

Preaching the Pill and Planning Parenthood: Chronicling  
Family Planning in Mexico, 1952-1962

by

Leah Bakely  
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## Introduction

“The Federation’s work is based,” stated the 1961 International Planned Parenthood Federation (IPPF) Sixth Report, “on the belief that knowledge of planned parenthood is a fundamental human right and that a balance between the population of the world and its natural resources and productivity is a necessary condition of human happiness, prosperity and peace.”<sup>1</sup> The IPPF was making quite the claim: the proliferation of a global family planning movement would, by decreasing the world’s population and thereby increasing individuals’ access to the world’s natural resources, unequivocally engender global peace, prosperity, and human happiness.

By 1961, the IPPF had thirty-five member organizations in thirty-five countries on five continents. Notably, only one of these member organizations, Puerto Rico, was in Latin America.<sup>2</sup> Still, the official list of member organizations should not fool us; the IPPF was active in Latin America in 1961 and had been since 1952, when the organization’s Western Hemisphere Region (WHR) was founded.<sup>3</sup> One of the countries in which the IPPF/WHR was, in fact, most active in the early years of its existence was Mexico, where an IPPF representative had first visited in 1952.

When the IPPF first went to Mexico in 1952, it was not trying to enter the family planning field in the country; it was trying starting it.<sup>4</sup> Between 1940 and 1970, Mexico’s population had increased from 20 million to over 40 million. This

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<sup>1</sup> "IPPF Sixth Report," in *Dorothy Hamilton Brush Papers*, ed. International Planned Parenthood Federation (London, England: Sophia Smith Archives, 1962).

<sup>2</sup> Ibid.

<sup>3</sup> Ofelia Mendoza, "Field Report to the IPPF Western Hemisphere," in *Planned Parenthood Federation of America II (PPFA II)*, ed. Planned Parenthood Federation of America (Sophia Smith Archives, 1962).

<sup>4</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler," in *Birth Control Oral History Collection* (Sophia Smith Archive, 1987).

exponential population growth “coincided with significant economic growth that was so pronounced it became known as the ‘Mexican miracle.’” Consequently, Mexico’s government came to associate “population growth with prosperity and economic growth” and subsequently assumed a decidedly pro-natalist stance until 1972. This pro-natalist stance, combined with the “celebration of childrearing as the apex of female accomplishment [and] the Church’s opposition to contraception... limited family planning programs for decades.”<sup>5</sup> In fact, the government did not officially endorse family planning programs until 1972, when President Luis Echeverría Alvaréz reversed the government’s attitude on the issue, proclaiming that population growth was indeed a pressing issue.<sup>6</sup> Of course, just because the government opposed family planning does not mean family planning was not happening. This essay is about those family planning programs that operated in Mexico after 1952 in spite of substantial governmental, social, and religious opposition.

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<sup>5</sup> Manon Parry, *Broadcasting Birth Control: Mass Media and Family Planning* (New Brunswick, NJ: Rutgers University Press, 2013), 114-15.

<sup>6</sup> It is important to note that the distinction between pro-natalist and anti-natalist stance, even within the Mexican government, was not always clear. Raúl Necochea López, author of *A History of Family Planning in Twentieth-Century Peru*, writes: “It is also high time to shed the demographic transition theory-inspired association between ‘pronatalist’ mentalities and ‘traditional’ societies, opposed to the equally spurious association between ‘antinatalist’ mentalities and ‘modern’ societies...it is... a language that all too simplistically introduces both artificial distinctions and linkages that are more richly understood through empirical studies, and that fails to explain why ‘pronatalist’ mentalities persist in ‘modern’ societies, and how ‘antinatalist’ mentalities emerge in ‘traditional’ societies” (Necochea López 30). Indeed, Montserrat Lines, author of a book on sources about family planning in Mexico, notes that the private *Federación para Estudios de la Población*, FEPAC, had 13 clinics in government-operated hospitals, which “is interesting because it introduces a fissure in the presumed monolithic pro-natalist stance” of the Mexican government (Lines 10, my translation).

Despite the importance of early family planning programs in Mexico, however, information on their nature and significance is scant and scattered, tucked into obscure, seldom-read books. Several books and articles—Beryl Suttters’s *Be Brave and Be Angry: The Chronicle of the International Planned Parenthood Federation* (1973), the edited volume *Mujer: sexualidad y salud reproductiva en México* (Woman: Sexuality and Reproductive Health in Mexico, 1996), and Soledad González Montes’s *Las organizaciones no gubernamentales mexicanas y la salud reproductiva* (Non-Governmental Organizations in Mexico and Reproductive Health, 1999), to name three—make brief mention of the early activities of the family planning movement in Mexico.

One book, Montserrat Lines’s 1989 *Libre Elección O Fecundidad Controlada: 500 Referencias Bibliográficas Sobre La Planificación Familiar En México, 1968-1982* (Free Choice or Controlled Fertility: 500 Bibliographic References about Family Planning in Mexico, 1968-1982), does provide a slightly more detailed account of early family planning activities in the country. The most comprehensive history of these early programs appears in historian Manon Parry’s book *Broadcasting Birth Control: Mass Media and Family Planning* (2013), which has a chapter section entitled “The Hidden History of Birth Control in Mexico.” While this section chronologically outlines the establishment of the modern family planning movement in Mexico, it fails to examine the IPPF’s earliest work, only picking up the story in 1958, when the first family planning clinic was actually established in the country.

Although these works do mention early family planning programs in Mexico, they leave unexamined the individual actors involved in such work and what that work entailed. Specifically, none of the accounts named above critically and comprehensively explores what exactly the IPPF's activities were in Mexico in the first ten years of the IPPF/WHR's existence. Thus, this essay first offers an account of the IPPF's activities in Mexico from 1952 to 1962, years that were crucial for laying the groundwork of the family planning movement in the country. By incorporating extant secondary source literature, analyzing underused sources from the Planned Parenthood Federation of America Archives, and asking different questions than other authors have asked, this essay examines the work that the IPPF and other family planning promoters were doing in Mexico from 1952 to 1962 and *why* they were doing this work. It does so primarily by exploring the motives of specific actors engaging in family planning activities in Mexico during this ten year period: did these actors, as the IPPF Sixth Report suggests, aim to engender global peace, prosperity, and human happiness in Mexico? If so, why? If not, why *did* these actors do family planning work? Why did they work in Mexico specifically? These are the questions my essay aims to explore. The essay will also contribute to a growing body of literature that examines why international family planning organizations went into third world countries during the period I discuss. Were these organizations “motivated by prejudice, fear of an overpopulated world, or their own self-interest,” and/or were they “campaign[ing to] free women, in the words of Margaret Sanger, from ‘sexual slavery’”?<sup>7</sup>

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<sup>7</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 7-8.

My essay begins with a section that provides an overview of aspects of Mexican history relevant to my topic. The next section is a brief history of the IPPF and its Western Hemisphere Region Chapter. The main section is a narrative that explores the activities and motivations of family planning promoters who worked in Mexico from 1952 to 1962, and the final section is a critical analysis section that examines the implications of my findings. In the epilogue, I will touch on additional questions that my paper raises for future research.



## Section One: Contextualizing Family Planning in Mexico

While the causes of the family planning movement's international proliferation are disputed, scholars generally agree that the post-World War II era saw the spread of family planning programs from the United States and its wealthy Western European counterparts to the developing world—that is, to “impoverished nations in Asia, Latin America, and Africa.”<sup>8</sup> Organizations such as the Rockefeller Foundation, the Ford Foundation, the Population Council, and the Pathfinder Fund, and, of course, Planned Parenthood joined the ranks of mostly U.S.-based organizations promoting the family planning movement in Latin America.<sup>9</sup> In 1961, President John F. Kennedy immensely aided these organizations in their efforts by establishing “the U.S. Agency for International Development (USAID) to administer nonmilitary foreign assistance, and within a few years family planning [was] added to the list of programs the organization could support.”<sup>10</sup> In fact, by the late 1960s, the U.S. government was the primary funder of global family planning initiatives; in 1973, USAID's budget allocated specifically for family planning was 125 million dollars. It is also noteworthy that in 1969 the United Nations established its Fund for Population Activities (UNFPA) specifically to fund family planning-related projects in low-income countries.<sup>11</sup>

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<sup>8</sup> Ibid., 76; Jonathan Zimmerman, *Too Hot to Handle: A Global History of Sex Education* (Princeton and Oxford: Princeton University Press, 2015), 103.

<sup>9</sup> Teresa Arreola, "Programas de Natal: Arma del Imperialismo," in *La Mujer: Explotación, Lucha, Liberación* (Mexico, D.F. : Nuestro Tiempo, 1976), 132; Montserrat Lines, *Libre Elección o Fecundidad Controlada: 500 Referencias Bibliográficas Sobre la Planificación Familiar En México, 1968-1982*, Col. Fuentes (Mexico: Instituto Nacional de Antropología e Historia, 1989), 14.

<sup>10</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 77.

<sup>11</sup> Ibid.

When family planning spread to Latin America depends on how family planning and fertility are defined. That is, while scholars traditionally associate the emergence of international aid organizations with the emergence of a global family planning movement, Raúl Necochea López, author of the book *A History of Family Planning in Twentieth-Century Peru*, argues that, at least in Latin America, “family planning [is] something that reaches deep into the past, certainly before the 1960s, when different social actors began to reflect publicly on the implications of their fertility.”<sup>12</sup> He notes that definitions of fertility are socially constructed; they depend on what societies “deem organically normal.” As such, the longtime existence in Latin America of midwives, faith healers, and “a rich and mostly oral tradition about the fertility-enhancing or –limiting properties of certain plants” challenge the notion that family planning is a relatively new phenomenon in the region.<sup>13</sup> This essay, while acknowledging that family planning can be defined in many ways, employs a narrower definition of the phrase: organized programs that arose in the 1950s and 60s meant to help women have or refrain from having children.

Necochea López further argues that well funded international organizations were not the sole purveyors of family planning in Latin America during this time period. In fact, “physicians, the eugenics movement, feminists, transnational birth control organizations, women and men who sought contraceptives and abortions, pharmaceutical companies, military leaders, and the Catholic Church” all held a stake

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<sup>12</sup> Raúl Necochea López, *A History of Family Planning in Twentieth-Century Peru* (Chapel Hill: University of North Carolina Press, 2014), 23.

<sup>13</sup> *Ibid.*, 20, 23, 29-30. According to Necochea López, these practices date back to at least the Colonial Period, if not before.

in the family planning movement throughout the twentieth century.<sup>14</sup> To understand why family planning took the form that it did in the 1950s and 1960s in Mexico, we must, therefore, consider Mexican history and how this history determined why and how the IPPF entered the country when it did.

It is important to examine the political changes that occurred within Mexico prior to and concurrent with the IPPF's entry into Mexico, because the government exerted considerable control over family planning activities in the country. The postwar period brought several significant changes to the country. The Mexican Revolution was, in its initial phases (1910-1940), radical in its demands: the Constitution of 1917, the Revolution's ideological underpinning, called for sweeping land reform and expropriation, "the separation of church and state, the inalienable right to universal education through public schools, the regulation of working conditions, and the right to form unions and strike."<sup>15</sup> However, as time went on, the government lost sight of the Revolution's initial demands and the radicalism that had initially propelled the revolution lost its momentum.

The election of the former Secretary of the Interior, Miguel Alemán, to the presidency only solidified the so-called institutionalization of the Revolution: Alemán was responsible for reorganizing and renaming the official party, calling it the *Partido Revolucionario Institucional* (PRI).<sup>16</sup> Due in part to these actions "[T]he regime acquired its distinctive contemporary characteristics:" writes Alan Knight

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<sup>14</sup> Ibid., 16.

<sup>15</sup> John Mason Hart, "The Mexican Revolution, 1910-1920," in *The Oxford History of Mexico*, ed. Michael C. Meyer and William H. Beezley (Oxford, New York: Oxford University Press, 2000), 461.

<sup>16</sup> Thomas E. Skidmore, Peter H. Smith, and James N. Green, *Modern Latin America*, 8 ed. (Oxford: Oxford University Press, 2014), 62-3.

“presidential preeminence, the political monopoly of the official party, the deft manipulation of mass organizations, the dilution of class and ideological difference in the solvent nationalism.”<sup>17</sup> The Revolution and its constitution—which has been amended more than 500 times since 1917<sup>18</sup>—remained the ideological basis for the regime’s continued grasp on power. By mid-century, however, neither the individuals nor the laws that governed Mexico were in any way radical.

It is also important to discuss the state of Mexico’s economy during this period because economic issues were inextricably linked to the international family planning movement: “the [U.S.] government’s motivation [to fund family planning initiatives]...heavily influenced their message, which focused on the economic benefits of fewer children for countries and for individual families.”<sup>19</sup> While the PRI continued to consolidate its power, Mexico experienced a postwar period of unprecedented economic growth, the Mexican Miracle, briefly discussed in the introduction: “Gross domestic product rose 6 percent per year, outstripping population growth” from 1954 to 1968 and the country became increasingly attractive to international investors.<sup>20</sup> Thus, it makes sense that U.S. family planners’ appeals to the Mexican government’s economic sensibilities would have carried little weight in a country whose economy was booming.

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<sup>17</sup> Stephanie Mitchell, "Introduction," in *The Women's Revolution in Mexico, 1910-1953*, ed. Patience A. Schell and Stephanie Mitchell (Lanham, MD: Rowman and Littlefield, 2006).

<sup>18</sup> Francisco Nieto and Carina García, "La constitución política ha sido parchada 517 veces," *El Universal/La Nación* 2011.

<sup>19</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 76.

<sup>20</sup> Julia Tuñón Pablos, *Women in Mexico: A Past Unveiled (Mujeres en México: Un Pasado Olvidado)*, trans. Alan Hynds (Austin: University of Texas Press, 1999), 106; Skidmore, Smith, and Green, *Modern Latin America*, 66.

Still, the Miracle was not as miraculous as everyone had thought; though the GDP had increased yearly from 1954 to 1968, income inequality also increased during this time. Thus, “Mexico’s ‘miraculous’ growth had only increased the maldistribution of income.”<sup>21</sup> By 1968, when the government massacred a group of university students protesting the upcoming Olympic Games in Mexico City in Tlatelolco Square, the Mexican Miracle had effectively come to an end. Though the massacre did not explicitly bring about the miracle’s end, it did “symbolize[...] and portend[...] the coming times” and reveal the “bankruptcy of the PRI monopoly on power.”<sup>22</sup> Thus, it comes as no surprise that four years after the Miracle’s end, the Mexican government, searching for ways to repair its country’s failing economy, reversed its pro-natalist, anti-family planning stance.<sup>23</sup> The economic changes in the country, therefore, paired with the institutionalization of the Revolution and the consolidation of power that this institutionalization entailed, created an environment for family planning that was, in many ways, unique to Mexico.

While the PRI was consolidating power, Mexican women were also trying to find a place for themselves within the structure of the institutionalized revolution. In the early years of the Revolution, “women’s rights’ activists took part in national and international congresses, conferences, and meetings,” with the goal of achieving legal equality. While they did succeed at amending some laws that treated them unfairly,

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<sup>21</sup> *Modern Latin America*, 66.

<sup>22</sup> Tuñón Pablos, *Women in Mexico: A Past Unveiled (Mujeres en México: Un Pasado Olvidado)*, 106; Skidmore, Smith, and Green, *Modern Latin America*, 66.

<sup>23</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 114-15.

they still were not granted suffrage.<sup>24</sup> This first wave of feminism petered out in the 1930s and 40s even as Mexico became increasingly integrated into the international capitalist order and as more women began to work outside the home.<sup>25</sup> Still, Julia Tuñón Pablos, a scholar of Mexican women's history, claims that women's gradual integration into the workforce was at odds with the role Mexican society had carved out for them: "the mass media and the traditional ideological machinery transmitted an outmoded portrayal of [women]" as deeply sexualized beings whose ultimate goals it was to be exemplary mothers, wives, and homemakers.<sup>26</sup>

When President Alemán finally granted Mexican women the right to vote in 1953—the year after the International Planned Parenthood Federation was founded—he did so only on the discursive grounds that civic integration would not interfere with a woman's ability to dedicate herself to the home: "The Mexican woman," said Alemán, "will consciously accept the conditions that are brought by historical development and that will elevate her to activities in the public order, without her ceasing to be...the incomparable mother, abnegating and industrious wife, loyal sister and prudent daughter that she has always been."<sup>27</sup> Thus, though the vote granted women political equality, they were still discursively confined to their roles as

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<sup>24</sup> Pablos, *Women in Mexico: A Past Unveiled (Mujeres en México: Un Pasado Olvidado)*, 98-99.

<sup>25</sup> Whereas 7.3 percent of Mexican women were "economically active" in 1930, 17.9 percent were in 1950 (Tuñón Pablos, *Women in Mexico: A Past Unveiled*)

<sup>26</sup> Tuñón Pablos, *Women in Mexico: A Past Unveiled (Mujeres En México: Un Pasado Olvidado)*, 105-6. Of course, by using the word "outmoded," Tuñón Pablos imposes a normative judgment of the past; that women were portrayed as deeply sexualized may have been contested, but such a portrayal was certainly not entirely out of fashion.

<sup>27</sup> Sarah A. Buck, "The Meaning of the Women's Vote in Mexico, 1917-1953," in *The Women's Revolution in Mexico, 1910-1953*, ed. Patience A. Schell and Stephanie Mitchell (Rowman and Littlefield 2006), 73.

mothers and wives. Tuñón Pablos and Sarah A. Buck, another scholar of Mexican women's history, claim that the government granted women the right to vote to make the state "appear modern," thereby legitimizing this state.<sup>28</sup>

In the years following the 1953 granting of suffrage, a second wave of feminism swept through Mexico. Only after 1970, however, did a variety of feminist groups emerge, most of which were composed of middle- and upper- class, college-aged women. These groups were instrumental in staging protests, publishing feminist newspapers and journals, having the Constitution amended to establish gender equality, and bringing the United Nation's First International Women's Conference to Mexico in 1975, among other achievements.<sup>29</sup> Still, it is important to keep in mind that groups explicitly organized around feminism were not the only groups advocating for the rights of women: "that there was no single unified feminism in Mexico," writes Patience A. Schell, a scholar of Mexican women's history, "but rather multiple feminisms, which shared the goal of improving women's position in society... Women who might not consider themselves feminist also challenged gender roles through their actions and demands."<sup>30</sup> These women-centered groups and projects ranged from the *Unión de Damas Católicas Mexicanas* who "stressed that women's differences, especially their reproductive capacity, deserved not only

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<sup>28</sup> Pablos, *Women in Mexico: A Past Unveiled (Mujeres en México: Un Pasado Olvidado)*, 106; Buck, "The Meaning of the Women's Vote in Mexico, 1917-1953," 73.

<sup>29</sup> Pablos, *Women in Mexico: A Past Unveiled (Mujeres en México: Un Pasado Olvidado)*, 107, 11.

<sup>30</sup> Patience A. Schell, "Conclusion," in *The Women's Revolution in Mexico, 1910-1953*, ed. Patience A. Schell and Stephanie Mitchell (Rowman and Littlefield, 2006), 206.

privileged legal protections but society's respect because of women's different mission" to a group of Veracruzanan prostitutes who led rent strikes in the 1920s.<sup>31</sup>

It is important to know about Mexican women's history because women were the main targets of international family planning programs in Mexico in the 1950s and the 1960s. Women's receptiveness to family planning initiatives dictated the success of the programs. As such, family planning promoters had to tailor their messaging to the specific populations of women whom they hoped to convince to "plan" their families. Moreover, it is important to understand women's history in Mexico because knowledge of it will likely shed light on the current scholarly debate about *why* the global family planning movement spread to third world countries when it did: was family planning about giving women agency over their own bodies or about stopping overpopulation in the third world countries that self-interested population workers feared would engender global economic and instability?<sup>32</sup>

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<sup>31</sup> Ibid.

<sup>32</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 7-8.



## Section Two: The IPPF Western Hemisphere Region

To understand why the IPPF entered Mexico when it did, it is necessary to examine the history of the organization. The International Planned Parenthood Federation (IPPF) was one of several Planned Parenthood-affiliated organizations that worked in Mexico from the 1950s through the 1970s. The International Committee on Planned Parenthood (ICPP) was formed at the First International Conference on Family Planning in Stockholm, Sweden in 1946 and was comprised of four member countries: The Netherlands, Great Britain, the U.S., and Sweden.<sup>33</sup> The *Brush Foundation for Race Betterment* made an initial donation of \$5,000 to establish the ICPP headquarters in London.

In 1952, the International Planned Parenthood Federation was formed out of the ICPP, the result of discussion and planning that occurred at the Third International Conference on Family Planning in Bombay, India.<sup>34</sup> The organization's first aim was to "advance through education and scientific research the universal acceptance of family planning and responsible parenthood in the interests of family welfare, community wellbeing, and international goodwill." The federation was initially comprised of eight member countries—the four original countries plus India, Hong Kong, Singapore, and Western Germany—and its constitution was ratified the following year at the Fourth International Conference in Stockholm, Sweden. By

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<sup>33</sup> "IPPF History," in *Margaret Sanger Papers (Unfilmed)*, ed. Smith College (Sophia Smith Archives, 1957). Its leaders were Lady Rama Rau, the founder and president of the Family Planning Association of India and Margaret Sanger, American birth control pioneer and Planned Parenthood Federation of America founder.

<sup>34</sup> Karina Felitti, "La 'Explosión Demográfica' y la Planificación Familiar a Debate: Instituciones, Discusiones y Propuestas del Centro y la Periferia," *Revista Escuela de Historia* 7, no. 2 (2008): 4.; "IPPF History."

1955, IPPF membership had expanded to include 15 countries. Notably, Mexico was not one of them.<sup>35</sup>

The Western Hemisphere Region (WHR) of the IPPF was technically established in 1952 with its regional office located in New York City. However, the name Western Hemisphere is misleading; the only member of the WHR in 1953, when it held its first meeting was held, was the United States' Planned Parenthood Federation of America (PPFA). At the first committee meeting, two goals were established: 1) that the WHR would become “truly hemispheric in character” and 2) that the “new organization not be too closely associated with the PPFA.”<sup>36</sup> In 1954, the WHR formed a regional council comprised of 29 representatives from eight Western Hemispheric countries, including Mexico, but in 1955, Puerto Rico's *La Asociación Puertorriqueña Pro Bienestar de la Familia* was still the only other official member of the WHR.<sup>37</sup> By 1959, Trinidad and Tobago, Barbados, Bermuda, and Jamaica had joined the PPFA and *La Asociación's* ranks and, by 1960, so had Canada.<sup>38</sup> A 1964 IPPF pamphlet shows that no new members joined the WHR between 1960 and 1964.

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<sup>35</sup> Vera Houghton, "International Planned Parenthood Federation (I.P.P.F): Its History and Influence," *ibid.* (1962).

<sup>36</sup> Beryl Suitters, *Be Brave and Angry: Chronicles of the International Planned Parenthood Federation* (International Planned Parenthood Federation, 1973), 91.

<sup>37</sup> "International Planned Parenthood Federation, a Federation of National Family Planning Organizations," in *Margaret Sanger Papers (Unfilmed)*, ed. International Planned Parenthood Federation (Sophia Smith Archives, 1957).

<sup>38</sup> "IPPF: Fifth Report," in *Dorothy Hamilton Brush Papers*, ed. International Planned Parenthood Federation (London, England: Sophia Smith Archives, 1961); "IPPF Sixth Report."

### Section Three: Chronicling Family Planning in Mexico

Despite the IPPF's lack of official association with Latin American countries from 1952 to 1964, the organization was actually active in Latin America and Mexico during this time period. The story of Planned Parenthood in Mexico, in fact, begins in 1952, with Dr. Ofelia Mendoza, a consultant for the PPFA, who, as we will see, eventually became instrumental in initiating family planning programs in multiple Latin American countries: Costa Rica, Chile, and Guatemala, to name a few.<sup>39</sup> Originally from Honduras, Mendoza was a graduate of the University of Michigan and had directed repatriation work in Germany for displaced persons as part of the United Nations Relief and Rehabilitation Administration. She also "served as delegate from Honduras to the Inter-American Commission of Women of the Pan-American Union, and later as that commission's delegate to the commission on the status of Women to the United Nations."<sup>40</sup>

In a 1956 *Milwaukee Sentinel* article about an address Mendoza was to give to the Milwaukee Spanish-Speaking Baptist Church, Mendoza was listed as "New York field consultant and specialist in the integration of family planning programs among foreign language groups for the Planned Parenthood Federation."<sup>41</sup> During her time working for the PPFA and the IPPF, she occupied various positions including Field Service Representative for the PPFA, Technical Representative for the IPPF, and

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<sup>39</sup> María Carranza, "'In the Name of Forests': Highlights of the History of Family Planning in Costa Rica," *Canadian Journal of Latin American and Caribbean Studies* 35, no. 59, Special Issue: Landscapes of Latin American Health, 1870-1970 (2010): 129.

<sup>40</sup> Rosa Tusa, "Consultant's View: 'Some Nations Fear Babies over Bombs,'" *The Milwaukee Sentinel* November 9, 1956.

<sup>41</sup> *Ibid.*

Field Director for the IPPF/WHR.<sup>42</sup> In her position as Field Director, she “was in charge of promoting the creation of family planning associations in Latin America and, since the late 1950s, she had been visiting countries in the region, identifying people interested in the subject.”<sup>43</sup>

In 1952, Mendoza traveled to Chihuahua, Mexico at the request of the Executive Director of the El Paso, Texas Planned Parenthood to determine the feasibility of establishing a birth control clinic in the hospital in Chihuahua. According to Mendoza’s field report, Planned Parenthood El Paso was willing to sponsor the clinic because about half of El Paso’s patients were Mexicans who crossed the border from Juarez and Chihuahua, Mexico to El Paso for Planned Parenthood’s services.<sup>44</sup> It is unclear if a clinic was ever established in that hospital, but the second family planning clinic to open in all of Mexico was established in Chihuahua in 1961.<sup>45</sup>

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<sup>42</sup> "About Sanger: PPFA Staff, Officers, Board and Select Committee Members," New York University; Jadwiga E. Pieper Mooney, *The Politics of Motherhood: Maternity and Women's Rights* (Pittsburgh, PA: University of Pittsburgh Press, 2009), 63; Jane T. Bertrand, Roberto Santiso-Gálvez, "The Global Family Planning Revolution: Three Decades of Population and Programs," ed. Warren C. Robinson and John A. Ross (Washington, DC: The International Bank for Reconstruction and Development/The World Bank, 2007), 139; "Birth Control Organizations International Planned Parenthood Federation History, IPPF Council, Governing Body, and Board Members, Officers and Regional Representatives for 1952-1962," New York University; "Professors Are Feted," *The Michigan Alumnus* 1943, 369.

<sup>43</sup> Carranza, "In the Name of Forests': Highlights of the History of Family Planning in Costa Rica," 129.

<sup>44</sup> In addition to the IPPF’s work in Mexico, there were 12 IPPF projects in 10 Latin American countries by 1963, even though only *one* Latin American country, Puerto Rico, was an official member of the IPPF ("Field Report to the IPPF Western Hemisphere," in *Planned Parenthood Federation of America II (PPFA II)*, ed. Planned Parenthood Federation of America (Sophia Smith Archives, 1962).

<sup>45</sup> Ofelia Mendoza and Naomi Thomas, "Report on Consultant Work with IPPF in the Western Hemisphere," in *PPFA II*, ed. Planned Parenthood Federation of America

In 1955, Mendoza also made trips to Nogales, Arizona, Nogales, Mexico,<sup>46</sup> and Tijuana, Mexico. She was sent to the two Nogales's because the Nogales, Arizona hospital reported that it treated about 1,000 women a year who had undergone illegal abortions on the Mexican side of the border. Ultimately, a Planned Parenthood clinic was established in Nogales, Arizona to curb the high rate of illegal abortion and, in its first year it treated 100 Mexican women who crossed the border for services.

In Tijuana, Mendoza was sent to convince "Public Health and Welfare authorities" to provide birth control to the community of contract laborers who temporarily settled in the city before moving onto the United States for the farming season.<sup>47</sup> Mendoza ended the report with a recommendation that the IPPF/WHR provide simple contraceptives for distribution among Tijuana's largely migrant population. Mendoza recommended that the contraceptives be given to a well-liked Tijuanan woman, Maria R. Meza who had "established the first Y.W.C.A., the School of Nurses, and the School of Social Work in Mexico" and was involved in welfare work.<sup>48</sup> Meza had also founded a health clinic in a neighborhood with a large population of immigrants and wanted to distribute birth control information and free contraceptives to her patients. Mendoza indicated that distribution was likely possible

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(Sophia Smith Archives, 1955); Mendoza, "Field Report to the IPPF Western Hemisphere."

<sup>46</sup> They are adjacent towns with the same name that straddle the Arizona-Mexico border.

<sup>47</sup> Mendoza and Thomas, "Report on Consultant Work with IPPF in the Western Hemisphere."

<sup>48</sup> Ofelia Mendoza, "Visit to Tijuana and Suggested Names for Contacts for the American Continental Region of the IPPF," *ibid.*

“if it [was] done carefully and quietly to avoid opposition.”<sup>49</sup> In fact, the Executive Director of the Los Angeles chapter of Planned Parenthood even agreed to cross the border into Tijuana “to give orientation to the doctor and nurse at the clinic [in Tijuana], in the birth control methods used in the Los Angeles Clinic.”<sup>50</sup> Interestingly, Maria R. Meza later became a council member for the IPPF/WHR.<sup>51</sup>

Mendoza’s reports on her trips to Tijuana, Chihuahua, and Nogales not only speak to the ill-defined nature of the border region during this time, but also to the fact that, at least in its early years, the IPPF/WHR tried but often failed to heed one of its two main tenets: to maintain adequate separation between itself and the PPFA. After all, its solution in Nogales was to establish a PPFA clinic in the U.S.; in Tijuana it was to bring a PPFA employee to train its welfare employees; and in Chihuahua it was to have the El Paso PPFA affiliate fund a new Planned Parenthood clinic in Chihuahua. Mendoza’s reports also hint at one of Planned Parenthood’s early motivations for going into Mexico: Planned Parenthood wanted to open clinics in the country to provide birth control to Mexican women, thereby decreasing the rate of illegal and often dangerous abortions.

The IPPF’s first interaction with the non-border region came in 1955 when Ofelia Mendoza traveled to Mexico, Guatemala, El Salvador, and Honduras for a vacation.<sup>52</sup> According to a report Mendoza wrote for William Vogt, at the time the

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<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> "Birth Control Organizations International Planned Parenthood Federation History, IPPF Council, Governing Body, and Board Members, Officers and Regional Representatives for 1952-1962".

<sup>52</sup> "Visit to Honduras, San Salvador, Guatemala, and Mexico," in *PPFA II*, ed. Planned Parenthood Federation of America (Sophia Smith College, 1957).

director of the PPFA, she “had long talks with Doctor Concepción Palacios Zalaya, gynecologist at the Maternal Clinic of the General Hospital, in regard to the need for birth control services in Mexico.”<sup>53</sup> Supposedly Palacios Zalaya agreed to “organize a Medical Committee to take leadership in family planning in Mexico, if the Western Hemisphere Region would send her a letter asking her to assume this responsibility.”<sup>54</sup> Mendoza states that Palacios Zalaya wanted the letter to prove the “moral and scientific support” of the IPPF to the potential members of the Medical Committee.<sup>55</sup> In the years following Mendoza’s first visit, those doing family planning work in Mexico were adamant that their organizations not be overtly associated with the IPPF, nor contain the IPPF’s name.<sup>56</sup> Thus, it is supremely interesting that Palacios Zalaya *wanted* the IPPF endorsement to legitimate her Mexican family planning committee. For unknown reasons, Palacios Zalaya’s Medical Committee was never formed. It should be noted that in 1955, there was not one family planning program in Mexico.<sup>57</sup>

The next time the IPPF explored forming a family planning association in the country was in 1957 when Ofelia Mendoza made another trip to Mexico. This time she went to the country as an attendee of the Organization of American States’ (OAS) Conference of the Heads of Women Labor Departments, in the capacity of acting President of the Inter-American Commission of Women. The secretary of the IPPF, Tom Griessemer, asked Mendoza to take advantage of her trip to explore, among

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<sup>53</sup>"The Public Writings and Speeches of Margaret Sanger: Birth Control," New York University.

<sup>54</sup> "Visit to Honduras, San Salvador, Guatemala, and Mexico."

<sup>55</sup> Ibid.

<sup>56</sup> I will discuss in more detail later.

<sup>57</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 114-15.

other things, “whether it would be possible to organize a Planned Parenthood Association in Mexico.”<sup>58</sup>

While in the country, Mendoza talked with twelve different individuals: a combination of doctors, government officials, professors, pharmaceutical company representatives, and representatives of non-profits doing work in Mexico, all of whom “thought that a Planned Parenthood association could be organized and that it would be very helpful.”<sup>59</sup> Still, Mendoza notes that the two pharmaceutical company representatives with whom she met claimed that “of the 2,000 doctors to whom they sell [the pharmaceutical company’s products only about 100 of them dare[ed] to discuss birth control methods openly with them.”<sup>60</sup> Thus, that all twelve individuals interviewed thought a Planned Parenthood association could be organized is rather surprising given what the two pharmaceutical representatives called the “hypocrisy and ignorance on contraceptive techniques of the Mexican doctors.”<sup>61</sup>

Though we cannot be certain of Mendoza’s reasons for promoting family planning so tirelessly in Mexico and Latin America, the *Milwaukee Sentinel* article is telling. In it, she recounts that she became interested in family planning while doing repatriation work in Germany: “I saw so much neglect: overcrowded families, half sick, half fed and half clothed—mothers too busy to talk to their children except to scold...Children rejected and unwanted leave a permanent mark on both parents and

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<sup>58</sup> Ofelia Mendoza, "Trip to Mexico," in *PPFA II*, ed. Planned Parenthood Federation of America (Sophia Smith Archives, 1957).

<sup>59</sup> *Ibid.*

<sup>60</sup> *Ibid.*

<sup>61</sup> *Ibid.* This is a direct quotation that appears in the report from the two pharmaceutical representatives.



children.”<sup>62</sup> Mendoza also noted that infertility problems had historically been blamed on women, and husbands had even divorced their infertile wives as a result. Mendoza claimed that another one of Planned Parenthood’s goals was to increase women’s fertility. Thus, it seems that Mendoza was motivated, at least in part, by her compassion for other women.

However, the article complicates this view; it quotes Mendoza saying, “The crowded conditions in which people are forced to live encourages communism and contributes to juvenile delinquency.” So, did Mendoza promote family planning to stop the spread of communism, to improve the living conditions and autonomy of women, or both? Of course, we must remember that these are excerpts of an interview that appeared in a newspaper in Milwaukee, Wisconsin. Mendoza knew she was speaking for the audience of this newspaper. We, therefore, have no way of knowing if the views Mendoza expresses are her own or those of the organization she is representing, the IPPF. Moreover, Mendoza was interviewed; her perspective, therefore, has been filtered through and edited by the article’s author. We do not know what information the author chose to exclude or why she might have included the information she did.

Whatever her reasons, Mendoza traveled again to Mexico in July and September of 1958 and interviewed about 400 people, this time with the aim of finally establishing an IPPF family planning association in Mexico. She ultimately identified 100 people whom she invited to two meetings about the establishment of an IPPF family planning association. In November 1958, a family planning association

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<sup>62</sup> Tusa, "Consultant's View: 'Some Nations Fear Babies over Bombs'."

called *La Asociación Mexicana Pro-Bienestar de la Familia, A.C.* (Association for the Welfare of the Mexican Family) was finally organized and legalized. However, it would be wholly inaccurate to claim that this association was funded and operated exclusively by the IPPF.

To explain why, we must examine the story of Dr. Edris Rice-Wray. Dr. Rice-Wray was an American-trained doctor whose involvement with family planning started in Puerto Rico, where she worked for the World Health Organization (WHO) in the Department of Preventative Medicine and the School of Medicine of Puerto Rico. While in Puerto Rico, she started doing voluntary work with the IPPF's *La Asociación Puertorriqueña Pro Bienestar de la Familia*, and in 1958, she "agreed to work full-time for the *Asociación*...for three months, until they could find an appropriate person for Director."<sup>63</sup> That same year she also accepted a job as a WHO Medical Officer for Mexico, Haiti, the Dominican Republic, and Cuba.<sup>64</sup> While in Mexico, Rice-Wray met Mendoza during her July 1958 trip and Rice-Wray consequently took charge of establishing a family planning association similar to that at which she had worked in Puerto Rico. She left her position with the WHO in August of that year, spent \$500 to get a permit to work in Mexico, and started poaching pharmaceutical companies to see if they would be interested in contributing money to start a family planning association in Mexico City, the first of its kind in Mexico.<sup>65</sup>

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<sup>63</sup> Edris Rice-Wray, "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar de la Familia," in *Dorothy Hamilton Brush Papers* (Sophia Smith Archives 1960).

<sup>64</sup> Ibid.

<sup>65</sup> Ibid.

Dr. Rice-Wray's letters to Dorothy Hamilton Brush reveal some of Rice-Wray's motivations for doing work in Mexico. Brush and her husband were the cofounders of the *Foundation for Race Betterment*, which had donated the initial \$5,000 to establish the International Committee on Planned Parenthood (ICCP) headquarters in London in 1946. She was Rice-Wray's dear friend and also the editor of the IPPF's *Around the World News of Population and Birth Control*. Rice-Wray's correspondence with Brush reveals the close nature of their relationship. In a 1956 letter to Brush, for example, Rice-Wray wrote: "Now I'm going to tell you something that, for the present time, is for you only, since you are my friend. I am going to Mexico City to work for the World Health Organization."<sup>66</sup> That Rice-Wray confided in Brush shows that she likely trusted her. Moreover, Rice-Wray closed a 1960 letter to Brush: "I haven't heard a word from you since you got back. Please, let me know how are you are. Love, Edris Rice-Wray, M.D. Director."<sup>67</sup> Rice-Wray obviously cared deeply for Brush; that Rice-Wray signed the letter "love" indicates that Brush was not merely a business acquaintance, but rather a true friend. Thus, it is unlikely that Rice-Wray was being facetious when she wrote to Brush about her motivations for working Mexico.

Rice-Wray's motivations were, at least at first, practical; in a 1956 letter to Brush, Rice-Wray wrote that she was effectively forced to leave her job at the Health

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<sup>66</sup> "Letter to Dorothy Hamilton Brush," in *PPFA I*, ed. Puerto Rican Association of Family Planning (Puerto Rico: Sophia Smith Archives, 1956).

<sup>67</sup> "Letter to Dorothy Hamilton Brush," in *Dorothy Hamilton Brush Papers*, ed. Asociación Mexicana Pro-Bienestar de la Familia (Mexico, D.F.: Sophia Smith Archives, 1960).

Department in Puerto Rico because her boss, “a very stupid and difficult man,”<sup>68</sup> refused to grant her time off to travel with the grant money she had received from the WHO. As a single mother, when she lost her job, she also lost her pension. She quickly agreed to work full-time for the WHO in Mexico because, she wrote in the same letter to Brush, “I have no financial security of any kind, outside of my monthly check. And, as you know, I have two children to support.”<sup>69</sup> Thus, her initial motivations were, at least in part, financial in nature.

However, financial concerns do not, on their own, explain why Rice-Wray initially went to Latin America. For an answer to this question, we must turn to Rice-Wray’s oral history.<sup>70</sup> In the history, she cites her frustration with the “isolationist” sentiments of many Americans: “[in the 1940s, many Americans] thought that we were perfectly safe and that we didn’t have to be involved in the rest of the world, and it was stifling.”<sup>71</sup> Rice-Wray was also a member of the Ba’Hai faith. She recalled that there was a call to spread the religion to Latin America. Missionary work in the Ba’Hai faith was unpaid work. As such, Rice-Wray could go to Latin America to earn

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<sup>68</sup> "Letter to Dorothy Hamilton Brush."

<sup>69</sup> Ibid.

<sup>70</sup> James Reed and Ellen Chesler interviewed her during two different sessions in 1987 (<http://www.smith.edu/libraries/libs/ssc/audiovisuals.html#ricewray>). The two had formerly been interviewers for Harvard’s Schlesinger Library’s *Family Planning Oral History Project* (<http://oasis.lib.harvard.edu/oasis/deliver/~sch00573>). It is difficult to evaluate the reliability of the oral history. By 1987 Rice-Wray was well into her eighties (she was born around 1903) and, perhaps because of her age, she had to ask her interviewers to stop on multiple accounts to collect her thoughts. Still, there was much less at stake for Rice-Wray in this 1987 than in her Progress Report, for example; she did not have to worry about the Mexican government closing her clinic, Syntex withdrawing its funding, or the IPPF interfering with her clinic. Thus, though her memory may have been going, her opinions were likely more candid than those she shared in various letters sent to the clinic’s supporters.

<sup>71</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

a living as a doctor while simultaneously practicing and promoting her faith. On a similarly practical level, Rice-Wray wanted to move to Latin America, as opposed to another part of the world, because she had been learning Spanish.<sup>72</sup>

Rice-Wray unwittingly found herself working in the family planning field. As a general practice doctor in the 1930s in Chicago, she started working once or twice a week in several Planned Parenthood clinics in and around Chicago to earn some extra income. As time passed, she “became very interested in women, and women’s problems, and really,” she recalled in her oral history, “it was...it was a revelation to me, you know? Knowing the problems that women have... You know, women with five or six children, poor, with a husband who’s very demanding and has a terrible life. You’re stuck. You’re in a trap. You can’t get out because you can’t take your children...”<sup>73</sup> Rice-Wray’s compassion for women only grew when she was in Mexico; in a 1960 letter to Brush, Rice-Wray wrote, “I don’t have to tell ‘them’ anything. The reason I work so hard is not because anybody forces me to. I have to, to make things go right. For months now I have worked around 60 hours a week... So you see, it is my conscience that drives me—it isn’t anybody else.”<sup>74</sup> Obviously, then Rice-Wray truly cared for her patients.

The primary funding source for Rice-Wray’s clinic does, however, complicate our understanding of Rice-Wray’s motivations. While the IPPF/WHR agreed to contribute “US \$4,000.00 to help establish the Planned Parenthood Association of

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<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Rice-Wray, "Letter to Dorothy Hamilton Brush."

México,”<sup>75</sup> the main source of funding for the project, in its early years, was a Mexican pharmaceutical company called Syntex.

Syntex was, according Gabriela Soto Laveaga, historian and author of *Jungle Laboratories: Mexican Peasants, National Projects, and the Making of the Pill*, “the major supplier of synthetic hormones to European and American pharmaceutical companies” in the 1950s.<sup>76</sup> In 1951, the company successfully synthesized a hormonal steroid called Norethindrone from a Mexican yam called barbasco.<sup>77</sup> Mexico soon became “the world’s premier supplier of synthetic hormones,”<sup>78</sup> such that “at the height of the barbasco trade, more than ten tons of wild yams were removed from the tropical humid areas of Oaxaca, Veracruz, Tabasco, and Chiapas on a weekly basis.” Soto Laveaga compares yam yield with corn yield, noting that in the 1960s three tons per hectare were collected during the entire harvest.<sup>79</sup>

At first, though, Syntex had no interest “in testing [norethindrone] as a contraceptive.”<sup>80</sup> However, likely after witnessing the market success of Enovid, the first Food and Drug Administration-approved oral contraception, Syntex decided to get FDA approval for its own pill.<sup>81</sup> The company, thus, agreed to pay Rice-Wray

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<sup>75</sup> Rice-Wray, "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar De La Familia."

<sup>76</sup> Gabriela Soto Laveaga, *Jungle Laboratories: Mexican Peasants, National Projects, and the Making of the Pill* (Durham: Duke University Press, 2009), 55.

<sup>77</sup> Soto Laveaga, *Jungle Laboratories*, 2, 67.

<sup>78</sup> *Ibid.*, 3.

<sup>79</sup> *Ibid.*, 4.

<sup>80</sup> Timeline: the Pill. (2002). *The Pill: American Experience*.

<sup>81</sup> *Ibid.* Enovid was first FDA-approved in 1958 only to treat “severe menstrual disorders.” Two years later it was approved as a contraceptive. Interestingly, when Rice-Wray had lived in Puerto Rico, she had been the doctor who the developers of Enovid had employed to carry out their clinical trials (“Timeline: The Pill”, “People and Events: The Puerto Rico Pill Trials”).

\$1,500 pesos/month (around \$120 USD at the time) on the condition that she would “conduct a clinical investigation to gather more clinical data on the use of Norlutin as an inhibitor of ovulation.”<sup>82</sup> This research was to be done on the women to whom the clinic dispensed the pill. The company also agreed to pay for a percentage of the clinic’s “installation which was reasonable, depending on the percentage of the patients coming to the Clinic which were included in the research program.”<sup>83</sup> Rice-Wray was paid as a consultant for the company. Syntex’s version of the pill, eventually marketed as Ortho Novum, was approved by the FDA in 1962, the year after Rice-Wray completed three studies on the drug: “The Effects of the Long Term Administration of Norethindrone,” “Endometrial Modifications After the Administration of Norethindrone (Study of 800 biopsies),” and “The Morphology of the Endometrium in the First Cycle After Discontinuing Treatment with Norethindrone.”<sup>84</sup> Thus, though I do not know for certain, I assume that Ortho Novum’s FDA approval was the result of these early clinical trials.

Moreover, that Rice-Wray and her coworkers conducted clinical trials on poor Mexican women is *very* ethically questionable. To understand why, we must briefly examine the history of research on birth control. 1962 alone, the pharmaceutical company that sold Enovid received “reports of 132 blood clots, including 11 deaths.”<sup>85</sup> While the company denied a link between the pill and the deaths, today, substantial evidence exists that proves the pill can cause clotting. I do not know if

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<sup>82</sup> Rice-Wray, "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar De La Familia."

<sup>83</sup> Ibid.

<sup>84</sup> Edris Rice-Wray, "Bulletin II," in *PPFA II*, ed. Asociación Pro-Bienestar de la Familia (Mexico, D.F.: Sophia Smith Archives, 1961).

<sup>85</sup> "Timeline: The Pill"

anyone who participated in *La Asociación*'s studies died as a result of blood clots, but even if no one did—and it seems likely that they did—participants certainly experienced unpleasant side effects. In a 1966 study published in the *Canadian Medical Association Journal* entitled “Clinical Trial of a Combination of Lynestrenol and Mestranol (Lyndiol) as an Oral Contraceptive Agent,” Rice-Wray wrote, for example, that “women experienced headache, nausea, bloating, nervousness, leg cramps, and dizziness,” to name just a few of the side effects listed.<sup>86</sup> Ironically, while the oral contraceptives studied clearly caused physical harm, Rice-Wray claimed that her clinic carried out so many studies precisely because it wanted to *minimize* physical harm to the women taking these contraceptives: “Unpleasant side effects,” she wrote in the 1966 study, “such as nausea, headache, nervousness, weight gain and intermenstrual bleeding, though harmless and usually transient, previously led to a fairly high initial discontinuance of the medication... Such considerations point to the rationale of the *continuing search for more oral contraceptives and for lower effective contraceptive doses.*”<sup>87</sup>

This may be true, but why did the search for lower effective contraceptive doses have to be played out the bodies on poor Mexican women? Why not on upper class white American women? Thus, the clinic's connection to Syntex, and later to other pharmaceutical companies, and Rice-Wray's interest in research complicate the

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<sup>86</sup> Rice-Wray, Edris, Carmen Becerra, and Julio Esquivel. "Clinical Trial of a Combination of Lynestrenol and Mestranol (Lyndiol) as an Oral Contraceptive Agent." *Canadian Medical Association Journal* 95, no. 20 (1966): 1026. I know this study was published after the time period about which I am writing, but based on my knowledge of the early side effects of oral contraception, I imagine the side effects observed were similar, if not worse, in earlier trials.

<sup>87</sup> *Ibid*, 1024, italics added.



image of Rice-Wray as a conscience-driven family planning promoter trying to “make things go right”; Rice-Wray, at least in the clinic’s early years, depended on the paycheck from Syntex, and the consequent ethically questionable clinical trials, for her financial stability. She clearly was working *for* somebody; there was indeed a ‘them.’<sup>88</sup> So, was Rice-Wray motivated by her own financial needs, by the needs of her patients, or by both?

Despite ethical concerns, the clinic finally opened in January of 1959 with Syntex providing its equipment and the IPPF/WHR contributing an initial US\$1,000.00. The clinic had no trouble finding patients; in her oral history, Rice-Wray recalled, “So, uh, the first patient was the wife of a man who sold us firewood or our fireplace and uh, starting from her, all her friends came, because women wanted it, you see, so from that we built it up.”<sup>89</sup> In fact, Rice-Wray even claimed in her 1960 interview that the clinic did “not need educational work in order to get patients. They are coming in so fast that if we had publicity about the Clinic, we would be swamped. What we want to do,” she wrote, “is to survive first and then expand.”<sup>90</sup> In the clinic’s 1959 Annual Report, less than a year after it had opened, it had already seen 524 patients and logged 1,688 visits.<sup>91</sup> Perhaps, Rice-Wray’s insistence on not publicizing the clinic’s services was an indication of her desire to avoid drawing attention to the fact that a pharmaceutical company was largely

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<sup>88</sup> Ibid.

<sup>89</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

<sup>90</sup> "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar de la Familia."

<sup>91</sup> "Annual Report of the Asociación Mexicana Pro-Bienestar de la Familia," *ibid.* (Mexico, D.F.: Sophia Smith Archives, 1958).

funding her clinic. Perhaps, however, it can be attributed to her perception of stigma in Mexico surrounding family planning services.

Regardless of the reasoning, in an interview in 1960, Rice-Wray that “every woman [was] to be able to continue as long as she wishe[d] with material supplied by Syntex free.” She then clarified, writing that “the patients on the project will not be abandoned when the project terminates.” Moreover, Rice-Wray was able to channel the ethically questionable intentions of the drug companies to provide her patients with not only free contraception, but also with pediatric services, which included physicals, vaccinations, and hygiene education; general gynecological services, which included cancer detection and sterilization; marriage counseling; pre-marital counseling; and psychotherapy services. In the same year, the clinic employed a General Director; a Technical and Research Director; a psychologist; a histopathologist; five female gynecologists; two pediatricians who worked in the well-baby clinic; two nurses; one nurse’s aide; and three social workers. And, by 1961, the clinic had already produced four studies, two of which were to be published in the *Journal of the American Medical Association (J.A.M.A)*.<sup>92</sup> Thus, it seems likely that Rice-Wray’s insistence on not advertising the clinic was largely based on her fear that stigma would prevent the clinic from both offering the full range of its services and from doing research.

While the funding from pharmaceutical companies lasted for the duration of *La Asociación*’s existence, the funding from the IPPF/WHR lasted only for three

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<sup>92</sup> Rice-Wray, "Bulletin II."

years.<sup>93</sup> Still, even during these three years, the Association was *not* part of the IPPF; in a November 1959 letter to Vera Houghton, the Executive Secretary of the IPPF, Rice-Wray wrote: “I do not know whether you know of us yet...but we are the Planned Parenthood Association of Mexico. However, as I so emphatically explained...we cannot under any circumstances be known as such.”<sup>94</sup> Further, when the IPPF’s 1959 newsletter described Rice-Wray’s work, Rice-Wray “wrote an angry response to the organization emphasizing the need for discretion.”<sup>95</sup> By a February 1960 interview, Rice-Wray was even more adamant: “We are,” she wrote, “not members of the I.P.P.F. We are the Mexican Association for Family Welfare, a private institution in México.” “The I.P.P.F.,” she continued, “is helping us get started only. We are making an heroic effort to become self-supporting by the end of this year, so that we won’t have the need to ask for any more money from the I.P.P.F.”<sup>96</sup>

The IPPF, on the other hand, wanted to claim affiliation with Rice-Wray’s clinic because her clinic gave the organization prestige. In 1962, *after* the IPPF had ceased funding the clinic, its annual report featured the clinic under its Mexico heading: “Asociación Mexicana de Protección a la Familia”—a misnomer—“was

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<sup>93</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

<sup>94</sup> Dr. Edris Rice-Wray, "Letter to Mrs. Vera Houghton, Executive Secretary, IPPF," in *Dorothy Hamilton Brush Papers* (Mexico, D.F. : Sophia Smith Archives, 1959).

<sup>95</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 115.

<sup>96</sup> Rice-Wray, "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar de la Familia." It should be noted here that though Rice-Wray didn’t want to be associated with the IPPF, she did still give credit to certain actors who were part of the IPPF. When asked, for example, in the 1960 interview about Ofelia Mendoza’s role in starting a family planning in Mexico, Rice-Wray wrote: “In my opinion, the Association could not have been established were it not for the foot work done by Dr. Mendoza—the terrible job of going from person to person until she had interviewed almost 400 people.”

established in 1958 and has opened two more clinics since then. Among their clients are those who live from the garbage they collect.”<sup>97</sup> That the IPPF featured Rice-Wray’s clinic in its Sixth Annual Report, distributed worldwide, indicates that association with Rice-Wray’s clinic boosted the IPPF’s reputation. Why, then, was Rice-Wray so adamant that the clinic not be associated with the IPPF? The short answers are the Catholic Church and the IPPF’s obstinacy; in the 1960 interview, Rice-Wray wrote:

The group working with the establishment and organization of the Association was very fearful of the church. They said that the church, though apparently separated from the Government, is very powerful behind the scenes and is capable of going to any length to harm anyone they are opposed to. No one was willing to openly establish a Planned Parenthood Clinic. They were sure it could not be done and were all afraid they might lose their jobs or be hurt in other ways. The only type of clinic acceptable to the Mexican group was a Gynecological Clinic, within which we would give contraceptive services.<sup>98</sup>

Rice-Wray knew, after years of working in public health, “that any program regardless of what it is, which is to be established in any given country, will fail unless the mores, the attitudes and the superstitions of the people are considered to that particular country.” To keep the ire of the Catholic Church, and consequently that of the government, at bay, Rice-Wray had to operate her clinic clandestinely: “Please let me make it clear,” she wrote in her 1960 interview, “that the only thing that we do not want the general public to know is that our primary objective is the giving of contraceptive advice, nor that over 75% of our patients come here for that specific purpose.” Being an IPPF member would jeopardize the clinic’s ability to offer its

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<sup>97</sup> "IPPF Sixth Report," *ibid.*, ed. International Planned Parenthood Federation (London, England: Sophia Smith Archives, 1962).

<sup>98</sup> "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar De La Familia," *ibid.* (Sophia Smith Archives 1960).

services. Rice-Wray vehemently defended her organization's independence from the IPPF because, "since the very beginning the members of the Executive Committee of the I.P.P.F. in the United States have not seemed to be able to understand why we had to set up the type of clinic we have."<sup>99</sup>

In fact, Rice-Wray's biggest fears were realized in the spring of 1961 when inspectors from the Health Department came to inspect the clinic. The inspectors ordered the clinic to close its doors immediately, citing the existence of "medicines...without the proper registering in the Health Department."<sup>100</sup> The medicines were oral contraceptives that were being studied at the clinic. They were indeed were unregistered. Nevertheless, Rice-Wray, in a "Progress Report of the Difficulties of the Clinic of the Asociación Mexicana Pro-Bienestar de la Familia," claimed that "these sanitary inspectors were ordered to find a pretext to close the Clinic."<sup>101</sup> The clinic was told that they could resume services only when they received a new license from the Health Department. Interestingly, the lawyer hired to handle the clinic's closure was "the best lawyer in Mexico,"<sup>102</sup> who, not coincidentally, was also Syntex's legal representative. It makes sense that Syntex provided a legal representative for the clinic; if the clinic had closed, Syntex likely would have been unable to carry out the studies taking place in the clinic.

According to the progress report, one current employee of the clinic and three former employees:

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<sup>99</sup> Ibid.

<sup>100</sup> "Progress Report of the Difficulties of the Clinic of the Asociación Mexicana Pro-Bienestar De La Familia up to August 24th, 1961," in *PPFA I*, ed. Asociación Mexicana Pro-Bienestar de la Familia (Mexico, D.F.: Smith College Archives, 1961).

<sup>101</sup> Ibid.

<sup>102</sup> Ibid.

had decided that if they would denounce [the clinic] to the authorities they...would be able to take over the furniture and equipment belonging to the Association and start a clinic of their own for personal gain. They had the idea that once they had the clinic, they would be able to get the donations and the research grants for themselves.<sup>103</sup>

As such, these four made “all kinds of false accusations and started a whispering campaign against [Rice-Wray] and against the Clinic”<sup>104</sup> within the School of Public Health of the *Universidad Nacional Autónoma de México* (UNAM) and the Health Department. They accused the clinic, for example, of offering abortions. The Director of the School of Public Health at UNAM had a similarly self-interested stake in the clinic’s closure: ““who is this gringa,”” he was purported to have asked, ““to have the honour to start this program so important to México? This Clinic will have to be closed, she must be gotten out of the country and I will have the honour of starting this program, which I shall do in all the clinics of Social Security throughout the Republic.””<sup>105</sup> Notably, these echoes of patriotism are consistent with the PRI’s discursive emphasis on nationalism and its rejection of imperialism. Still others within the Health Department opposed the reopening of the clinic because they thought the clinic was ““purely a birth control Clinic and birth control [was] immoral.””<sup>106</sup> Perhaps these employees were concerned about morality because they understood giving birth as the main function of women for Mexican society.

To combat these false claims, some influential friends of Association—mostly upper class women in Mexico who used the clinic’s services—arranged for a meeting with the one of Mexico’s Sub-Secretaries of Public Health to promote the clinic’s

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<sup>103</sup> Ibid.

<sup>104</sup> Ibid.

<sup>105</sup> Ibid.

<sup>106</sup> Ibid.

reopening. Some of the points to be made during the meeting are very telling of both the Mexican government's and Rice-Wray's approaches to family planning: "This is not a birth control clinic per se," wrote Rice-Wray. "It is a clinic for the purpose of solving family problems. Some cases come because they want to have children, others for health reasons or severe economic reasons need information to be able to space their pregnancies. Others receive services to solve their marital difficulties or to prepare themselves for marriage."<sup>107</sup> In fact, we know that this point is only a partial truth; in 1959, 74.47 percent of patients—that is, 386 patients—came to the clinic for "fertility control."<sup>108</sup> Only 0.76 percent, on the other hand, came for "marital and sexual problems."<sup>109</sup> Thus, Rice-Wray likely underemphasized the importance of the clinic's contraceptive services to appeal to those within the Health Department who believed birth control was 'immoral.'<sup>110</sup>

Moreover, the sixth point speaks to Mexican society's complex views on abortion: "One of the chief objectives of our contraceptive services," wrote Rice-Wray, "is to prevent abortions, which we consider very detrimental to the health of

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<sup>107</sup> Ibid.

<sup>108</sup> "Annual Report of the Asociación Mexicana Pro-Bienestar de la Familia," in *Dorothy Hamilton Brush Papers*, ed. Asociación Mexicana Pro-Bienestar de la Familia (Mexico, D.F. : Sophia Smith Archives, 1960).

<sup>109</sup> Ibid.

<sup>110</sup> I cannot help here but draw a comparison to the Summer 2015 controversy surrounding Planned Parenthood's provision of abortion services. Though most who work at Planned Parenthood likely call themselves pro-choice, Planned Parenthood's public relations strategy was to overemphasize the other services it provided while underemphasizing the abortion services it provides. The common line was that *only* 3% of Planned Parenthood's services were abortion services, while the other 97% were prevention and treatment-related.

the mother and furthermore a crime.”<sup>111</sup> Notably Rice-Wray’s stated motivation for operating her clinic is very similar to Planned Parenthood’s motivation for opening its clinic in Nogales, Arizona in 1955. However, a close reading of Rice-Wray’s oral history reveals that she likely planned to condemn abortion to please the Mexican Sub-Secretary: “I wouldn’t have anything to do with [abortion],” said Rice-Wray, “because if [the Mexican government] found out that you were doing abortions, you’d be out. Uh I think personally, that in some cases abortion is indicated and I think an individual has the right to do what they want with their own body.”<sup>112</sup> Here we see a discrepancy between Rice-Wray’s personal beliefs and her stated motivations.

The clinic’s closure also demonstrates Rice-Wray’s sheer dedication to the clinic; in her Progress Report, Rice-Wray notes that Syntex’s lawyer thought it would only be possible to reopen the clinic if Rice-Wray resigned “since there was so much opposition to her within the Health Department.” Rice-Wray thus resolved to resign: “I decided,” she wrote, “that if the only obstacle to the opening of the Clinic was my presence here, that I better get out as soon as possible. After all the purpose of our efforts over the last two and a half years was to make these services available to the people who need them, and perhaps my usefulness here had come to an end.”<sup>113</sup>

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<sup>111</sup> Rice-Wray, "Progress Report of the Difficulties of the Clinic of the Asociación Mexicana Pro-Bienestar de la Familia up to August 24th, 1961."

<sup>112</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

<sup>113</sup> Rice-Wray, "Progress Report of the Difficulties of the Clinic of the Asociación Mexicana Pro-Bienestar de la Familia up to August 24th, 1961."



When Rice-Wray announced her resignation to the Board of Directors, comprised mainly of Mexicans, and the clinic's employees, also mostly Mexican,<sup>114</sup> "it was accepted by no one...[they] said if I resigned they would also resign, because they felt there was no one else who could take my place."<sup>115</sup> Rice-Wray's attempted resignation is not only indicative of her commitment to the clinic, but also of the Mexican coworkers' and Board of Directors' favorable opinion of her. In the Progress Report, Rice-Wray also discussed her patients' reactions to the clinic's closure: "...patients came begging, crying and imploring for the services that we were not able to give them. With every passing day the patients became more indignant and many of them said that they wanted to unite as many patients as possible and go to the President to protest this unjust action."<sup>116</sup>

Rice-Wray did not resign, and the clinic reopened about three months after it had closed with help of Tom Griessemer, the Secretary of the IPPF who had sent Ofelia Mendoza to Mexico in 1957 and Dr. Gregory Pincus. Dr. Pincus worked closely with Margaret Sanger, did research with Rice-Wray on the birth control pill when Rice-Wray still worked in Puerto Rico, and, in 1960, developed the first FDA-approved birth control pill, Enovid.<sup>117</sup> Griessemer and Pincus happened to be in

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<sup>114</sup> "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar de la Familia."

<sup>115</sup> "Progress Report of the Difficulties of the Clinic of the Asociación Mexicana Pro-Bienestar de la Familia up to August 24th, 1961."

<sup>116</sup> Ibid.

<sup>117</sup> "Margaret Sanger and the Pill"

(<https://sangerpapers.wordpress.com/2012/11/21/margaret-sanger-and-the-pill/>). Interestingly, Pincus did much of his research on human subjects in Puerto Rico because, unlike the U.S., Puerto Rico's laws did not ban contraception. Rice-Wray was actually the doctor who carried out these studies for Pincus. For more

Mexico for a scientific meeting when Rice-Wray's clinic closed and they used their influence in the Mexican government to have it reopened.

1961, the year the clinic closed and reopened, was also the last year that the Association received IPPF funds, in part, according to Rice-Wray's oral history, because of Griessemer's misunderstanding of Mexico: " 'All right,' he supposedly said, 'now you've got to get the money yourself. From Mexico.' My god he didn't understand Mexico," said Rice-Wray, "...How could he tell us that we could get money from the Mexicans? Impossible!"<sup>118</sup> Not surprisingly, Griessemer is one of the IPPF officials Rice-Wray berated for failing to understand why the *Asociación* could not have the words "Planned Parenthood" in its title: "The chief trouble with Griessemer," Rice-Wray wrote in a 1962 letter to Dorothy Hamilton Brush, "is that it is apparently impossible for him to understand that any planned parenthood program in any part of the world must be adapted to that particular country. We must find the way it can be done in this country depending on the attitudes, the possibilities, and the potential oppositions which exist."<sup>119</sup>

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information on the Puerto Rico pill trials, see PBS's interactive website, *American Experience: The Pill*

<sup>118</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

<sup>119</sup> "Letter to Dorothy Hamilton Brush."

## Section Four: Critical Analysis

In *Broadcasting Birth Control: Mass Media and Family Planning*, Manon Parry makes the distinction between feminists and population controllers involved in the global family planning movement. Feminists, she claims, “were likely to prioritize women’s access to contraception rather than the general goal of increased contraceptive use, [and] they were more attuned to the roles poverty, gender hierarchies, and lack of education played in limiting reproductive use.”<sup>120</sup> Population controllers, on the other hand, believed that “unchecked population growth [in impoverished nations in Asia, Latin America, and Africa] threatened national and global stability.”<sup>121</sup> As such, these population controllers “tended to see contraception as a simple solution to such economic and social problems” that supposedly threatened the stability of the global economic and social order.<sup>122</sup> Parry maintains that the population control framework prevailed during the early years of the global family planning movement, but that a reproductive rights framework gradually supplanted it in the 1960s and 1970s.<sup>123</sup>

In the 1950s and 60s, the International Planned Parenthood Federation *as an organization* certainly embodied some of the main tenets of the population control movement; as we saw in the Introduction, for example, the IPPF’s Sixth Report states that “a balance between the population of the world and its natural resources and productivity is a necessary condition of human happiness, prosperity and peace”

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<sup>120</sup> Parry, *Broadcasting Birth Control: Mass Media and Family Planning*, 80.

<sup>121</sup> *Ibid.*, 76.

<sup>122</sup> *Ibid.*, 80.

<sup>123</sup> *Ibid.*, 80-81.

(read: national and global stability).<sup>124</sup> An even more explicit example of the IPPF's support for population control appears in its 1960 Fifth Report; summarizing the influence of the Planned Parenthood Federation of America's World Population Emergency Campaign (WPEC)—a telling name in and of itself—the report states, “The words ‘Population Explosion’...have ringed the world, and by becoming an everyday phrase have given both conscious and unconscious public opinion a good push in the direction of wisdom.”<sup>125</sup>

Nevertheless, a close examination of the actors doing family planning work in Mexico from 1952 to 1962 reveals that, at least in that country, the motivations of the family planning movement cannot be so easily broken down into a neat binary of population control (in the 1950s and 60s) or feminism (in the 1960s and 70s). An analysis of the work of both Ofelia Mendoza, the IPPF field worker for Latin America who first visited Mexico in 1952, and Dr. Edris Rice-Wray, who founded the first family planning clinic in Mexico after meeting with Mendoza, shows us that the situation in Mexico was much more complex.

When asked in her oral history, for example, whether she was a feminist, Rice-Wray responded, “Well I don't know. I don't know.”<sup>126</sup> While we do not know if Mendoza would have identified as one, we do know that both women became involved in family planning, in part, because of their compassion for other women. Specifically, Rice-Wray explained that her experiences in Puerto Rico shaped her understanding of poverty: “I visited families,” she wrote, “and you wouldn't believe

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<sup>124</sup> "IPPF Sixth Report."

<sup>125</sup> "IPPF: Fifth Report."

<sup>126</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

how they had to live...I became horrified and I became involved with [family planning] emotionally.” Mendoza had a similar experience doing repatriation work in Germany: ““I saw so much neglect:”” she was quoted saying, ““overcrowded families, half sick, half fed and half clothed—mothers too busy to talk to their children.””<sup>127</sup> These two women may not have identified as feminists but they did care about women. And this concern for the wellbeing of women drove them to work to control Mexico’s population. So, while they may have been ‘population controllers,’ their compassion for women shows that they were not population controllers in the traditional sense; if they wanted to stabilize the economy, it was because they wanted to better the lives of the women with whom they worked.

Of course, Mendoza and Rice-Wray were not just individuals acting on their own to promote family planning in Mexico. Mendoza was a representative of the PFFA and the IPPF, and Rice-Wray, while not an employee of the IPPF, was associated with it; she started the clinic because she met with Mendoza on one of Mendoza’s IPPF trips to Mexico. Moreover, Rice-Wray’s clinic, *La Asociación Mexicana Pro-Bienestar de la Familia*, received funding from multiple pharmaceutical companies, including Syntex, for many years, and from the IPPF for the first three years of its existence. Thus, it is sometimes difficult to distinguish the women’s views from those of the organizations that paid them. Mendoza, we must remember, claimed in an interview with a reporter from the *Milwaukee Sentinel* that “crowded conditions in which people are forced to live encourages communism and

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<sup>127</sup> Tusa, "Consultant's View: 'Some Nations Fear Babies over Bombs!'"

contributes to juvenile delinquency.”<sup>128</sup> One supposed reason, then, that Mendoza did family planning work in Mexico was, indeed, to control the population in the traditional sense—that is, to maintain global economic and social stability, which, during the Cold War, meant stopping the spread of communism.

Though Rice-Wray did not have such an expressly political agenda for doing family planning work in the country, her work was not without its ethical problems and political ramifications. Syntex, the Mexican pharmaceutical company that developed one of the first oral hormonal contraceptives, paid Rice-Wray’s salary on the condition that she do research on the pill for them. Rice-Wray was doing conducting clinical trials on previously untested or under-tested versions of the pill using human subjects, largely poor and all from a third world country, so that her clinic’s doors could remain open. Still, these same trials provided *La Asociación* with the funds to offer women gynecological exams, pap smears, cancer detection services, and marriage counseling, to name a few. Obviously, then, the impulse to do family planning work stemmed from more than just a desire to propagate feminist values or from a mere fear of global instability. It was also about family planning workers’ hopes of empowering women, individuals’ needs to earn a livelihood, corporations’ desires to generate a profit, and doctors’ willingness to partake in and/or take advantage of this corporate system. In fact, Rice-Wray’s clinic eventually closed because, in her words, “there were no more studies to be done; we’d done it all, and...we had no more income, because the drug companies weren’t interested after

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<sup>128</sup> Ibid.

we'd done all the work, and...the clinic went bankrupt."<sup>129</sup> In the end, then, for better or for worse, it seems that corporations' values predominated.

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<sup>129</sup> "Edris Rice-Wray Oral History: Interviews with James Reed and Ellen Chessler."

## Epilogue

A study of Rice-Wray's clinic raises many questions about the morality of offering family planning services to the people of a country in which she had only lived for a few years. Was it ethical to offer a service free of charge? Or did such offering necessarily become an imposition by virtue of being free? That is, did Rice-Wray's patients feel forced to take the contraceptives? Did they feel forced to participate in her studies? Did they know about other contraceptive options—sterilization, condoms, early forms of the Intrauterine Device (IUD), etc.? If so, did they have the opportunity and confidence to ask for these other services? We know, of course, that from Rice-Wray's point of view, women were "coming in so fast that if [they] had publicity about the Clinic, [the clinic] would be swamped."<sup>130</sup> But does the fact that the clinic was swamped necessarily indicate that the dispensation of free oral contraceptives was the *best* way to show compassion towards Mexican women, the best way to ensure they had agency over their own bodies? That is, just because Mendoza and Rice-Wray may have had good intentions, does not necessarily mean their services produced the best results for the women towards whom they felt so much compassion.

Of course, we must acknowledge what even the authors of a book section entitled "Birth Control Programs: The Arm of Imperialism" (*Programas de Natal: Arma del Imperialismo*) acknowledge: "we can't merely denounce. It's also necessary to recognize that one of the fundamental oppressions suffered by women of the working class surges from their biological-reproductive function, since they are

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<sup>130</sup> Rice-Wray, "Letter Responding to IPPF Interview Questions About La Asociación Pro-Bienestar de la Familia."



obligated to give birth uncontrollably without regard for their own desires...nor the objective reality that they live.”<sup>131</sup> While this might be an exaggerated description, the point is clear: the family planning services that the IPPF, through Ofelia Mendoza, Dr. Edris Rice-Wray, and others, brought to Mexico did indisputably give the Mexican women who received these services more agency over their own reproductive systems and, by extension, their own bodies.

Unfortunately, this essay does not give voice to the Mexican people who received family planning services from 1952 to 1962 simply because I did not have access to the sources. Thus, it is not possible to definitively say how Rice-Wray’s patients felt about the fact, for example, that an American woman doing research for Mexican pharmaceutical companies and receiving funding from an organization that, at the time, dominated the global family planning movement, was providing them with the only family planning services available in all of Mexico. Did these Mexicans think the IPPF and Rice-Wray were overstepping their bounds? Were they simply appreciative of the services? Did anyone accuse the IPPF, Rice-Wray, or Mendoza of being imperialist? Were these people/organizations, by virtue of crossing a border into a developing country and providing contraception to control the size of the country’s population, imperialist? Some even argue that the IPPF’s mission was eugenic in nature; it was trying to stop the births of more brown bodies. Without access to sources that give voice to Mexican women, it is impossible to know for certain how family planning work in Mexico affected these women and how this work was perceived in the country.

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<sup>131</sup> Arreola, "Programas de Natal: Arma del Imperialismo," 116, my translation.

Today, the International Planned Parenthood Federation's reach extends far beyond what it did 40 years ago: "with 40 partner organizations in 38 countries across the Americas and the Caribbean," the IPPF provided 28 million services in the region in 2014 and, in 2013 alone, the IPPF/WHR's net assets totaled \$56, 835, 259. In 2014, 1.7 million of those 28 million services services were supplied in Mexico alone through the *Fundación Mexicana para la Planeación Familiar (Mexfam)*.<sup>132</sup> Mexfam's services and mission are notably different than those of the 1950s and '60s IPPF and those of Rice-Wray's *La Asociación Mexicana Pro-Bienestar de la Familia*; Mexfam "provides high-quality sexual and reproductive health services throughout Mexico, including contraceptives, gynecological care, abortion services, and HIV and STI prevention, testing, and treatment. Its programs are specifically designed to reach indigenous people, rural and migrant populations, LGBT people, and young people living on the streets."<sup>133</sup> And Mexfam produces noticeable results; over a five-year period, the teen pregnancy rate in the state of Oaxaca decreased by 25% as a result of Mexfam's community health promotion project. Mexfam also does advocacy work: "In 2012, Mexfam successfully advocated for the removal of the parental consent requirement for adolescent access to sexual and reproductive health services."<sup>134</sup>

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<sup>132</sup> IPPF, "Fundación Mexicana para la Planeación Familiar, A.C. (Mexfam)," International Planned Parenthood Federation, <https://www.ippfwhr.org/en/country/mexico>; "International Planned Parenthood Federation Western Hemisphere Region: Who We Are," International Planned Parenthood Federation; "2013 Annual Report: Statement of Financial Position Western Hemisphere Region," International Planned Parenthood Western Hemisphere Region.

<sup>133</sup> "Fundación Mexicana para la Planeación Familiar, A.C. (Mexfam)".

<sup>134</sup> Ibid.

Obviously then, the IPPF has become a prominent—if not the most prominent—influence in Mexico in the field of reproductive and sexual health care today. Though Mexfam’s work and goals are significantly more diverse than those of the IPPF in Mexico in the 1950s and 60s, the insights gleaned in this paper can hopefully inform a critical examination of the IPPF’s current work in Mexico and throughout the world. We must ask questions before we choose to uncritically believe that the work of the IPPF in Mexico, Latin America, and around the world is unequivocally virtuous. From whom, for example, does Mexfam and the IPPF/WHR receive funding? Do the values and motivations of the IPPF’s employees align with those of the organization? Does the IPPF do research on the people it serves? Does the IPPF have any goals that it fails to acknowledge in its literature? Unfortunately, an exploration of these questions is beyond the scope of this paper, but such questions should absolutely be considered in further research about the International Planned Parenthood Federation.

In this paper, I have chronicled the history of family planning in Mexico from 1952 to 1962. This story, as it turns out, is less a story about the International Planned Parenthood Federation, and more a story about various actors who worked for and against family planning in Mexico. Dr. Ofelia Mendoza, acting as a consultant and subsequently as field director for the IPPF, traveled to Mexico to assess the need for family planning and later to explore the possibility of establishing an IPPF association in the country. Dr. Edris Rice-Wray collaborated with Mendoza, the IPPF, and pharmaceutical companies, in particular Syntex, a Mexican pharmaceutical laboratory that, in the 1950s, had become the primary supplier of oral contraceptives to

American and European pharmaceutical companies, to open the first family planning clinic in Mexico, the *Asociación Pro Bienestar de la Familia*. This clinic, as Rice-Wray so steadfastly maintained, was *not* a Planned Parenthood clinic; association with the IPPF, Rice-Wray rightly feared, jeopardized the clinic's ability to keep its doors open. The clinic's closure reveals how various actors colluded to shut the clinic's doors and how others used their influence to reopen them. Last, this essay has demonstrated that various, complex, and often conflicting interests shaped the family planning movement in Mexico from 1952 to 1962. These included compassion for women, personal religious callings, desires to do research, fears of global instability, and individual and corporate financial necessity. All of these interests overlapped and diverged, making it impossible to identify one single factor that drove the family planning movement in Mexico from 1952 to 1962. Family planning in Mexico was and likely continues to be a complex issue; we need a critical and comprehensive history of its past to understand its present.

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