappling with clinic data sets, number of returning patients, number of patients changing from one contraceptive to another, and number not returning to the clinic at all. When reviewed critically, data can attest to the heterogeneity of a group that often is lumped onto a generic axis of race, gender, sexuality, and class. As Ruíz reminds us, "There is no single hermetic Mexican or Mexican-American culture," nor is there a singular, victimized, or heroic Mexican-- origin - women.[25] Information collected from PPEP materials reveals that not all Mexican-- origin - women's reactions to changing mores and access to different reproductive or contraceptive resources neatly lined up together. In other words, working-class, Mexican-- origin - women accepting contraceptive materials and reproductive health care services defies simple categorization; they were complicated women leading pluriversal lives.

Thus, examining how we know about Mexican-- origin - women's participation and activism will be as critical as why Mexican-- origin - women were key to the movement for reproductive care and liberation as they faced an international conglomerate of the richest - people on the planet hell-- bent on controlling their fertility—-and as you continue reading, you will see that this is not hyperbole! While it is important to "excavate new histories" of reproductive autonomy, I also heed Blackwell's advice that we remain "attentive to how that knowledge is produced … question[ing] the politics surrounding existing modes of knowing and systems (archives) of knowledge."[26]

Asking questions about privacy and agency, for instance, helps complicate birth control clinic sources and the production of knowledge around Mexican-- origin - women's engagement with contraception. It is possible that some Mexican-- origin - women did not feel comfortable championing their use of contraceptives because birth control was still very much stigmatized. For Mexican-origin Catholic women, who represented the vast majority of those using clinic services, a need for discretion would have been paramount as artificial birth prevention was considered a major offense against God and Church.[27] But, as I concluded in the preceding chapter, concerns about infant loss and commitment to reproductive and community care could have assuaged their fears about contraceptive use.

We might view the lack of women's voices in the archives not simply as an act of erasure or a lack of women's agency (although there are clear moments of erasure

and denial of agency interlaced throughout PPEP sources) but also as a call for privacy, to keep to themselves their intimate reproductive choices. The politics of privacy complicate the role Planned Parenthood of El Paso's programs played in reaching - women in the barrio. As anthropologist and legal scholar Khiara Bridges maintains: "To be poor is to be subject to invasions of privacy that we might understand as demonstrations of the danger of government power without limits." The case of PPEP, a nongovernment actor taking on the role of the state, raises deeper concerns about private, nonprofit organizations acting in place of state agencies especially as they tried producing social programs for the poor. There are often few avenues for communities or individuals to hold private agencies accountable—at least the state offers some, albeit minimal, recourses for holding itself accountable to its people. Bridges argues that so-called privacy rights often do not extend to the poor in general and to poor women and mothers of color in particular, emphasizing how "one would expect that if the Constitution contains individual rights and liberties that restrict state power, it would prevent precisely what poor women endure with respect to state intrusions into their private lives."[28]

PPEP's family planning programs were an intrusion into Mexican-origin family's private lives. Although PPEP received no government funding at the time, the organization nonetheless sought to fill what it believed was a state vacuum in disciplining the private reproductive decisions of El Paso's laboring class. PPEP's apprehensions about privacy regarding its mostly Mexican-- origin - women patient base was virtually nonexistent. In 1959, PPEP's lone social worker, Elizabeth Patterson, retired from work with PPEP because she was "unwilling to go into the homes of strangers, unsolicited, and initiate a discussion of such a personal matter as contraceptives." While she disagreed with the position of the Roman Catholic Church on the subject, she admonished PPEP's methods, recognizing that "I can see no value and perhaps some harm from canvassing a Roman Catholic neighborhood with the purpose of inducing persons of this faith to go counter to their religious training and to what they themselves may believe to be wrong."[29] PPEP paid Patterson no mind. It eagerly established the "Knock on Every Door" campaign and hired field workers to comb neighborhoods south of the train tracks, engage potential patients, and leave pertinent information, regardless of people's interest in the clinic, at their front door. This program did little to protect the privacy of potential clinic patients as neighbors and others in the community could easily bear witness to those women who allowed Planned Parenthood social workers into their homes.

In addition to its door-to-door efforts, PPEP also sent out field workers to visit women entering pre- and postnatal care and often planted field workers at local maternity hospitals and clinics or entrusting local physicians with special clinic hours offering information about contraception. As early as 1939, PPEP board members secured office space with Dr. Malloy in Ysleta.[30] It took several decades of pushing the idea, but finally in 1958, PPEP secured cooperation from Newark Maternity Hospital, the large Methodist hospital located in Segundo Barrio, to assist in the dissemination

of birth control literature.[31] El Paso's General Hospital offered similar support the following year.[32] Even before the "Knock on Every Door" program was instated, PPEP social workers often made uninvited house calls. They were tasked with visiting the "new mothers" noted in the *Daily Court Recorder*, suggesting that a personal visit might do more to convince women to use birth control than their normal "baby letters" sent to new parents.[33] PPEP sought to build a vast dragnet among local government agencies, such as El Paso General Hospital, County Health Unit, City-County Health Unit, Child Welfare, and Family Welfare agencies, that would allow it unfettered access to "needy" and vulnerable populations via a steady stream of referrals.[34] Although some Mexican-origin women had been recruited early on to help in some clinic work, it was not until 1959 that PPEP allowed one of the first Mexican-origin clinic staff members, Cristina Nevarez, to interview patients in Spanish and engage in fieldwork.[35] In the years that followed, Nevarez paved the way for several Mexican-origin women field workers at PPEP who served their communities in Spanish—offering countless Mexican-origin women vital reproductive health care.

Even though some social workers like Elizabeth Patterson were ushered out of homes in South El Paso, allowing Planned Parenthood volunteers into their homes could also connote a subversive act in favor of Mexican-origin women's own autonomy, contradicting social norms that stigmatized the use of birth control. As one woman whom I interviewed explained, "Nosotras nomas calladitas; we used birth control, but quietly."[36] While the "silence" of Mexican-origin women in the history of the birth control movement has long been understood as a cultural admonition for contraception, Mexican-origin women participated in the movement as active seekers of reproductive autonomy and later as volunteers and clinic staff educating their own communities.[37] Moreover, women's abilities to make choices about their bodies outside the dominion of the Catholic Church, their husbands, and others in their community, who did not agree with their use of contraception, would be worth protecting by keeping their connections to the clinic and birth control to themselves. As Ruíz reminds us, women of color "have not had unlimited choice. Race and gender [and class] prejudice and discrimination with their accompanying social, political, and economic segmentation have constrained aspirations, expectations, and decision-making."[38] Therefore, as white women publicly championed the use of birth control, including abortion, as a "right to privacy," Mexicanas and Chicanas in the borderlands championed privacy through silence as they protected themselves from the prying eyes of nonstate and state actors.

To get a clearer picture of their involvement in the movement for reproductive freedom necessitates a more nuanced framing of how people become active participants given their location to power and oppression. Blackwell contends that we need to "complicate our notions of social movements and political subjectivities in order to see the multiple sites of contestation, production, of political knowledge, and registers of meaning that women of color navigate [to] formulate new theories and

politicized identities to constitute themselves as political subjects."[39] In this case, Mexican-origin women's resistance to, ambivalence of, and compliance with various contraceptive methods can only be known through the murmurs they left in clinic documents. These data points tell a story if we listen.

For instance, from 1945 through 1950, the average number of new patients receiving clinic services annually neared 1,100, and the average number of returning patients was approximately 1,600.[40] In the "new patient" category, the clinic saw a marked change since its establishment in 1937 when it saw an average of sixty-seven new patients per month. By 1945, PPEP saw an average of ninety new patients per month.[41] Although these numbers may seem relatively small, Catholic Church officials and community members exerted enormous pressure on women to avoid PPEP clinics. Moreover, the sexual undertones of birth control—that it would cause promiscuity among its users and general immorality—kept many away. After the invention of the Pill and the emergence of other new contraceptive technologies, as well as a Catholic generation more likely to defy Church doctrine, clinic records boasted that in the twenty-seven years since it opened, PPEP's clinics had served a total of 14,440 patients, with the largest proportion of these patients attending in the years after 1960.[42]

On Gynecological and Reproductive Violence

As PPEP amassed patients eager to avail themselves of its services, it confronted resistance from patients complaining about improper care. Patients disclosed complicated and at times inappropriate interactions with doctors, leaving some women without appropriate care. One year, the PPEP medical committee lambasted a doctor who did not give women pelvic exams, "nor [was] he using a fitter for deciding the size of diaphragm to prescribe." Women in his care would endure "rush[ed] [...] examination[s] so that he is very rough—at one clinic [session] he saw 15 patients and was through and ready to leave in 15 minutes!"[43] Additionally, he would "not examine old patients who have missed one or [more] periods."[44] For decades, doctors worked on a volunteer basis in the clinic. Later, residents from local hospitals also became part of the PPEP medical staff. It is unclear if the physician mentioned in the PPEP medical committee's notes was an established doctor or a student, but his demeanor with the mostly Mexican-origin, working-class patients is telling of his inability to see his PPEP patients as sentient, flesh-and-blood humans.

Reminiscent of historian Deirdre Copper Owens's examination of gynecological procedures invented through the experimentation on enslaved Black women in the antebellum South, Mexican-origin women in this scenario were denied the most basic human emotion—feeling pain. As Copper Owens contends, "black women remained flesh-and-blood contradictions, vital to [physicians] research yet dispensable once their bodies and labor were no longer required."[45] Racialized notions of Black and Mexican-origin women's capacity to endure extreme discomfort or their "natural abilities" for childbirth, often used as counterpoints to wealthy white women's

reproductive fragility, anchored the medicalization of women's reproductive health at the intersections of race, gender, and class during the nineteenth and twentieth centuries.[46] Women's proximity to poverty—using public clinics or hospitals—put them in grave danger of being employed as guinea pigs—often against their will—for all manner of educational purposes, especially pelvic exams, well into the latter part of the twentieth century.[47] Whether the previously mentioned doctor was a student or a veteran physician and whether he actually examined fifteen women's vulvas and vaginas (standard practice for a gynecological exam) in fifteen minutes, his brutality with patients was noted by clinic staff and the medical committee. His brusque care exemplifies obstetrical violence via obstetrical racism, specifically related to gynecological examinations.[48]

From the PPEP medical committee's notes on the matter, it is clear that patients were critical in bringing the doctor's terse bedside manner to the attention of his superiors at the clinic. Patient complaints forced the PPEP's medical committee to issue a memorandum addressing proper care in its clinics. Committee members feared that this doctor's actions were causing other patients to reject gynecological exams. Nurses noted that women arrived at the clinic refusing to have pelvic exams but still requested birth control, prompting the committee to address the situation.[49] In the end, the committee decided that doctors at PPEP must comply with national and local regulations that made a proper pelvic examination part of the basic care offered to patients and a prerequisite for receiving birth control. Although patients were not directly quoted in the organization's missives, their objections to painful, rushed, careless procedures and inappropriate care emerge as faint whispers expressing their wish to protect themselves and each other.

While PPEP publicly celebrated its intensive educational birth control campaigns, it knew its mission would be dead in the water if patients did not positively review clinic services by word of mouth. Patients forced PPEP to streamline its services, including the creation of standard procedures after the incident with the doctor discussed previously. Not only could a patient anticipate standard conduct during appointments, but she could also explain the process to friends and family interested in birth control as someone who came from similar families and community. As one board member noted in 1961, "word of mouth [is] still our best source of patients."[50]

Emerging Technologies and Demographic Shifts

By the 1960s, during an initial visit, women could expect a thorough explanation of contraceptives available and a thirty- to forty-minute lecture on the purposes of the clinic—PPEP board members tried to maintain bilingual (English and Spanish) access to all clinic information. Three clinic sessions were offered every week, with a different attending clinician at each session, and volunteers from the PPEP board or from other women's organizations in the city administered duties at the front desk. The clinic also

offered marriage counseling and managed infertility cases on a referral basis only. Although the national policy was to offer birth control to married women exclusively, Planned Parenthood of El Paso made contraception and reproductive care available to anyone referred to by a doctor, clergy, or agency "no questions asked."[51]

During this same decade, low-income patients now had more contraceptive choices, some opting not to use the diaphragm and instead choosing birth control they could administer themselves without an invasive fitting from an unknown doctor. Thousands of women from across the county rushed PPEP clinics after less physically intrusive contraceptives arrived: the miracle pill, among others. PPEP clinics began dispensing Enovid—the first birth control pill—in 1960. The organization described the arrival of "new and simpler methods of contraception" among them Emko a spermicidal foam; Enovid; and Koromex A, a contraceptive jelly.[52] What had been a consistent flow of women accessing the clinic soon turned into a flood as these easier and less intrusive contraceptives became available. By the end of 1960, over 836 new patients had registered for some form of birth control and 757 women were returning patients. The clinic prescribed a total of 2,363 contraceptive aids, including diaphragms, pills, jellies, and foams.[53]

The following year, the number of new patients in the PPEP records jumped to approximately 1,335 with about 943 returning patients. Clinic records registered a 115 percent uptick in supplies with approximately 5,082 apportioned in 1961.[54] A new demographic had become increasingly interested in the clinic's distribution of contraceptives. A 1961 clinic dispatch noted that "ethnic data shows a remarkable change […] for the year [up] to July 1960 the center had 18 Anglo patients," and by the following year up to the same month, there was an increase of "194 Anglo patients."[55] As mentioned in previous chapters, PPEP's exclusive mission was to bring poor, Mexican-origin women—Black and Native women to a lesser degree—into the bright light of natal control. Supporting the birth control needs of Anglo women was certainly not on its agenda. Internal memos show the increase of Anglo patients left clinic staff and PPEP board members flummoxed. By 1962, after an article reviewing the history of the Pill appeared in the *Saturday Evening Post*, special mention was made of the ten new Anglo patients accepted to PPEP clinics.[56] A month after these women became clinic patients, the board of directors discussed whether dispensing Enovid to so-called financially stable women—a euphemism for Anglo—conflicted with the clinic's mission to serve the poor. Among the solutions proposed was instituting a sliding scale whereby women would pay "Ten percent of the 'take home pay,' minus 50 cents for each child."[57] By summer 1962, however, board members stated that "if a patient desires Enovid, regardless of income, she must be permitted to have it."[58] The contraceptive revolution quickly became a challenge to the borderlands movement's principal intentions. Records do not expressly mention the ethnicity of all the facility's patients during these years, but the specific reference to Anglos receiving birth control suggests PPEP's concern, or at least its surprise, in this demographic shift. Even as more affluent, white women sought PPEP for their birth control needs, likely because

they could circumvent discussions with their family doctor and could easily pay, El Paso clinics remained largely focused on poor Mexican-origin women.

Experimentation in the Borderlands

The confluence of emerging technologies and eagerness among many PPEP patients for access to these new contraceptives provided Planned Parenthood with a ready patient base for experimentation and clinical trials of cutting-edge contraceptive technologies. In these years, PPEP became a critical site for research and testing. Although greater contraceptive "choices" emerged at the time, those options did not always translate into safer alternatives for women—what contemporary scholars of long-acting reversible contraceptives (LARC) have termed "agency without choice."[59] Women in El Paso visiting PPEP clinics made birth control decisions filtered through the national and local organization's necessity to control the type of contraception offered due in part to clinical testing needed to get new contraceptives on the market.

One transnational aspect of the experimental history of the contraceptive pill in the borderlands is that, as historian Gabriela Soto Laveaga contends, a Mexican chemist named Luis Ernesto Miramontes was "the co-discoverer of the chemical compound that led to the global production of oral contraceptives."[60] Once the wild yam barbasco—only found in Mexican jungles—was singled out as producing synthetic progesterone, the main chemical necessary for the Pill, Miramontes's laboratory developed it in 1951.[61] In the United States, the Pill's history centers Dr. Gregory Pincus as the discoverer of the Pill and his work with Planned Parenthood Federation of America (PPFA), through the auspices of Margaret Sanger. By 1955, pharmaceutical companies in the United States had claimed the discovery for themselves, with Dr. John Rock, a well-respected fertility specialist, selecting Searle Pharmaceutical's contraceptive formula over the one patented first by Miramontes.[62]

While Enovid emerged as the first birth control pill on the market, side effects and other health concerns pressured scientists to continue their research for a better option.[63] PPFA and the Margaret Sanger Research Bureau funded and supported the study of contraceptive devices and pharmaceuticals in their clinics.[64] PPFA national medical director Mary Calderone wrote to a potential drug company explaining that the clinics nationally "'have a total of 10,000 new patients yearly,'" which would undoubtedly excite executives yearning to produce more clinical research needed for FDA approval of these new contraceptives.[65]

According to PPEP documents, hundreds of women attending its clinics in the early 1960s served as case studies for Enovid—once the drug had already been brought to market. Calderone made several trips to El Paso to ensure that proper records were maintained to support the clinical data for these new contraceptives. Calderone first visited in November 1961, nearly a year after the Pill was introduced in the borderlands. She explained to clinic staff and board members the singular importance of keeping proper documents related to Enovid's distribution. "Numbers

will become important" as a "surge" of patients would begin to clamor for oral contraceptives. Calderone also called for properly trained staff at the clinics in preparation for the swell of new patients.[66] The following year Calderone sent a letter to the PPEP board recommending it employ a pharmacist to accurately dispense the medication, guaranteeing that women could only receive the Pill with a prescription. Board members and doctors suggested that perhaps their clinic would be free from inspection since they sought to make no profit on the drugs.[67] The matter was postponed, and PPEP continued to provide Enovid to all those who desired it. Later that year, the Pharmaceutical Association reassured PPEP that it could continue dispensing Enovid without professional pharmacists, expressing that it "could no longer open the vials, and dispense single pills, and the patient's name, case number, etc. will now have to be noted on the vial." Although no pharmacist was needed, some restrictions were placed on the distribution of the Pill.[68]

Calderone was right; PPEP saw the number of patients skyrocket in the following years. From January to July 1962, nearly seven thousand women visited PPEP's clinic, far exceeding the total numbers for 1960 and 1961 combined; this increase is perhaps due to the popularity of and diversity in birth control technologies that had emerged. In a period of six months, there was an increase of more than 52 percent as women inundated the clinic.[69] By January 1962, PPEP board members boasted that Planned Parenthood of El Paso had more women using Enovid than any other such facility in Texas—it is unclear how it verified this, although its close relationship with Dr. Calderone could have facilitated such information from the national organization.[70] End-of-the-year numbers disclosed a total of 12,841 clinic visits to PPEP in 1962.[71]

Despite enthusiasm for the Pill, issues with the oral contraceptive began to surface. In June 1961, a small, nondescript blurb appeared in the *El Paso Herald-Post* describing the Food and Drug Administration's (FDA) ambiguity toward Enovid. The FDA was not "worried about undesirable effects; [it] just says it doesn't have sufficient evidence to be sure."[72] Although the FDA made it clear that women were to use Enovid for no more than two consecutive years, PPEP was slow to follow orders. Not until February 1963 did clinics in El Paso begin to comply with FDA guidelines, restricting the use of Enovid.[73] At this point they had a "52% delinquency rate of Enovid patients," or patients who had failed to return to fill their prescriptions, but they had nearly 309 patients "waiting to go on the [new] study."[74] Furthermore, the Searle Corporation, the pharmaceutical company that developed Enovid, offered to help pay for the new study in El Paso.[75] As board members meandered through research guidelines, checked patient files, and considered side effects, nearly half of the recorded Enovid patients had, seemingly of their own accord, stopped taking the Pill.

That over 50 percent of Enovid patients, most of whom were Mexican-origin women, stopped taking the Pill highlights potential moments of *autonomy* as well as *agency-without-choice*. Many of these women made reproductive health decisions regardless of instruction from clinic doctors, nurses, or PPEP staff. There are dozens of

reasons why a person might decide to stop using birth control; harsh side effects are certainly one of them, and planning a pregnancy is another.[76] It is also true that they made decisions about their reproductive health without adequate information as to the possible side effects or other long-term effects of certain drugs, suggesting agency without a choice to explore the full spectrum of consequences to their health.

While some historians have remarked on the ethical commitments of the originators of the Pill, namely Dr. John Rock's concerns for side effects, the same cannot be said for other physicians and trials that took place in the 1960s.[77] Planned Parenthood of El Paso's medical committee glossed over Enovid's potential side effects until May 1963. Committee doctors discussed the 1961 deaths from thromboembolisms of two women who had been taking Enovid and explained that "if after a patient uses the drug Enovid for a full two years and reports ill health, she *may* [their emphasis] have a case against the drug. Therefore, the patient has a choice when she *begins* [their emphasis] taking Enovid, as she is aware of the two-year limit."[78] Although patients may have had a choice when to start the medication, little is known about what patients were told concerning complications with the Pill prior to this date and afterward. The drop-off in Enovid use may point to complications that some PPEP patients encountered. As the number of women willing to use Enovid began to wane, board members suggested that "a more intensive program of education for patients regarding the Enovid pills" was needed.[79] Doctors on the committee acknowledged the need for a diversity of pills and introduced Ortho Novum, a new oral contraceptive pill, which became available to the clinic in November 1963.[80]

Not until April 1964 did clinic records describe women complaining of side effects from Enovid. Despite the FDA suggesting time limits for the use of Enovid, doctors on PPEP's medical committee urged a "long term study of enovid [sic]" be completed in late 1963.[81] Clare Nowers, the clinic nurse, reported that the study was well underway in 1964. She noted that there were 137 women on a two-year trial, thirty women on a two-and-a-half-year stretch, and twenty-five women on a three-year timetable being monitored in the study. Women left the research study, Nowers cited, due to side effects, some of which caused pigmentation on the face. She added that nearly 117 patients were now using Ortho Novum "with a low percentage of side effects."[82] Although clinic records do not specifically discuss the concerns of individual patients, many did suffer side effects, and perhaps clinic staff—doctors and nurses—attempted to minimize their concerns to continue providing clinical studies to pharmaceutical companies. As Nowers acknowledged, "a certain number of case studies were promised this year" to the Searle Company as PPEP continued receiving program funding for its clinical data.[83] It is also possible that the mostly Mexican-origin patients minimized concerns to keep receiving birth control. Perhaps those patients who stopped taking Enovid feared that they too might suffer side effects such as facial hyperpigmentation that could draw undue attention from family and community if discoloration in the face had become a sign of birth control use.

As mentioned previously, many Mexican-origin women sought to keep their contraceptive use private. Despite the proliferation of contraceptives technologies in the 1960s, birth control remained taboo for many people. Not until 1965, when President Lyndon B. Johnson heeded population control advocates' cries over the impending population bomb, did birth control become part of public policy and discourse in the mainland United States.[84] This was the same year the US Supreme Court case *Griswold v. Connecticut* annulled the last remaining state law against contraception for married couples.[85]

Although patients raised red flags about side effects and the safety of medication like Enovid, Planned Parenthood of El Paso continued to add new and seemingly untested pharmaceuticals to its swelling inventory. In the spring of 1964, the medical committee suggested that "the center must stock all kinds of pills." Parke-Davis, a pharmaceutical company located in Detroit, Michigan, was "anxious" to bring a new Pill to the market. The head of the PPEP medical committee, Dr. Avner, arranged for Parke-Davis to deliver ten- to twenty-thousand pills to its El Paso clinics.[86] Women in El Paso experienced an increase in advertising campaigns for clinic services as studies into oral contraceptives intensified. To draw more patients, board members devised different programs using traditional forms of promotion and new outreach projects that would "educate" the community about the importance of birth control. Members from PPEP's public relations committee suggested placing clip-out forms in local papers like the *El Paso Herald-Post* and *El Paso Times* as well as the Spanish-language newspapers *El Fronterizo* and *El Continental*.[87] By July 1964, PPEP received a total of 104 replies. The Spanish-language newspapers' advertisements netted thirty-four requests from community members exclusively interested in birth control. The English-language papers promoted more than contraception; they also offered marriage and infertility counseling.[88] One PPEP committee member suggested that perhaps sending letters to "mothers of girls about to be married, the names of the girls to be gotten from the society pages," would translate into more patients for the clinic. Women received coupons for fifty cents off tubes of spermicidal cream and jelly, as well as a reduced price for contraceptive pills. These money-saving strategies resulted in 105 new patients by the end of the year.[89] As clinical studies became increasingly important for the creation and supposed improvement of contraceptives, more bodies were needed to fill clinic space, providing a relatively inexpensive model for producing clinical and reproductive control knowledge in the borderlands.

Many working-class, Mexican-origin women in El Paso were on the receiving end of Planned Parenthood's intensive educational campaign, reaching them through newspapers as well as their places of employment. PPEP's public relations committee conferred with private businesses to distribute information about birth control to women at their place of work. In 1960, it sent birth control literature to the women garment workers at the Farah Manufacturing Company and those laboring at the Golden Motors plant.[90]

Several years later, PPEP inaugurated the "Industrial Campaign," sending letters to executives of local industries and factories, "especially those employing large numbers of women." The missive suggested "that a way of reducing employee turn-over is to lower the number of unwanted pregnancies among employees through a program of education."[91] Committee members began working with Safeway grocery management and other supermarkets to place birth control pamphlets in women--employee bathrooms.[92] The same year the United States ended the Bracero Program (1942–1964), intended to bring only male contract labor from Mexico to the United States precisely because the government hoped Mexican men would not establish families on US soil. PPEP recommended employers around the city place birth control and clinic information in women's paychecks.[93] The 1960s became a pivotal moment for labor organizing among Mexican-origin people, as they demanded greater rights not only as farmworkers, denied them under the Hartley Labor-Management Relations Act of 1947, but also as factory workers.[94] Mexican workers, including women, had shifted from mostly agricultural work to industry-based labor as early as the 1930s in Texas.[95] Although Mexican-origin women were involved in labor organizing at least since the early twentieth century, the 1960s and 1970s brought the birth control movement, an emerging Chicano/a movement, and labor movement, both in factories and in the fields, together in the borderlands for the first time.[96] Mexican-origin women in cities like El Paso remained deeply imbedded as domestic workers far into the late twentieth century.[97]

Even as PPEP staff worked with farmworkers in El Paso's Lower Valley distributing birth control information and the spermicidal foam Emko, they also sought to market its services to reproductive-age women in the city. Mexican-origin women workers found themselves bombarded by requests to control their reproduction. Women were needed not only to secure further studies on reproductive technologies but, in this case, also to preserve a blue-collar workforce.

The "Knock on Every Door" Campaign's Colonial Roots

Despite its enthusiasm, Planned Parenthood of El Paso did not innovate the door-to-door contraceptive campaigns; it emerged instead in the colonial periphery of Puerto Rico. The border city and the small Caribbean island were part of a much larger conversation on the significance of population control and colonial rule during the 1950s and 1960s. As borderlands historian Pablo Mitchell notes, the "lingering colonial presence in the [borderlands] region in the twentieth century" drives the relationship between Mexican-origin people and Anglos—one that predates the Treaty of Guadalupe Hidalgo and carries on to the pre ent.[98] The "Knock on Every Door" program was a perfect example of how ideas and strategies about overpopulation, population control ideology, and reproduction were transported from one colonial place to another and back again. Recall that Clarence Gamble had asked birth control advocates in El Paso for their Spanish-language pamphlets before his first trip to

Puerto Rico in 1938 (chapter 2). By 1964, PPEP board members, as part of their "reports committee," were reading accounts of the "birth control movement in Puerto Rico" into their organization's meeting minutes.[99]

By the summer of 1965, Planned Parenthood of El Paso had contacted the Sunnen Foundation, a nonprofit organization whose founder had connections to Puerto Rico's birth control movement, to secure a large supply of Emko spermicidal foam for its project over the next two years.[100] Only six months into the pilot program, board members had already hoped to secure funding and products to extend "Knock on Every Door" for the next two years. When Joyce Compton, the head of the pilot program in El Paso, contacted the Sunnen Foundation for material support for its contraceptive distribution program, she was tapping into the vestiges of an eight-year project sponsored by Joseph Sunnen and Clarence Gamble.

Sunnen, an industrialist and self-made millionaire from St. Louis, Missouri, after traveling the world and visiting some of the globe's poorest regions, decided to make it his life's work to reduce the planet's population. During a vacation in Puerto Rico, Sunnen encountered like-minded population control promoters, most notably Gamble (see chapter 2 for more on Clarence Gamble in Texas), and in 1956 set forth the "Sunnen Project."[101] Among the project's main objectives were advancing Puerto Rico's welfare by reducing its birth rate and, most importantly for El Paso, "furthering planned parenthood [sic] objectives elsewhere by demonstrating effective action in Puerto Rico."[102] After donating large sums of money to various family planning organizations in Puerto Rico, Sunnen returned home to create the ultimate contraceptive for those "lower-income persons not familiar with the idea of birth control."[103] First labeling it "Sanafoam," Sunnen enlisted the help of the Margaret Sanger Research Bureau for quick clinical tests. By the end of 1958, Sunnen was manufacturing and shipping the newly named "Emko" foam to the Family Planning Association in Puerto Rico.[104]

To fully exploit this new contraceptive technology, the Sunnen team created a special door-to-door program, distributing information and spermicidal foam free of charge to people across the island, the same population control crusade that later found its way to El Paso. Area supervisors were hired to enlist hundreds of volunteers interested in promoting birth control. Well-known and respected neighborhood community leaders, after a brief training session, were entrusted to dispense the product and explain its purpose and use. As historians Annette Ramírez de Arellano and Conrad Seipp explain, "volunteers were free to choose their own ways of getting people to use Emko; these included making house calls, holding group meetings, showing films, setting up storefront clinics."[105] Although the Sunnen Foundation began to reduce its efforts in Puerto Rico by 1963, other areas of the continental United States sought out the easily dispensed spermicidal foam for use in areas deemed overpopulated by local residents. Thus, these strategies and new technologies were imported from the US colony of Puerto Rico to a lesser--acknowledged colonial site: the US-Mexico border.

Emko in the Borderlands

In neighborhoods across south El Paso, Mexican-origin women, like their Puerto Rican counterparts, could expect field workers knocking on their doors offering up pamphlets and other informational literature about PPEP and distributing Emko spermicidal foam. PPEP initially hired Alice Aguilar, a Spanish-surnamed staffer, to spearhead the new program. She was tasked with preparing "leaders in neighborhoods not easily accessible and set up meetings in homes to dispense Emko foam and show our slides." Aguilar was soon unable to perform her duties.[106] According to PPEP staff, this was due to "prejudice of neighbors, husbands, and priests," although PPEP was only temporarily deterred by the community's supposed "prejudice" toward its contraceptive campaign.[107] Records show that a woman as far away as San Elizario, a small town on the outskirts of El Paso composed of Mexican-origin residents, contacted the clinic offering to "distribute samples in the [public health] clinic" and in her home; she already had six people visiting her home for information.[108] Despite the ire of neighbors, spouses, and the Church, some Mexican-origin women sought to participate as PPEP volunteers, informing their communities of clinic services and birth control.

Notwithstanding initial setbacks, the project committee began to outline the purpose of the "Knock on Every Door" campaign by the end of 1964. The program's aim was to:

> Go to women of the lowest income groups and give them our literature and a reply card on the first call; on the second call the reply card will be picked up and free Emko Vaginal Foam will be given to those desiring it. The field worker can also make an appointment at the Center if the client is interested in another method of birth control. At the end of the month each house wife who accepted the Emko will be contacted again with an offer of additional free supplies. All this will be done by home visiting, block by block, by part-time field workers hired and trained for this project. A large map of the city will be used to chart the field workers' progress.[109]

In the final month of 1964, the "Knock on Every Door" pilot program reached a total of 609 women, 366 women registered interest in birth control, and 25 made the trip to the clinic.[110] Women received over 168 bottles of Emko, and 154 household members came home to find birth control notices on their doors.[111] Given the success of the first month, board members decided to expand and submit the program to the city's local War on Poverty Program, started nationally by Lyndon B. Johnson earlier that year, to access federal funds for their cause.[112]

"Knock on Every Door" became a central campaign for Planned Parenthood and engendered a contraceptive revolution for women in the barrio. With spermicidal foam brought directly to their doorstep, Mexican-origin women found it difficult to escape PPEP's family planning crusade. In March 1965 alone, Planned Parenthood

delivered 650 letters to women who consented to a visit, while 457 found the organization's mailing attached to their front door, and over 192 potential patients were given Emko bottles. Five part-time field workers interviewed 552 women, nineteen of whom immediately became patients. However, another two hundred and sixty decided they were not interested in the services of the clinic. This massive project resulted in a paltry three percent of those contacted using the clinic's facilities, while more than 44 percent of women who were visited turned Planned Parenthood field workers away.[113] Sources say little about why field workers were turned away—one might imagine that receiving in-person calls from the local birth control clinic may have been jarring to some residents, or perhaps unsuspecting husbands, grandparents, or children opened the door or women simply made the decision to refuse field workers entry. Perhaps Elizabeth Patterson's 1959 assessment was partially true, that "inducing" persons of the Catholic faith to birth control might be counterproductive to PPEP's mission.

While PPEP grappled with dismal clinic enrollment through its new program, it did accomplish another major goal: educating the public about birth control. In its first major six-month report to the PPEP board of directors, "Knock on Every door" field workers detailed new changes that would better integrate the program in low-income neighborhoods. Newly hired field workers would have to be bilingual and between the ages of 30 and 45 years old, and they would need to "have a suitable personality" enabling "them to go from door to door offering Birth Control information; the services of the Planned Parenthood Clinic; and mainly to offer and demonstrate the use of the contraceptive foam EMKO."[114]

It is unclear what happened to Alice Aguilar, the Spanish-surnamed woman initially hired to direct the "Knock on Every Door" program, whom we might assume spoke Spanish. From the report's own conclusions, we might infer that the new director hired mostly English-speaking field workers not of reproductive age. Field workers' recommendations that PPEP would need to hire reproductive-age, Spanish-speaking women as field workers—if the organization were to make any headway with residents in the mostly Mexican-origin neighborhoods of the city— seem absurdly obvious, especially since PPEP had a history with its first Spanish-surnamed field worker in the months after Elizabeth Patterson retired. Hired in 1958, Cristina Nevarez, the first Spanish-surnamed worker to transition from front desk clerk to PPEP field worker, began interviewing potential PPEP patients in the summer of 1961 and had gained a substantial rapport with women in Segundo Barrio and Chihuahuita.[115]

Additionally, the report suggested that PPEP recruit community volunteers who would inspire confidence in the message and product.[116] From this first accounting of the program's progress, it is clear that directors took little consideration of Puerto Rico's nearly decade-long experiment. And yet the Sunnen Foundation sent PPEP hundreds of free Emko bottles for continuation of the program. Along with those, it shipped pamphlets (in English) titled *Population Dilemma*, *Too Many Americans*, and

Planning Your Family, designed to educate and proliferate the gospel of population control.[117]

By the end of the year, after " trials and errors, consultations, changes almost weekly, financial snags, frustrations trying to hire the right Field Workers, endless hours of work given by the Committee [...] rejection of the Project by some individuals" the "Knock on Every Door" team was happy to announce their program was a huge success.[118] They had interviewed approximately 6,548 "housewives," distributed 3,288 bottles of Emko, and delivered over 16,484 pieces of literature discussing the importance of birth control. Of the total interviewed, 539 women had decided against birth control. The report preparer observed that their lack of interest was "partly due to their age, religious beliefs, or just plain negativism."[119] Rita Taylor, chair of the pilot program committee and report preparer, did not cite tactical strategies on the part of field workers as a possible reason for women's rejection of birth control.

Field workers covered a vast terrain as they traveled into areas beyond Segundo Barrio and Chihuahuita in South El Paso. They visited women as far southeast as Ysleta and Socorro—a fifteen-mile drive from the city center—and El Paso's western edge in Smeltertown near the border with New Mexico. Poor women in the areas around Ft. Bliss and Concordia Cemetery along with those living in what was then considered "East El Paso" received Emko foam and information.[120] Field workers added ten "neighborhood stations" across El Paso and one in Ciudad Juárez where volunteers could distribute Emko to interested women.[121] While field workers did spend time in Ciudad Juárez, El Paso's sister city in Mexico, little was recorded about their advancements in the city that many PPEP board members perceived to be ground zero for overpopulation.

According to Taylor's final report, field workers contended with what she considered unexpected and at times harrowing experiences as they walked paved and unpaved streets to encourage the use of birth control in El Paso. One field worker "had to help a midwife deliver a baby in a home," while another had her path "sprinkled with Holy water" for it was believed that "the devil had been to her home and tried to sell his works." During these visits, "angered husbands" shouted: "None of your business, señorita, I run this household" when their wives were queried about birth control.[122] This smattering of vignettes confirmed for PPEP board members, who, in the 1960s, continued to be overwhelmingly white and upper-middle-class El Pasoans, that they were working to upend great ignorance and "machismo" in communities south of the train tracks.

Field-worker encounters provide insights into the various ways community members opposed the intensity of population control campaigns in their homes, even as their resistance sometimes reinforced heteropatriarchal norms via angry husbands or an omnipresent Church.[123] It might be that women who turned away strange, English-speaking field workers were protecting themselves and their homes from charlatans peddling unknown pharmaceuticals.[124] These encounters also reveal how,

like in the case of the midwife, community members utilized the benevolent spirit of field workers to their advantage. In her report's final words, Taylor still emphasized that " there is also the grateful volunteer and the patient that assures the Field Worker that this [birth control] is the answer to her prayers."[125] Even as some women in the community may have shunned the door-to-door program, final patient numbers for 1965 were nonetheless impressive as El Paso clinics registered 24,069 visitors, almost 4,000 more than in the previous year.[126]

The Power of Long-Lasting Contraception

The "Knock on Every Door" program ran concomitantly with PPEP's internationalist efforts promoting intrauterine devices (IUDs) for patients in their clinics. A "cheap, convenient and safe" technology requiring "a minimum of both personal and professional attention," IUDs became part of population control advocates' arsenal to promote contraception on an international scale. Leading organizations like the Population Council, established in 1952 in Williamsburg, Virginia, enthusiastically provided multimillion-dollar grants to support "institutions in twenty-five countries" testing the effectiveness of IUDs.[127] While the Emko spermicidal foams could be delivered to women in their homes with little medical intervention, other more permanent technologies were presented as a better prophylaxis for the poorest members of El Paso's community.

Early in 1965, doctors on PPEP's Medical Advisory Committee discussed the use of intrauterine devices. Dr. S. L. Avner, who eagerly solicited various contraceptive pills for use in the clinic in years prior, suggested that IUDs be used only for the "indigent patient." Many doctors and clinic staff believed that even when contraceptive information was clearly explained to patients, many could still not use materials properly. Furthermore, the insertion of an IUD was touted as needing a medical practitioner for its removal and thus was viewed as a more permanent form of contraception—one step removed from tubal ligation. For these reasons, Avner stipulated that "both husband and wife should sign the papers, and that caution should be exercised." According to the other doctors on the committee, there existed numerous causes for restraint. Some feared the possibility of infection, and others noted the importance that "no device be inserted without the consent of the husband." Dr. Paul Huchton formed the consensus among the all-male medical committee to favor the use of IUDs. Huchton backed this new technology for "the poverty group," which would be "properly controlled" by his medical staff.[128]

Huchton's position was in line with that of Planned Parenthood Federation of America's President Alan Guttmacher—a beloved physician and champion of contraception. Historian Rickie Solinger points to Guttmacher's "unselfconscious" assessment of the ways in which "race and class affected a woman's ability to be a successful chooser and user of the birth control pill." For many population control advocates, including Guttmacher, "Private (white, middle-class) patients were good

users," while those patients relegated to clinics, often poor women of color, were not.[129] Like his colleagues in the borderlands, Guttmacher believed in the security of IUDs because "once the damn thing is in, the patient cannot change her mind."[130]

While consent forms were recommended for the procedure, giving women the opportunity to agree to the insertion of a tiny contraceptive device in the uterus, the husband's permission was needed to complete the procedure. Greater attention was placed on obtaining the husband's permission to insert an IUD in his wife rather than attaining her consent or addressing concerns over the risk of infection.[131] In fact, this is one of the few times husbands and consent forms are discussed in the vast PPEP archive. PPEP rarely considered husbands as active agents in their own reproduction even as concern for their consent seemed paramount in this instance. IUD use caught on slowly in the clinic; in September 1965, only about six women had used the new contraceptive as compared to over ninety patients taking the Pill.[132] Physicians from Chihuahua, Chihuahua, on the other hand, grew interested in the technology and visited Planned Parenthood the following month in order to gain greater insight for some of their military hospitals across the line.[133] In this way, El Paso became a literal gateway, a new frontier in transmitting population control strategies and technology to developing nations such as Mexico with little need for incentives.[134]

Elites Remain in Control

Rather than engage with patients' desires or interests in birth control needs, services, and the availability of contraceptives, these assessments were mostly subject to pharmaceutical companies' impulses and demands from PPFA, the PPEP medical committee, and board members. For instance, the PPFA and the Searle Company, Enovid's distributors, decided to drop what they called the "Twenty-Five Month Club Enovid program." Clinic staff was given less than four months to complete the final examinations and reports of patients in the program.[135] It is unclear how women in the program may have interpreted this rushed move. Complications with or worsening side effects of the Pill likely factored into the determination to terminate the Enovid program. Once the clinical trial ended in El Paso, no mention was made regarding patient perceptions of the Pill. That same month, the medical committee advised the clinic to suspend Pap smears for women from Ciudad Juárez because of "financial hardship to the center" since they generally provided this service for free and asserted that "medical treatment for the indigent Cd. Juarez [resident] is very difficult."[136] The doctors elected to serve on the medical committee recommended that Juárez women coming to the clinic for reproductive care be left without recourse. Fortunately, clinic board members felt it was a "moral obligation to inform any patient about a positive Pap Smear" even if the "medical follow-up and treatment was not necessarily our prob lem."[137] Making their decision in opposition to the medical committee, the board decided that Pap smears would be given to all patients, regardless of their ability to pay. While in the latter case board members sought to protect vital patient services from

"money-saving" strategies by the medical committee, the abrupt end to the Searle trial likely left an unknown number of women without their contraceptive of choice.

The best example of the top-down approach PPEP took to provide reproductive health and direct attempts at population control was its "Knock on Every Door" campaign that closed out the technologically turbulent 1960s.[138] The campaign continued well into the next decade and became a huge clinical achievement for the Sunnen Foundation and a landmark program for PPEP. In 1966, almost 1,050 bottles of Emko foam were given to women across El Paso. PPEP conducted a small survey of one hundred women. All the women were of Mexican origin from South El Paso, averaging about five or more children and taking part in the "Knock on Every Door" project. Of this small sample, twelve continued to use Emko and twenty-two became clients of the clinic. With nearly a quarter success rate among those becoming new patients, Planned Parenthood of El Paso recommended that "home visiting should continue to be stressed as an effective method, both for education and service to the women in the low-income areas."[139]

In 1967, a financially strapped PPEP sought the Sunnen Foundation's help to continue its work.[140] Sunnen funded a special "Emko survey" in order to support the "Knock on Every Door" campaign, paying Planned Parenthood of El Paso $15 for each patient it retained as a user of its product.[141] Committee members announced that by the end of that same year, 1,816 women were registered Emko consumers, meaning nearly $27,240 for the clinic through this project.[142] After a year, the Emko survey raised the amount per patient to $25, as field workers continued to canvas low-income neighborhoods for women willing to join the study.[143] Hundreds of women were recruited for the special Emko survey, while doctors and the Emko Company set to work learning from this borderland population.

Dr. Gray Carpenter, chairman of the Planned Parenthood of El Paso medical committee, and Dr. John Barlow Martin, assistant professor of OB/GYN, Washington University School of Medicine, St. Louis, Missouri, wrote a short but enlightening summary of the El Paso Emko campaign and survey published by the American Association of Planned Parenthood Physicians in April 1969. Carpenter and Martin explained that the "noteworthiness of this program lies in its unique approach in recognizing the characteristics of the population, i.e., an unusually low motivated and disadvantaged group."[144] Mexican-origin women from the poorest areas in El Paso were overwhelmingly represented in the study, as they continued to represent the largest racial demographic at the clinic.

Carpenter and Martin surmised that five major factors— including that the field worker was of the same ethnic background as those surveyed and that a non-prescription contraceptive [Emko] was left with the patient—"played a vital role in motivating the El Paso subjects to an unusually high degree for such an ethnic population and cannot be overemphasized."[145] By the second year of the program, PPEP had learned a valuable lesson. It needed Mexican-origin field workers to create the cultural networks of reproductive care necessary for establishing trust among the

Mexican-origin community across the city and beyond. Mexican-origin field workers knew the community they served, and it was through their hard work, pounding the pavement across El Paso's desert streets, that made the greatest impact on the program's success.

The report's data supported PPEP's notion that Mexican-origin women, as an "ethnic group," lacked motivation—reinforcing stereotypes of Mexicans as lazy and passive. Without the driving force of field workers, who established "personal relationships" with Mexican-origin women, their use of Emko would have been doubtful, the doctors surmised. Carpenter and Martin first compared the "previous pregnancies" of those surveyed to those they identified as a "normal population," using 1960 US Census data. The doctors concluded that "the child bearing incidence of the subject population is greater than that of the general population."[146] Women in the study with over five previous pregnancies represented about 11.2 percent in the study, while among the so-called normal population, women pregnant over five times only represented 4.8 percent.[147] Their data did not account for stillbirths and miscarriages. Nor did they consider the high infant mortality rates that had been a long-standing issue in South El Paso for decades.

Carpenter and Martin used their figures to establish the supposed hyper-fertility of Mexican-origin women while not accounting for the lack of access to health care of the impoverished study group. The doctors concluded that forty-five out of the 1,778 women in the study discontinued the use of Emko " because of [an] undesired pregnancy." To calculate the effectiveness of a given birth control method, Carpenter and Martin employed the Pearl Formula (Index), used in these kind of clinical trials. They tabulated that roughly 3.14 per 100 women who were part of the study for a year became unintentionally pregnant. This low number showed, at least superficially, that Emko foam performed better than creams and jellies, which had a success rate of 6.33 per 100 births per women versus the least effective rhythm method, which they figured at a rate of undesired pregnancies of 16.13 per 100 women over a year.[148] Contemporary discussions by doctors and scientists, however, have described problems with the use of the Pearl Index, as "contraceptive failure rates decline with duration of use […] women most prone to fail become pregnant early after starting use, so over time the group of continuing users becomes increasingly composed of those least likely to fail."[149] Over time women became better at using the contraceptive foam, and Martin and Carpenter's study did not account for proper or improper use, merely the supposed effectiveness of the chemical product.

Carpenter and Martin marveled at the success rate of the borderland study. The physicians underscored the importance of PPEP's "Knock on Every Door" program, in particular "its ability to elevate the desire of a poorly motivated group of women to accept a birth control concept." Their study revealed that "there was a significant reduction of approximately 1,000 to 1,600 births among the 1,778 women during the period of time while they were enrolled on the study."[150] The doctors insisted that a better Pearl Formula Index would emerge among a group of women "more highly

motivated to use a method."[151] They also suggested that while not "statistically significant," the data showed that among the sixty women with more than twelve years' education, none became pregnant.[152]

Like others in the birth control movement, Martin and Carpenter presumed a "lack of motivation" toward contraception as an inherent characteristic of undereducated, impoverished women in developing nations.[153] Their fixation on Mexican-origin women's supposed apathy toward birth control, something they considered an immutable denominator for this population, colored all aspects of their study. Yet the doctors never defined what they meant by "low motivation" or assessed what they considered to be "low motivation" among the women they studied. Similar to Puerto Rico's brush with Emko, this term often meant the inability of one contraceptive to dramatically affect population growth.[154] Even as women continued requesting Emko, PPEP decided to suspend "seeking new patients" because field workers did not have the resources to revisit such a tremendously high number of patients in the summer of 1968.[155] While doctors suggested that field workers' strategies seemed to engender a higher rate of positive outcomes with the use of Emko, they si mul ta neously denied the eagerness of women in the barrio who sought out reproductive information and technologies.

As 1968 came to a close, board members decided the Emko project would end in January and reinvest all the monies collected in a similar program.[156] Just as Planned Parenthood of El Paso wrapped up the year, the Emko Company came to the border city in order to film and document the progress of its impressive project.[157]

After a triumphant study, Emko debuted the documentary film *Knock on Every Door* during the annual Planned Parenthood board meeting in 1970, showcasing the person-to-person program's success. The *El Paso Times* discussed the film and program at length, explaining that the "target of the project were [sic] the 10,200 medically dependent families in El Paso." Indeed, the film would put El Paso on the map for clinical studies in reproductive technologies as the Emko Company sought to show the film around the country.[158] And while Sunnen's invention failed at its intended purpose, to dramatically curb the population of Puerto Rico and El Paso's poor, it did become a financial success. Sunnen established the Emko Company and began turning a profit just a few years later. Historians Ramírez de Arellano and Seipp contend that the company was grossing roughly $4.5 million in sales worldwide by 1968.[159] Historian Laura Briggs suggests that in Puerto Rico, "neither [Clarence] Gamble nor Sunnen was the benefactor of birth control on the island; that role was taken up by the pharmaceutical companies."[160]

Although the door-to-door program was not as successful in Puerto Rico, the film's El Paso focus made clear that PPEP's field worker campaign promoted "enthusiasm" for contraception, shaping Emko's victory in the borderlands. Local newspapers reinforced Carpenter and Martin's assessment that the program's triumph relied on the "personal canvass [that] was aggressively undertaken, with volunteer workers doing the footwork."[161] The *El Paso Times* maintained that "the film

stresses the effectiveness of the program and its ability to motivate a heretofore unmotivated group of women."[162] None of these stakeholders made mention that this supposedly "unmotivated group" of Mexican-origin women had been using birth control through PPEP clinics since 1937. The newspaper's posturing was meant to affirm PPEP's missionary work in El Paso's barrios, drawing on racialist tropes about Mexican-origin people. As Loretta Ross observed within the African American community, "[i]f a decline in African-American birth rates occurs, the population experts usually ascribe it to poverty, coercive family planning, or other external factors, ignoring the possibility that we Black women were in any way responsible for the change."[163] Similarly, PPEP advocates' incredulity at Mexican-origin women's sincere interest in birth control stunted the El Paso movement. Many in the borderlands saw PPEP as a top-down organization, a neocolonial structure that sought to benevolently intervene in Mexican-origin women's reproduction without recognizing their humanity or will.

One aspect of the study that critically contested the perception of Mexican-origin women as apathetic toward birth control were the dozens of Mexican-origin women, who, over the course of six years, helped survey some of the most economically depressed neighborhoods in El Paso. As the *El Paso Times* underscored, "the field workers were highly dedicated and motivated and had the same ethnic background as those they were serving."[164] While doctors and Planned Parenthood board members decried the lack of interest in birth control from the Mexican community they sought to serve, they simultaneously elided the enthusiasm, "dedication and motivation" from the Mexican-origin women directly engaged in the program as volunteers and patients. Because this aspect of the study did not fit PPEP's narrative of the "indifferent Mexican woman patient," it remained unexamined by doctors and clinic staff.

Mexican-origin women in El Paso were caught between the desire to control their own reproduction and the outside forces that sought to stigmatize and dominate the process. Given the numerical data available and the lack of testimonials, it is difficult to ascertain exactly why some women continued to attend PPEP, why others never returned, and why many never stepped inside. Perhaps some women were concerned with their ability to determine the growth of their families and desired greater autonomy over their reproduction. Those who chose not to return were perhaps disenchanted with the level of care at the clinic, while growing concerns over long-lasting side effects of the Pill may have frightened others away.[165] Women who attended the clinics but then failed to continue with the program may have felt caught between wanting to limit their fertility and PPEP's focus on population control. Or perhaps there were simpler reasons, such as moving away or wanting to become pregnant. Although doctors touted the success of the "Knock on Every Door" campaign and hundreds of women joined the project both as clinical subjects and field workers, it is still unclear to what degree this invasive project was welcomed into the community. Aggressively canvassing poor areas in El Paso likely gave the program a distasteful tinge of coercion that kept some women away, while others may have felt

compelled to comply. Lack of personal testimonies in clinic files could indicate a striking disregard on the part of Planned Parenthood staff and board members to archive the desires, cares, and concerns of women receiving birth control in El Paso or an attempt at protecting patients' privacy. However, given PPEP's general indifference toward its patients as active agents of their own reproductive health care, the former in the preceding scenario is probably true.

Furthermore, the dearth of information concerning Mexican-origin women field workers and other clinic staff and their interest in educating community members about the significance of birth control reveals the prejudice that continued to plague PPEP as it dismissed Mexican-origin women's interest in joining the family-planning movement as advocates. Always battling the curse of what historian Peggy Pascoe and Vicki Ruíz call the "native helper," Mexican-origin women were only ever seen as "subordinates," never as potential leaders or organizers in PPEP's hierarchy.[166]

Women like Irene Robledo, who was hired as a clinic assistant in the 1960s, are a prime example of PPEP's incredulous stance toward Mexican-origin women birth control advocates. Robledo was asked by the then PPEP nurse— Francis Porth—to conduct "re-check examinations" on patients coming in to renew their birth control prescriptions. Board members reported that when the clinic director attempted to discuss this highly unorthodox method with Porth, she had responded "in a flippant and even obstreperous manner."[167] It was clear, however, that Robledo had been trained to do clinical work. Porth clearly had faith in her skills. During that same meeting, board members also noted that Robledo had tendered her resignation because she was offered a $40-a-week job at an insurance company. Board members suggested they raise Robledo's salary to try to keep her since "she gives the lectures in Spanish, does most of the clerical work, helps with the luncheons, maintains the reception desk, assists all the clinicians, and does the domestic work."[168] Despite being a one-woman family-planning machine, Robledo did not receive a second thought from board members. During the meeting, they tabled the matter because they were unsure about giving her a raise. Meanwhile, Cristina Nevarez continued to work as a field worker for many years until the "Knock on Every Door" program began. Later, Maria aa Hernandez was hired as a clinic assistant in 1964 and worked well into the late 1960s, often supporting the clinic when it had no registered nurse on duty.[169] It is unclear to what degree women like Robledo, Nevarez, or Hernandez internalized the population control rhetoric of the organization, but perhaps the board's lack of enthusiasm for their work tells us that these women likely sought to join the clinic to help women in their communities on their own terms.

Although Mexican-origin women's reproductive autonomy is addressed through the filter of PPEP's institutional documents, this chapter provides an initial baseline for rethinking how Mexican-origin women engaged with reproductive health services and contraception during a moment of intensifying population control hysteria. By the early 1970s, as Elena Gutiérrez points out, private citizen groups and organizations were working alongside national governments to bring greater financial

and political security to the population control movement. As the William Vogts of the world died, the Paul Ehrlichs arrived. Ehrlich's 1968 best-selling *The Population Bomb* introduced a new generation to the "perils of overpopulation."[170] At the same time, Mexican-origin women in El Paso had been maneuvering through white people's overpopulation anxieties and population control ideologies since the 1930s.

Clinic data tells part of their story. In 1970, PPEP admitted approximately 1,308 new patients, clinic doctors performed nearly 3,936 medical exams (including 3,312 Pap smears), and over 696 vials of various forms of the Pill were apportioned. Almost 300 women received IUDs, and roughly three hundred other forms of birth control (like Emko, the diaphragm, and other creams and jellies) were dispensed to the hundreds of new and returning patients.[171] These astounding figures reveal that in the face of population control hostilities, Mexican-origin women still managed to carve out small spaces for autonomy in their reproductive health care.[172]

Although PPEP formulated innovative ways to bring women to the clinic to address concerns about overpopulation, Mexican-origin women used PPEP clinics for their own reproductive health needs, regardless of the broader socioeconomic implications associated with reproductive services. Despite social pressures, changes in contraceptive technologies and health concerns, and international movements focusing on overpopulation, statistical analysis shows that thousands of Mexican-origin women from some of the most marginalized barrios in El Paso and Mexico made decisions about birth control, were active clinic participants as patients and advocates, and sought to attain self-determination through reproductive care. From this vantage point, Vogt's fictional Maria spoke of "se aguanta" not as bearing the suffering of a precarious life but as enduring, surviving, and (possibly) thriving under the weight of racist international population control campaigns.

Notes

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1 For a history of contraceptive devices, see Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (Hill and Wang, 2001).

2 "United States Food Reserves Save Vast Areas of the World from Disastrous Famine," *El Paso Times*, January 24, 1953.

3 Laura Briggs, "Chapter 4: Demon Mothers in the Social Laboratory," in *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (University of California Press, 2003); Elena R. Gutiérrez, *Fertile Matters: The Politics of Mexican-origin*

Women's Reproduction (University of Texas Press, 2008), 15–16; and Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (Oxford University Press, 1948), 22, 28.

[4] "Planned Parenthood Center Plans Annual Drive," *El Paso Herald-Post*, January 28, 1950.

[5] For an international history of family planning, see Raúl Necochea López, "Gambling on the Protestants: The Pathfinder Fund and Birth Control in Peru, 1958–1965," *Bulletin of the History of Medicine* 88, no. 2 (2014): 344–371; Aiko Takeuchi-Demirci, *Contraceptive Diplomacy: Reproductive Politics and Imperial Ambitions in the United States and Japan* (Stanford University Press, 2018); Sanjam Ahluwalia, *Reproductive Restraints: Birth Control in India, 1877–1947* (University of Illinois Press, 2008); Mytheli Sreenivas, *Reproductive Politics and the Making of Modern India* (University of Washington Press, 2021); Ann Anagnost, "A Surfeit of Bodies: Population and the Rationality of the State in Post-Mao China" in *Conceiving the New World Order: The Global Politics of Reproduction*, ed. Faye D. Ginsberg and Rayna Rapp (University of California Press, 1995); Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Harvard University Press, 2010); and Briggs, *Reproducing Empire*.

[6] In 1952, Goetting reported on the national board meeting of the Planned Parenthood of America, of which Goetting was a member, in New York that "among the distinguished guests were Dr. Amino, president of PP in Japan and Dr. Singh of India […]. Two nurses are in India now setting up clinics similar to ours" (in "Meeting Minutes August 1952," Planned Parenthood of El Paso records, box 1).

[7] Connelly, *Fatal Misconception*, 155.

[8] Thomas Robertson, *The Malthusian Moment: Global Population Growth and the Birth of American Environmentalism* (Rutgers University Press, 2012), 52–53.

[9] Emily Klancher Merchant, *Building the Population Bomb* (Oxford University Press, 2021), 12–13.

[10] William Vogt, *Road to Survival* (William Sloane, 1948), 4–5 and 15.

[11] Vogt, *Road to Survival*, 4.

[12] Vogt, *Road to Survival*, 17.

[13] Michael Rodríguez-Muñiz, *Figures of the Future: Latino Civil Rights and the Politics of Demographic Change* (Princeton University Press, 2021), 32.

[14] Pierre Desrochers and Christine Hoffbauer, "The Post War Intellectual Roots of the Population Bomb," *Electronic Journal of Sustainability* 1, no. 3 (2009): 46.

[15] Connelly, *Fatal Misconception*, 130; and Critchlow, *Intended Consequences*, 5.

[16] Connelly, *Fatal Misconception*, 130.

[17] Sreenivas, *Reproductive Politics and the Making of Modern India*, 109–110.

[18] Connelly, *Fatal Misconception*, 168.

[19] Connelly, *Fatal Misconception*, 168.

[20] "India's Program Gives Big Lift to Planned Parenthood," *El Paso Herald-Post*, February 4, 1953.

[21] "India's Program Gives Big Lift to Planned Parenthood."

[22] "Letter from Margaret Sanger to Betty Mary Goetting, April 10, 1952," the Margaret Sanger Papers (microfilmed), Sophia Smith Collection.

[23] Vicki L. Ruíz, *From Out of the Shadows: Mexican Women in Twentieth-Century America* (Oxford University Press, 1998), 49.

[24] Dolores Briones interview by the author, July 13, 2015.

[25] Ruíz, *From Out of the Shadows*, 50.

[26] Maylei Blackwell, *¡Chicana Power! Contested histories of Feminism in the Chicano Movement* (University of Texas Press, 2011), 27.

[27] Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (Cornell University Press, 2005), 2.

[28] Khiara M. Bridges, *The Poverty of Privacy Rights* (Stanford University Press, 2017), 5.

[29] "Resignation Letter from Elizabeth Patterson to Mrs. Driver (PPEP Board Member), April 12, 1959," Planned Parenthood of El Paso Collection, MS 286, box 1.

[30] "Meeting Minutes September 6, 1939," Planned Parenthood of El Paso records, box 11.

[31] "Meeting Minutes June 1958," Planned Parenthood of El Paso records, box 1; Newark Maternity Hospital was built in 1937—the same year PPEP opened its first clinic—at the intersection of East Fifth Street and Hill Street in South El Paso ("New E.P. Clinic to Be Started in Near Future," *El Paso Times*, January 6, 1937).

[32] "Meeting Minutes March 1959," Planned Parenthood of El Paso records, box 1.

[33] "Meeting Minutes October 1958," Planned Parenthood of El Paso records, box 1.

[34] "Meeting Minutes March 1959," Planned Parenthood of El Paso records, box 1.

[35] "Meeting Minutes March 1959," and "Meeting Minutes July 1959," Planned Parenthood of El Paso records, box 1.

[36] Dolores Briones interview.

[37] Elena E. Gutiérrez, "We Will No Longer Be Silent or Invisible: Latinas Organizing for Reproductive Justice," in *Undivided Rights: Women of Color Organizing for Reproductive Justice*, ed. Jael Miriam Silliman et al. (South End Press, 2004), 221.

[38] Ruíz, *From Out of the Shadows*, xiv.

[39] Blackwell, *¡Chicana Power!,* 27.

[40] The data available for these years was annualized from the following documents. Not all months were available; therefore, averages were taken for each year based on the numbers that existed in board meeting minutes. "Meeting Minutes from February 1945–January 1946," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286, C. L. Sonnichsen Special Collection Department. "Meeting Minutes February 1946–January 1947," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286. "Meeting minutes for January 8, 1947," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286; "Meeting minutes for December 31, 1947," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286; "Meeting minutes for January 1, 1949," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286; "Meeting Minutes from April 1949–December 1949," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286. "Meeting Minutes from February 1950–December 1950," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[41] "El Paso Mothers' Health Center: Quarterly Report, July 27, 1937," Goetting Papers.

[42] "Meeting Minutes September 1, 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286; and Tentler, *Catholics and Contraception*, 134.

[43] "Agenda: Medical Meeting, July 1960," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[44] "Agenda: Medical Meeting, July 1960," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[45] Deirdre Copper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (University of Georgia Press, 2017), 3.

[46] For further discussions of racialized and classed obstetric violence, see Elizabeth O'Brien, *Surgery and Salvation* (University of North Carolina Press, 2023), chap. 6.

[47] Kelly Underman, *Feeling Medicine* (New York University Press, 2020), 25–26.

[48] Liset C. Puelles, "¿Quiénes cuidan nuestras vulvas y vaginas?" (2019), https://doi.org/10.31235/osf.io/8m45k; and Dána-Ain Davis, "Obstetric Racism: The Racial Politics of Pregnancy, Labor, and Birthing," *Medical Anthropology* 38, no. 7 (2019): 560–573, https://doi.org/10.1080/01459740.2018.1549389

[49] "Agenda: Medical Meeting, July 1960," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[50] "Meeting Minutes March 1961," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[51] "Meeting Minutes March 1961," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[52] "Agenda: Medical Meeting, July 1960," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286; and Rose Holz, *The Birth Control Clinic in a Marketplace World* (University of Rochester Press, 2012), 103.

[53] "Meeting Minutes February 1960–January 1961," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286. All numbers are available for this year.

[54] "Meeting Minutes February 1961–January 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286. The data is not complete for 1961, with the months of February and November missing from the data set; however, the numbers available were annualized to give an approximation of the number of new and returning patients to the clinic. The number of supplies were also annualized as only nine months were available with this information.

[55] "Meeting Minutes August 1961," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[56] Steven M. Spencer, "New Case-History Facts on Birth Control Pills," *Saturday Evening Post*, June 30, 1962; and "Meeting Minutes July 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[57] "Meeting Minutes March 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[58] "Meeting Minutes August 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[59] Emily S. Mann and Patrick R. Grzanka, "Agency-Without-Choice," *Symbolic Interaction* 41, no. 3 (2018): 334–356.

[60] Gabriela Soto Laveaga, *Jungle Laboratories* (Duke University Press, 2009), 66.

[61] Laveaga, *Jungle Laboratories*, 67.

[62] Laveaga, *Jungle Laboratories*, 69.

[63] For early experiments of the Pill, see Annette B. Ramírez de Arellano and Conrad Seipp, *Colonialism, Catholicism, and Contraception* (University of North Carolina Press, 2011); Elizabeth Siegel Watkins, *On the Pill* (Johns Hopkins University Press, 1998); and Briggs, *Reproducing Empire*.

[64] Watkins, *On the Pill*, 19; Linda Gordon, *The Moral Property of Women* (University of Illinois Press, 2002), 181–82; and Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 128.

[65] Mary Calderone as quoted in Holz, *The Birth Control Clinic in the Marketplace World*, 102.

[66] "Mary Calderone remarks November 1960," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[67] "Meeting Minutes May 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[68] "Meeting Minutes October 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[69] "Meeting Minutes July 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[70] "Meeting Minutes January 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[71] "Meeting Minutes December 1962," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[72] "Inside Washington—A Weekly Sizeup," *El Paso Herald-Post* (El Paso, Texas), June 3, 1961.

[73] "Meeting Minutes February 1963," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[74] "Meeting Minutes February 1963."

[75] "Meeting Minutes February 1963."

[76] It was rare for clinic records to provide explanations for why some patients stopped returning to the clinic or ended their use of birth control. Meeting minutes from September 1958, before the Pill was introduced, gave this brief explanation: "She found that 42 families had moved to other addresses; 37 had left town or failed to say where they had gone; 31 interviewed of which only 3 were not planning returned visits to the clinic and 7 were pregnant, 5 of which were planned pregnancies"

("Meeting Minutes September 3, 1958," Planned Parenthood of El Paso Records, 1907–2000s, box 1, MSC 286).

77 Briggs, *Reproducing Empire*, 132.

78 "Planned Parenthood of El Paso Medical Advisory Committee May 1963," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

79 "Meeting Minutes October 1963," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

80 "Meeting Minutes November 1963," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

81 "Meeting Minutes December 1963," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

82 "Meeting Minutes April 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

83 "Meeting Minutes April 1964."

84 Birth control campaigns were critical to empire-building in Puerto Rico—a colony of the United States—as early as the 1930s; see Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, and Briggs, *Reproducing Empire*.

85 Gordon, *The Moral Property of Women*, 289.

86 "Meeting Minutes April 1964"; and Laveaga, *Jungle Laboratories*, 52.

87 "Usted Puede Espaciar su Familia Clinca para Señoras," Advertisement for Planned Parenthood, *El Continental*, May 26, 1964.

88 "Meeting Minutes July 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

89 "Meeting Minutes September 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286; and "Meeting Minutes December 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

90 "Meeting Minutes May 1960," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

91 "Meeting Minutes December 1964."

92 "Meeting Minutes November 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

93 "Meeting Minutes December 1964."

[94] Philip S. Foner, *Women and the American Labor Movement* (Haymarket Books, 2017): 417–418.

[95] Barbara J. Rozek, "The Entry of Mexican Women," in *Women and Texas History,* ed. Fane Downs and Nancy Baker Jones (Texas State Historical Association, 1993), 27.

[96] Ruíz, *From Out of the Shadows*, 74 and chap. 6.

[97] Vicki L. Ruíz, "By the Day or the Week," in *Women on the U.S.–Mexico Border,* ed. Vicki L. Ruíz and Susan Tiano (Routledge, 2020), 64.

[98] Pablo Mitchell, "Borderlands/La Familia," in *On the Borders of Love and Power,* ed. David Wallace Adams and Crista DeLuzio (University of California Press, 2012), 188 and fn 9.

[99] "Meeting Minutes December 1964."

[100] "Meeting Minutes June 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286; and Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 124–125.

[101] Briggs, *Reproducing Empire*, 123.

[102] Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 125.

[103] Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 128.

[104] Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 128–129.

[105] Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 130.

[106] "Meeting Minutes June 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[107] "Meeting Minutes June 1964."

[108] "Meeting Minutes September 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[109] "Meeting Minutes December 1964."

[110] "Planned Parenthood Center of El Paso Annual Report 1964," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[111] "Planned Parenthood Minutes January 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[112] "Planned Parenthood Center of El Paso Annual Report 1964."

[113] "Meeting Minutes April 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[114] "Knock on Every Door Project: Report July 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[115] "Meeting Minutes June 1, 1960" and "Meeting Minutes July 1961," Planned Parenthood of El Paso records, 1907–2000s, box 1, MS 286.

[116] "Knock on Every Door Project: Report July 1965."

[117] "Meeting Minutes August 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[118] "Knock on Every Door: Report for the Year 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[119] "Knock on Every Door: Report for the Year 1965."

[120] "Knock on Every Door: Report for the Year 1965."

[121] "Knock on Every Door: Report for the Year 1965."

[122] "Knock on Every Door: Report for the Year 1965."

[123] Mitchell, "Borderlands/La Familia," 193.

[124] Linda Gordon describes the proliferation of ineffective birth control options starting in the 1930s as some firms employed "door-to-door peddlers who made fraudulent claims." Gordon explains these options were most often touted among "women who were denied access to better information" (Gordon, *The Moral Property of Women*, 224).

[125] "Knock on Every Door Project: Report July 1965."

[126] "Meeting Minutes January 1966," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[127] Critchlow, *Intended Consequences*, 22, 28.

[128] "Medical Advisory Committee Meeting February 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[129] Rickie Solinger, *Pregnancy and Power* (New York University Press, 2005), 176–177.

[130] Guttmacher as quoted in Solinger, *Pregnancy and Power*, 177.

[131] It is unclear to what degree coverture, which stipulates that by marriage, a man and woman are considered "one legal person," the man being the head of said person, was considered during this time. Before *Griswold v. Connecticut*, the Supreme Court

case that legalized contraception for married couples in the summer of 1965, birth control clinics operated in a legal gray zone where board members and doctors set parameters for the distribution of birth control, specifically as states set different legal barriers.

[132] "Meeting Minutes October 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[133] "Meeting Minutes November 1965," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[134] Dorothy Roberts, *Killing the Black Body* (Vintage, 1997), 142–143.

[135] "Meeting Minutes December 1966," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[136] "Meeting Minutes December 1966."

[137] "Meeting Minutes December 1966."

[138] Espino also describes a similar "top-down" approach in Los Angeles as poor women of color were forcefully compelled to use birth control. Virginia Rose Espino, "Women Sterilized as They Give Birth," PhD diss, Arizona State University, 2007, 175–176.

[139] "Statistical Analysis of a Sampling of 100 Interviews in South El Paso, 1966," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[140] "Planned Parenthood Center of El Paso, May 1968 Report," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[141] "Meeting Minutes June 1967," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[142] "Meeting Minutes December 1967," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[143] "Meeting Minutes March 1968," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[144] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 1.

[145] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 2.

[146] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 5.

[147] Their data did not account for stillbirths and miscarriages and those children surviving their first birthday as high infant mortality had been a long-standing issue in South El Paso for decades ("Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 5).

[148] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 5–7.

[149] Hatcher and Trussell et al., *Contraceptive Technologies*, 769–70.

[150] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 10.

[151] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316.

[152] "Clinical Evaluation of a New Application for Vaginal Contraceptive Foam, 1969," Betty Mary Goetting Papers, box 5, MS 316, 10.

[153] Ramírez de Arrellano and Seipp, *Colonialism, Catholicism, and Contraception*, 131; Marks, *Sexual Chemistry*, 244–245.

[154] Marks, *Sexual Chemistry*, 244–245.

[155] "Meeting Minutes July 1968," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[156] "Meeting Minutes October 1968," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[157] "Meeting Minutes December 1968," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[158] "Planned Parenthood Showing of 'Knock on Every Door' Slated," *El Paso Times*, February 1, 1970, El Paso, Texas.

[159] Ramírez de Arellano and Seipp, *Colonialism, Catholicism, and Contraception*, 131.

[160] Briggs, *Reproducing Empire*, 124.

[161] "Planned Parenthood Showing of 'Knock on Every Door' Slated."

[162] "Planned Parenthood Showing of 'Knock on Every Door' Slated."

[163] Loretta J. Ross, "African-American Women and Abortion," *Journal of Health Care for the Poor and Underserved* 3, no. 2 (1992): 275, https://doi.org/10.1353/hpu.2010.0241

[164] "Planned Parenthood Showing of 'Knock on Every Door' Slated."

[165] Watkins, *On the Pill*, 74.

[166] Peggy Pascoe as quoted in Ruíz, *From Out of the Shadows*, 47.

[167] "Meeting Minutes August 1960," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[168] "Meeting Minutes August 1960."

[169] "Meeting Minutes April 1967," Planned Parenthood of El Paso records, 1907–2000s, box 2, MS 286.

[170] Gutiérrez, *Fertile Matters*, 17–18.

[171] The numbers represented in the totals for 1970 are approximations since the figures for the months of February, April, and May are missing, as well as the month of November for the data on Pap smears. Using the average of the data collected for the existing months, I have calculated the approximate figures discussed previously. "Meeting Minutes March 1970," "Meeting Minutes April 1970," "Meeting Minutes July 1970," "Meeting Minutes August 1970," "Meeting Minutes September 1970," "Meeting Minutes October 1970," "Meeting Minutes November 1970," "Meeting Minutes December 1970," and "Meeting Minutes January 1971," Planned Parenthood of El Paso records, 1907–2000s, box 3, MS 286.

[172] Natalie Lira, *Laboratory of Deficiency* (University of California Press, 2021); Gutiérrez, *Fertile Matters*; Alex Stern, "Sterilization Abuse in State Prisons," *Huffington Post*, September 22, 2013; Briggs, *Reproducing Empire*, 107.

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