Discourses of “Forced Sterilization” in Puerto Rico: The Problem with the Speaking Subaltern

Despite the interventions of significant anticolonialist thinkers like Gayatri Chakravorty Spivak and Trinh Minh-ha, most of the routine business of feminism and gender studies goes on without asking how conceptions of nation and the “Third World” pervade diverse practices of gender in the United States. In this article, I explore a political movement and scholarly practice begun in the 1970s that has defied that normative silence: the U.S. reproductive rights movement and the political demand for an end to coercive sterilization in Puerto Rico and the mainland United States, articulated prominently by socialist feminists. This wing of the feminist movement has consistently worked toward an inclusive, anticolonialist, and antiracist feminist praxis. Yet, I also want to suggest some of the limitations of this movement. In adopting a politic that insisted that the sterilization of Puerto Rican women amounted to genocide, the mainland reproductive rights movement self-consciously allied itself with Puerto Rican nationalism, but it failed to recognize the extent to which both nationalism and pronatalism in Puerto Rico had historically been associated with conservative Catholicism, the right wing, and antifeminism. In so doing, mainland feminism disabled potential

alliances with feminists on the island, who negotiated far more complex relationships with the various nationalist ideologies, adopting their anticolonialism while refusing their pronatalism. Ironically, mainland anticolonialist feminists ended up pronouncing on the failures of impoverished Puerto Rican families, particularly women, and the necessity for (our) intervention precisely the same terrain occupied by liberal U.S. colonialists and Puerto Rican elites.

To point out the unacknowledged nationalism of mainland feminism is not to deny its political importance, but rather to insist that its significance had to do with the politics of race on the continent, not with Puerto Rico. Through scholarly books and political organizations like the New York-based Coalition to End Sterilization Abuse (CESA), multiracial groups of feminist activists and scholars in the 1970s took up questions of race and poverty and insisted that they were sufficiently important to modify the feminist demand for freedom from reproduction (through birth control and abortion) to encompass also the freedom to reproduce without state or other social intervention. Nevertheless, the mainland feminist effort to articulate an anticolonialist politics with women at the center inadvertently recapitulated the terms of a U.S. colonialist narrative: Puerto Rican women are victimized and need to be saved. As a result, the movement failed to generate significant political alliances with feminists in Puerto Rico—who were among the people, after all, it was intended to help. This kind of political relationship was certainly possible; in the 1920s and 30s, without benefit of planes or phones, suffragists and New Dealers managed to create lasting, effective alliances with Puerto Rican women's organizations that resulted in measurable change for insular women on the island, including the right to vote and briefly, a minimum wage law (Azize-Vargas, Mujer en la Lucha; Orleck 153).

Feminist efforts of the 1970s, in contrast, were marked by a striking lack of reciprocity, and this failure had everything to do with mainland feminists' preoccupation with the question of sterilization. A short anecdote will illustrate the point. A few years ago, I took a research trip to Puerto Rico. Feminist scholars, activists, and reproductive health care providers in San Juan were untailingly helpful and generous in making resources available to me and providing thoughtful and challenging responses to my tentative ideas about the history of controversies over reproduction and sexuality on the island. For many of the women I met, however, there was an undertone of exasperation when I brought up the
high rates of sterilization on the island since the 1950s (about one-third of women of childbearing age [Davila]) and the question of coercion. One put it bluntly: “Why are U.S. feminists so obsessed with sterilization rates? I was sterilized after my third child, so was my mother, and so were most of the women we knew. It was just the thing to do.” Another said, “I just had a Chilean film crew here, asking me to show them the women sterilized against their will. Where am I supposed to take them?” The very body of scholarship and political activism that had motivated my research was also foreclosing meaningful discussion.

In the 1970s, in response to the concerns of an activist movement, some socialist feminist scholars began to explore questions of the racial and international politics of birth control. Repeatedly, Puerto Rico emerged in this literature as an exemplary case study of how birth control could be used for capitalist social engineering with racist ends. Bonnie Mass’s *Population Target*, Gordon’s *Woman’s Body, Woman’s Right*, Angela Davis’s *Woman, Race, and Class*, and, finally, filmmaker Ana María García’s *La Operación* purported to show the existence of a U.S. corporate and government policy, begun in the 1950s, to eradicate “excess” Puerto Rican workers through a policy of mass sterilization of women. For the Canadian Mass, Puerto Rico was merely the most advanced case of a total U.S. foreign policy of population control and capitalist expansion in Latin America (87–108). Gordon took up this argument and placed it in the context of Margaret Sanger’s support for eugenics and the question of whether Planned Parenthood—particularly in its international wing—was a racist organization (160–69). For Davis, this narrative became an example of racism in the women’s movement: white women continued to urge freedom from reproduction, even in a context where it was coercive (219–21). García, a New Yorker, folded the story into a film that was also about the mistreatment of Puerto Ricans in New York, and that equated women’s lost fertility with land stolen by U.S. colonialist invaders.

These socialist feminist scholars turned the Puerto Rican sterilization story into an allegory for a continental U.S. issue. They attributed high sterilization rates on the island to the apparatuses of social control: the U.S. military, federal government, and corporate capitalism. What disappeared in these accounts was the Puerto Rican feminist and birth control movement. For example, Mass turned the continuous, fifty-year-old insular feminist and birth control movement into a pawn of corporate and U.S. governmental interests:
In response to these “demographic pressures” identified by U.S. demographers, private birth control clinics were set up under the auspices of La Asociación Puertorriqueña Pro Bienestar de la Familia, first supported by Planned Parenthood, and later by the Sunnen Foundation . . . [later] funding of the private Asociación Puertorriqueña Pro Bienestar de la Familia was taken over by the Health, Education and Welfare (HEW) Department’s Office of Economic Opportunity as part of Lyndon Johnson’s Great Society anti-poverty program. (94)

Mass ignored the fact that Puerto Rican feminist activists supported Pro-Familia and its precursor organizations for thirty years before Planned Parenthood did and it never received all its funding from any of these sources; her use of the passive voice (“clinics were set up”) misleadingly attributes agency for birth control and sterilization activities to mainland instruments of control. Ana María García’s La Operación tells a similar story through alternating testimonials by women and authoritative voice-overs. Yet the women in the film tell a story of decisions they made based on health, family economies, or beliefs about modernity, while the voice-over inscribes a narrative of the state and social control. For example, in the opening minutes of the film, a woman tells the interviewer, “We didn’t have much money, and the doctor told me I couldn’t have many children. I talked to my husband, and got myself the operation [y me operé—the meaning is subtly changed in the English subtitle “and got sterilized”]. . . . Nobody forced me.” Where “nobody forced me” is clearly a reference either to the prevalent Catholic discourse of “forced sterilization” or to something the interviewer said off camera, the narration that follows tells a subtly different story: “In 1957, sterilization was approved by Governor Blanton Winship, based on the principles of eugenics, advocating the breeding of the fit and the weeding out of the unfit, namely the poor and the non-white.” Again, Puerto Rican feminist activism is excised from this account: women’s groups lobbied for the bill (which also legalized birth control), and feminist leader and independentista Carmen Rivera de Alvarado allowed herself to be arrested in order to test the bill’s standing under federal law.

In these and the other accounts, any attempt to limit fertility is part of a genocidal U.S. plan, and insular feminists simply disappear. By turning Puerto Rican women into the symbol of excess victimization
around reproductive choice-making, mainland feminists also denied the possibility of Puerto Rican feminist agency. Instead, Puerto Rican women were made to stand *en bloc* for the problem of women’s oppression and as proof-text for the importance of (mainland) feminism. Mainland feminism engaged in what Spivak has shown us is the problem of speaking on behalf of the subaltern, forcing a narrative from the bodies of poor Puerto Rican women in order to authorize its own politics. By insisting on the essential difference of the Puerto Rican context, advocates of this political position overlooked the extent to which freedom from reproduction was also a goal of Puerto Rican feminists. In fact, the Puerto Rican feminist movement was written out of existence altogether, along with its history of advocating birth control and sometimes sterilization. Instead, mainland feminists engaged in the production of what Rey Chow terms “authentic natives,” identifying nationalists as the “real” Puerto Ricans and discounting other positions as collaboration or resignation (27–54). Let me be clear, however, that I am not accusing anyone of bad faith or lack of political will; the shortcomings of anti-sterilization politics were mainland feminists’ failure to discern (and refuse) the terms in which U.S. colonialism and Puerto Rican nationalism were already engaged in debate about women. Mainland feminism neglected, ultimately, to take both Puerto Rican and its own nationalism into account.

*Women’s Health and Progressive Movements on the Mainland*

There was, nevertheless, something significant at stake for feminist anti-sterilization politics: the mainland dynamics of race and reproduction. In the 1970s, mainland socialist feminists began to respond to conservative efforts to force poor and non-white women to limit their fertility. Paradoxically, every significant success of white middle-class women in the United States to limit their fertility has been answered by this kind of reactionary repressive effort, from the Social Darwinism of the mid-nineteenth century to “race suicide” at century’s end to eugenics in the early- to mid-twentieth century. In the 1960s and 70s, the liberalization of birth control and abortion laws and the widespread use of “the pill” prompted some policymakers and scientists to begin calling for compulsory birth control measures for poor people. More than ten states saw legislation proposed (albeit unsuccessfully) requiring women on welfare to use birth control (Rodriguez-Trias, “Sterilization” 11; Slater
152). Meanwhile, progressive groups began to investigate whether the various new Department of Health, Education, and Welfare (HEW) health care and antipoverty programs were covertly enacting what these policymakers were recommending: compulsory birth control and sterilization. In 1973, the Southern Poverty Law Center broke the news of a case that seemed to confirm the worst fears. Two Black girls, Mary Alice and Minnie Lee Relf, ages fourteen and twelve, were sterilized in Alabama without their knowledge or consent² (Aptheker 38–39; Krauss, Slater). Significantly, this story emerged hard on the heels of revelations that in nearby Tuskegee, Alabama, the U.S. Public Health Service had knowingly and deliberately withheld treatment for syphilis from a group of black men in order to monitor the “natural” course of the disease (Jones). A picture of alternating neglect and malevolent governmental health activities in communities of color began to emerge. Within months, Congressional hearings revealed that in 1972, sixteen thousand women and eight thousand men had been sterilized with federal government funds, and that more than three hundred of these patients had been under the age of twenty-one (Aptheker 40). Further lawsuits followed. In 1977, ten Mexican American women tried to sue the Los Angeles County Hospital for obtaining their “consent” for sterilization while they were in labor and in English, though they spoke only Spanish. Bureau of Indian Affairs hospitals were believed to be particularly egregious in their abuse of sterilization, and Norma Jean Serena, a Native American mother of three, attempted to sue officials in Armstrong County, Pennsylvania for civil rights violations for conspiring to have her sterilized when her third child was born (Rodriguez-Trias, “Sterilization” 12).

True, there was also a kind of international politics being struggled over, but again it had mostly to do with U.S. foreign policy. Liberal academics and State Department policymakers made the Cold War case for intervention in the “Third World” family: communism was caused by “overpopulation” and could be halted with birth control. While the Malthusian argument was bad economics and doomed policy,³ it nevertheless “sold” well on the mainland—it identified the cause of “Third World” poverty not as the history of colonialism but as ignorant women and too-large families and found the solution in suburban, American-style domesticity and liberal democracy. Thus, it provided a response to the Soviet Union’s accusations of U.S. imperialism and a grounding for a patriotic American nationalism. In Indochina, the U.S. Agency for International Development distributed birth control pills to halt the spread
of communism in South Vietnam, while the Defense Department dropped napalm on the North (Sheehan). Meanwhile, scientists like biologist Paul Ehrlich of Stanford University and physiologist Melvin Ketchel of Tufts Medical School suggested putting sterilizing agents in the water and rice supplies of Third World countries (Mass 158–59).

Mainland leftists and feminists joined the debate over sterilization as part of essentially local struggles over internal U.S. politics. Black Power movement figures argued that new birth control programs in ghettos and poor neighborhoods constituted genocide, taking up a pronatalist position that had been debated in African American communities since early in the twentieth century (Weisbord 3–10; Littlewood 69–87; Stycos, “Minority” 172–77). Young Puerto Ricans inspired by the Panthers—the Young Lords and La Brecha—heard in this genocide argument echoes from their own nationalist tradition and took it up as well. Thus, when members of the Puerto Rican Socialist Party (PRSP) and Independence Party (PIP) testified before the United Nations special committee on colonialism that “North American imperialists” were embarked on a “plan of genocide” in Puerto Rico that had led to the sterilization of two hundred thousand women (Khiss 8), many leftists and feminists in the mainland United States were appalled, but not greatly surprised: the testimony echoed what they already knew about African Americans in the South, and Native Americans and Chicanos in the Southwest and West.

Questions about population control in Puerto Rico became central to a major debate about U.S. politics within feminist circles. The question of sterilization abuse divided mainland feminists in the 1970s, separating those who believed that poor people should at times be strongly encouraged to remedy their economic situation by limiting the number of children from those who regarded the suggestion as racist. This conflict emerged sharply over the efforts of the Coalition to End Sterilization Abuse (CESA) in New York to make and enforce guidelines related to contraceptive sterilization. With Puerto Rican physician Helen Rodriguez-Trias as spokesperson, CESA and others developed guidelines whereby New York municipal hospitals could perform tubal ligations only under limited and restrictive circumstances, including a thirty-day waiting period and an interdiction on obtaining consent for the operation at the time of other medical procedures such as abortion or delivery.4 These guidelines were particularly important, they argued, given that population control enthusiast Antonio Silva had recently moved from his public health post in Puerto Rico to one at New York’s Lincoln Hospital (La
Differences

Operación). The proposal generated substantial opposition from OB/GYN’s, who charged that it limited their free speech, and more significantly from segments of the feminist community. Planned Parenthood, long the chief advocate for birth control and a major provider of services, refused to accept either the analysis or the guidelines, and emerged as the principle, if unsuccessful, opponent of a bill to implement them. Subsequently, the fight went national, and in 1977 the new guidelines on sterilization in hospitals were sharply amended, despite the opposition of some chapters of NOW (Rodriguez-Trias, “Women’s” 120; Shapiro 157–59).

This division also appeared, albeit on slightly different grounds, in scholarly journals. Puerto Rican sterilization specifically gave shape to the issue of whether women’s history counts as “real” history. Gordon’s discussion of sterilization in Puerto Rico and population control policies was passionately refuted by historian James Reed (and less importantly, Doone and Greer Williams). Reed and others argued in favor of the Malthusian economic equation and contended that Puerto Ricans suffered badly from an imbalance between population and resources and would have been far worse off without the aid of U.S. birth controllers (Reed, Birth Control [1983] 256–77, 350–66; Williams 159–70). The differences between Gordon and Reed became a cause célèbre in the history and feminist journals in the late 1970s. Reed’s champions insisted that he was writing “objective” history while Gordon—and women’s historians in general—were writing “ideology” for a feminist political movement (see Kennedy, Lemons, and Shorter). Feminists and leftists responded that it was Reed who wrote ideological history—as an apologist for a racist, capitalist state (see Elbert and Kelman; Fee and Wallace; Fox Genovese; and Lane). Lest we think these questions were resolved, they were rehearsed all over again in the late 1980s and early nineties when Gordon and Reed’s books were reissued with new introductions in which each claimed they had been wronged by the initial reviews (Reed [1983], xv–xxii; Gordon [1990], vii–xii).

The Genocide Argument: The History of a Discourse

While “sterilization abuse” defined the antiracist left in the mainland context, it made a very different set of political distinctions in Puerto Rico. The discourse of sterilization as genocide and social control had a long history on the island and tended to demarcate the right rather than the left. The nationalist movement began in the 1930s to argue that
the existence of birth control on the island was part of a U.S. federal policy of genocide, a position subsequently taken up by the Catholic Church and opposed by feminists throughout the next several decades. As many Puerto Rican feminists have pointed out, the anti-sterilization account relied on and promoted nostalgia for an imagined pre-U.S. intervention family, large and dominated by fathers and husbands. The 1950s nationalist leader Pedro Albizu Campos made the definitive complaint:

*The brazenness of the Yankee invaders has reached the extreme of trying to profane Puerto Rican motherhood; of trying to invade the very insides of nationality. When our women lose the transcendental and divine concept that they are not only mothers of their children but mothers of all future generations of Puerto Rico, if they come to lose that feeling, Puerto Rico will disappear within a generation.* (Vilar 47–48)

As many as thirty years later this formulation was rearticulated by Puerto Rican literary figure René Marquès in his famous essay, “El Puertorriqueño Dócil” [“The Docile Puerto Rican”], which argued that one of the effects of U.S. colonial rule was the imposition of an “Anglo-Saxon matriarchy,” with women controlling the family and taking “inappropriate” roles in civil society, replacing a strong creole machismo, Spanish honor, and the Roman pater familias (175). In the Nationalist Party of Albizu Campos, nationalism and a hispanophilic, conservative Catholicism were closely entangled. With the only “non-colonized” moment in Puerto Rican history more than four hundred years distant, Albizu looked to Spain for models for the independent Puerto Rican nation. But Albizu’s nationalism resembled the fascist nationalisms of the thirties at least as profoundly as it did the earlier eighteenth- and nineteenth-century liberal nationalisms or subsequent, postwar socialist “Third World” nationalisms. This nationalism was predicated on an imagined, originary family in a way that glorified both whiteness and maternity.

Puerto Rican independentista feminism, in contrast, has consistently argued for both birth control and autonomy, rejecting the pronatalism of this nationalism. In 1996, for example, Irene Vilar, granddaughter of nationalist heroine Lolita Lebrón complained that for Albizu Campos, “Lolita represented a world where women and nation were synonymous... a syllogism written as an elegy. And always the same corollary: mother is nation” (Vilar 48). Three decades earlier, independentista, birth control activist, and sterilization provider Celestina Zalduondo
complained that “in some areas of the island, the notion of the heroic child bearer is very important. You can go back to Pedro Albizu Campos, the head of the Nationalist Party for many years, who argued against birth control, and who exalted the peasant woman who bore many children for her homeland” (qtd. in Thimmesch 256). For Puerto Rican feminists, support for the cause of independence could never rely on the “mother” as the iconic representation of the nation; it was the myopia of mainland feminists that enabled their acceptance of these terms.

In 1952, Albizu Campos’s Puerto Rican Nationalist Party emerged from obscurity in insular politics for the first time, briefly occupying center stage by accusing a Rockefeller Foundation doctor of gross medical malfeasance in perpetrating deadly experiments with cancer on the island. The evidence was a bitter, vicious letter by North American physician Cornelius Rhoads, in which he heaped abuse on Puerto Ricans as a group and claimed to have killed several in his capacity as physician “and injected cancer into seven more.” Rhoads, with characteristic sensitivity, shrugged the letter off as a “joke.” Ultimately, an investigation of the health of Rhoads’ patients exonerated the Rockefeller program (and Rhoads, who went on to an illustrious career on the mainland, including the directorship of the Sloan-Kettering Institute and medical oversight of the now infamous chemical weapons tests on unprotected U.S. soldiers during WWI) (Bazell 13). Nevertheless, the incident generated considerable discussion in insular newspapers and (appropriately) cast a long shadow over the integrity of U.S. philanthropic efforts on the island and the benevolence of North Americans’ intentions more broadly. The Rhoads affair also left an odd and little-noted legacy. It marked the first time that Puerto Ricans construed birth control as part of a genocidal plot by North Americans. The U.S. government, the Nationalist Party argued, “counsels such measures as will finish the work of extermination and displacement: emigration and birth control” (Lameiro). Not only was economic exploitation working to impoverish Puerto Ricans, the author suggested, but the mainland government was actively trying to kill insular citizens by inducing disease, to displace them through emigration, and to prevent their reproduction through birth control.

Curiously enough, however, there were no U.S.-supported birth control programs in Puerto Rico at that time. Not only was the U.S. government not involved, but Puerto Rican birth control advocates’ requests for support from private agencies on the mainland like the American Birth Control League had been rebuffed. It was therefore the Puerto Rican birth
control movement that the Nationalist Party criticism targeted. An insular birth control movement had begun in the 1920s under the auspices of the Puerto Rican Socialist Party. This was before most places on the mainland outside of New York City even had an active birth control movement. By the beginning of the 1930s, when the Rhoads’ affair was making headlines, birth control work had been taken up largely by an emergent class of Puerto Rican professional women, notably nurses and social workers. In 1932, a birth control clinic was opened in San Juan by Violet Callendar, a nurse who had trained in the Harlem Clinic of Margaret Sanger’s Birth Control Clinical Research Bureau (BCCRB). For some reason Sanger violently disliked Callendar and not only dissuaded the BCCRB from supporting her efforts, but discouraged the Holland-Rantos company from supplying her clinic with free diaphragms.\(^6\) With no support on the mainland and little ability to raise funds on the island, the clinic failed within months. Another clinic, opened in Lares by feminist leader Rosa González (also an activist for woman suffrage and the professionalization of nursing), failed as quickly (Azize-Vargas and Aviles 11–12; Page, “Annotated”). A third attempt that same year, this one supported by Sanger and proposed by missionaries, never got off the ground; its supporters worried about the morality of the effort. For instance, a North American running a settlement house under the auspices of the Presbyterian Board of Foreign Missions wrote Sanger that:

> Personally, my interest declined when I discovered that the large majority of people here were mainly interested in helping most particularly the most unfortunate women—those living in ‘concubinato,’ [as mistresses] which state is recognized by society as perfectly alright. I cannot agree that B. Control clinics can help the condition of the country when any woman receive such help. . . . So many of the natives are unmoral. (Bermudez)

Despite appreciable interest among professional women in Puerto Rico, then, the absence of mainland support in 1932 was effectively preventing the organization of birth control clinics.

The next significant uproar over birth control programs came in 1935 and was organized within the Catholic Church, largely by Irish clerics. This time the charge that there was a North American-directed birth control program stood on firmer ground. In that year, a birth control program run with federal New Deal monies replaced the earlier underfunded and short-lived clinics. Initiated by two friends of Eleanor
Roosevelt, Dorothy Bourne and Gladys Gaylord, the program was run largely on the strength of social workers that Bourne trained at the University of Puerto Rico. The program involved staff members visiting birth control clients at their homes, initially to screen for eligibility, and afterward to ensure their continued use of the method (Page, "Interview"; Rivera de Alvarado, "Informe"). Principally, the project promoted use of the diaphragm, then the most effective method available. Bourne put two Puerto Rican social workers in charge, and one of the principal participants, Carmen Rivera de Alvarado, was in fact an independentista (Rivera de Alvarado to Tietze).

Insular Catholic activists and bishops abruptly put an end to this federal effort, however, arguing that birth control was a “foreign,” non-Catholic practice. Catholic Action, a group in Ponce, wrote President Roosevelt to demand an end to the program on the grounds that birth control was “contrary to the Principles sustained by the Catholic Religion which is professed by the great majority of the people of this island.” Similarly, Bishop Edwin Byrne of San Juan privately accused the head of the Department of the Interior of “foisting birth control in this Catholic country” (Ramírez de Arellano 39). A few months later, when supporters failed to end the project, the Catholic opposition went public. Bishop Byrne warned Carlos Chardón of the Puerto Rico Reconstruction Administration (PRRA) by telegram that “Today’s El Mundo states that the PRRA is reopening centros maternales of the PERA. Said Centros abetted artificial birth control. . . . If PRRA does so, the Catholic Church will publicise same throughout United States and make public opposition here” (Byrne to Chardón). The program continued, and a month later Bryne did as he threatened by arranging for an article in the New York City Church organ, the Brooklyn Tablet. It was timed for maximum damage to the Puerto Rican program; Franklin D. Roosevelt, caught with only a month to go in his reelection campaign following the appearance of the article, acted to protect his base of Catholic support on the mainland. The program was hastily canceled (Conley).

By the late 1950s, Catholicism, motherhood, and Puerto Rican-ness had become so conflated in birth control rhetoric that mainland Catholics could use it to speak on behalf of the Puerto Rican mother—even against the island’s elected representatives. In 1937, the insular legislature passed a bill removing legal impediments to birth control (which had been illegal under the island’s version of the Comstock law, as well as the federal act). Bishop Aloysius Willinger of Ponce, while stopping short of
the “genocide” argument, nevertheless insisted that birth control was an immoral American practice that was being imposed on Puerto Rico. The charge was echoed by the Puerto Rican chapter of the Catholic Daughters of America, who confronted the then-secretary of the legislature and one of a significant number of Puerto Rican women in public life, Maria Luisa Arcelay, arguing that Arcelay’s support for the legislation was anti-Catholic, anti-woman, and anti-Puerto Rican (El Mundo 10 Apr. 1957). The manifest irony of members of a mainland-based organization like the Catholic Daughters (or a North American bishop like Willinger) insisting that the elected legislature was un-Puerto Rican was apparently lost on them. If necessary, bishops in Puerto Rico could also use the rhetoric of “American-ness” as well; Bishop Byrne warned the colonial governor, Blanton Winship, that if he signed the bill, “then our [U.S.] Government will be following the lead of Communist Russia.” Governor Winship, if unimpressed by charges of communism, was nevertheless concerned about the argument that birth control was un-Puerto Rican. He sought the advice of U.S. Secretary of the Interior Ernest Gruening, who wrote back “Leave Puerto Rico and appoint Rafael Menéndez Ramos, the Commissioner of Agriculture, as acting governor. . . . He’s a devout Catholic, but he’ll sign the bill. Then it will have been the work of a Catholic House, a Catholic Senate and a Catholic Puerto Rican governor” (Ramírez de Arellano 49–50). Menéndez did indeed sign the bill, though the Church argued all the way to the U.S. Supreme Court that the act was un-American, violating federal obscenity statutes. The Court in 1959 upheld the law. That year, birth control in Puerto Rico finally did become a U.S. federal government program through funds made available under the Social Security Act; paradoxically, the Church dropped the charge that birth control was an American plot at precisely the moment when it became federally funded.

Instead, the “genocide” argument began to turn almost exclusively on concerns about sterilization. Alongside the 1937 birth control bill, the legislature had also passed a eugenic sterilization law. Following the model established by numerous U.S. states and Latin American nations, the bill also authorized the creation of a Eugenics Board. Puerto Rico’s Board functioned quite differently from those in the high sterilization rate states like California or North Carolina. It ordered only ninety-seven involuntary sterilizations, in contrast to tens of thousands in California (Ramírez de Arellano 204). As the number of surgical sterilization procedures done in hospitals increased steadily in the following
decades, then, the overwhelming majority were not ordered by this official body. The controversy in the years that followed was over the nature of what was happening in municipal hospitals, not over officially ordered, involuntary eugenic sterilization.

From the early 1940s through the early 1960s, the Church waged a continuous campaign against sterilization and its supporters, insisting that there was a secret, genocidal mass sterilization policy being carried out in Puerto Rican clinics and hospitals. The charge emerged first in 1944, when the Bishop of Ponce wrote a pastoral letter accusing a missionary-run clinic in the mountain town of Lares of trying to eliminate the next generation, having done four hundred sterilizations in two years in a town with a population of only seventeen thousand. (According to supporters of sterilization, the pastoral letter had the opposite of its intended effect: it instructed women on the existence and availability of effective birth control—from the pulpit, no less.) The rumor of secret mutilating procedures done on women was resurrected in October 1947, when the main insular newspaper, El Mundo, reported that North American researcher Christopher Tietze had published very high figures for sterilization rates. The article began with a Health Department denial that there was any organized sterilization campaign, though the official, Dr. José Belaval, was forced to agree that indeed 3,373 women had been sterilized at public hospitals (El Mundo, 21 Oct. 1947; Ramírez de Arellano 137). A few days later the bishop of San Juan denounced the decline in popular morality in general, but especially that of “the ostensible defenders of public health [who] have transgressed the limits of their competence and professional authority, pretending to resolve the economic problem of Puerto Rico [by] making it so there are fewer Puerto Ricans.” In 1949, Public Health Commissioner Dr. Juan Antonio Pons played into the Church’s hands, telling the Puerto Rican Public Health Association that he supported an intensive program of voluntary sterilization, saying “I don’t see why the District Hospitals don’t dedicate one or two days a week to do 50 voluntary sterilizations a day.” Despite a hasty amendment by Pons in the press (EM 18 Feb. 1949), the island’s two Catholic bishops issued a joint pastoral letter claiming that Pons had as much as admitted the existence of a state-sponsored program of involuntary sterilization (EM 5 Mar. 1949). In 1951, El Mundo claimed that University of Puerto Rico economist Emilio Cofresí’s Realidad Poblacional de Puerto Rico proved once and for all that there was no official sterilization program. Catholic officials denounced this conclusion as unjustified.
(EM 29 Aug. 1951), and a month later formed a group, La Unión pro Defensa de la Moral Natural [Union for the Defense of Natural Morality], declaring themselves to be against "the government’s genocidal campaign...[of] sterilization" (EM 17 Sept. 1951). This group, along with others like the "Pious Union of Christian Wives and Mothers" (EM 11 Sept. 1951) kept sterilization on the front pages of the newspapers throughout the next several years, as allegations flew back and forth between the Public Health Department and the various Catholic groups over whether there was in fact a state-sponsored sterilization campaign (e.g., EM 15 Sept. 1951; 17 Sept. 1951; 19 Sept. 1951, 22 Sept. 1951; 25 Sept. 1951). The debate was even carried to the mainland, as a delegation of priests and a physician from Puerto Rico persuaded a national Catholic men's organization, the Society of the Sacred Name, to denounce the "Governors sterilization campaign in the territory of Puerto Rico" (EM 18 October 1951), and an insular physician told a medical seminar in Birmingham, Alabama about a "campaign of mass sterilization and birth control" on the island (EM 29 May 1953).

In the same period, a new political formation emerged under the leadership of Luis Muñoz Marín, marked by a new party (Partido Democratico Popular, or simply Populares), a new position on the national question, and a correspondingly new perception of the sterilization debate. The hallmark of Muñoz Marín's politics was the effort to steer a middle course on divisive issues—indpendence and sterilization prime among them. As the island's leading senator, he envisioned and enacted a "compromise" on the issue of independence—a status termed "Commonwealth" on the mainland and "Free Associated State" in Puerto Rico—that gave the island increased self-rule in the form of a home-grown governor, but continued the U.S. military presence, the authority of the U.S. federal government, and ultimately expanded North American economic influence by offering huge tax breaks to companies bringing factories to the island. In 1948, he became the island's first popularly elected governor and presided over the creation of a new kind of political entity. His politics on the sterilization question steered a similar course. Like the supporters of birth control and sterilization, he worried about overpopulation in his public pronouncements; but like the Catholic Church, he condemned birth control and sterilization, at least officially (though unofficially he tolerated and even encouraged private efforts). Once a socialist and outspoken supporter of birth control, Governor Muñoz Marín opposed it in the service of a new nationalism. His response to the Church's charge
that Pons’s statement in support of sterilization demonstrated the existence of a secret mass sterilization campaign was typical; he insisted that “it is not the policy of the government of Puerto Rico to solve the problem created by the imbalance between the resources and the population of the country by contraceptive means and much less by sterilization” (Ramírez de Arellano 100). Muñoz Marin’s “both-and” position on the national question and sterilization succeeded in delaying confrontation for nearly twenty years, until his power was fully consolidated. In 1960, however, a newly formed Catholic Action Party—including considerable numbers of independentistas—ran a candidate against Governor Luis Muñoz Marin, principally on the issue of sterilization. They lost by a landslide, taking only seven percent of the vote. Thereafter, the island’s controversial (and Irish) bishops were recalled and replaced with milder, Puerto Rican clerics. In 1965, an agreement was quietly struck between the government and the church, that as long as patients were advised about the church-approved “rhythm” method the church would not oppose the existence of birth control and sterilization programs. With that agreement in hand, the Muñoz Marin government for the first time did begin to use local public health funds for birth control and sterilization programs (Ramírez de Arellano 149–58).

At the same time, a new Nationalist independentista formation emerged, this time on the mainland and again with anti-sterilization politics. The Young Lords Party and similar groups composed largely of mainland-born youth in their late teens and early twenties were inspired by the Black Panthers, the legacy of Albizu, and the insular independence movement. They adopted the pronatalist, anti-sterilization rhetoric of all three groups. They also instigated a militant movement in mainland urban barrios for social change, including regular municipal garbage removal, children’s breakfast programs, drug treatment, job training, and an end to police brutality (“Pa’lante.”). The combination was powerful. For many, the desire to end racism, disrespect, and economic discrimination against mainland Puerto Ricans became synonymous with nationalism, independence, and an end to sterilization abuse. Repeating the pattern of the island, some in the Young Lord’s women’s caucus opposed anti-sterilization politics, suggesting again the persistence of independentista women’s refusal of pronatalist maternalism (Warwick and Williamson 225). Nevertheless, many North American feminists and Marxist-Leninists, especially in places like New York, Chicago, and Boston, where the influence of the Young Lords was significant, adopted the anti-sterilization position
as an inescapable part of the package that commitment to antiracism and support for national liberation struggles entailed.

Anti-sterilization politics have always been about the politics of nationalism. In the 1930–60 period, Catholics and Nationalists, often inseparable groups, argued a conservative pronatalist position, one that ostensibly criticized U.S. colonialism but also inevitably targeted the Puerto Rican birth control movement. Puerto Rican feminists, although often allied with the cause of independence, refused to embrace a nationalism that made women’s fertility emblematic of the nation and backed sterilization. When Muñoz Marín attempted to lead a coalition away from an explicit engagement with the national question, he also finessed the sterilization issue, attempting to simultaneously oppose and support it. The emergence of a new Puerto Rican nationalist formation on the mainland, the Young Lords, also opposed sterilization, though again with significant dissent from their women’s caucus. Mainland left-feminists, then, mistaking the politics of colonialism for domestic politics of race, failed to significantly engage or even recognize the extent to which they were supporting a nationalist pronatalist position.

_The Evidence against Forced Sterilization Campaigns_

Is it enough to say that the opposition to forced sterilization was conservative? Perhaps not. The Catholic Church was also for a long time the only significant opponent of eugenics; this ought not lead us to support it by some convoluted logic of support for causes opposed by conservative religious forces. Some have suggested that the only sufficient argument against the existence of sterilization abuse would be that Puerto Rican women chose sterilization freely from among a range of options for effective birth control, without material and economic constraints on the number of children they could have, and without family or physician pressure to make one decision or another (Clarke). But the politics of sterilization (as perhaps inevitably of reproduction) are the politics of overdetermination. It is entirely conceivable that women understood themselves both to be choosing sterilization and to have no other choice; sterilization could simultaneously be a means to having a “modern” (small) family, be essential to economic survival as a prerequisite for women’s participation in paid labor, and be women’s decision. As I have suggested, the question of sterilization was also intensely politicized over a period of four decades. Puerto Rican women did not exist as free and
independent agents outside these politics; they were the fulcrum on which
the argument about the nature of the “nation” turned. Puerto Rican
women were not simply choosing subjects within this context, but were
also constituted as subjects within it.

There is clear evidence that at least before 1965, there was no
secret campaign by the PPD or U.S. federal government to encourage
sterilization, as sterilization opponents charged. First of all, the island
lacked the medical infrastructure that would have been necessary for
any government to carry out a serious campaign to limit women’s repro-
duction against their will. From the 1930s through the 1960s, the most
significant reproductive health problem most women faced was that they
were not getting any treatment at all, not that they were overwhelmed
with unwanted services. Second, one very well-connected North Ameri-
can philanthropist who was encouraged by the newspaper accounts of
“mass sterilization” to offer to support and fund them was unable to find
evidence of their existence, as private reports to him from his researchers
on the island witness. Third, survey data consistently found that women
were overwhelmingly pleased with having obtained sterilization. How-
ever flawed these studies might be, it seems unlikely that if there were a
concerted campaign of involuntary sterilization it would have left no
traces at all in these reports.

In the 1930s, when the Nationalist Party and Catholic Church
charged that birth control was being abused, the majority of the medical
services were urban, while the majority of the population was rural. In the
1920s and 30s, a Rockefeller Foundation program in tropical medicine
tried to bring public health and medical care to rural areas through a
program of latrine building (to minimize fecal transmission of hook-
worm), cane field tilling (to eliminate standing water where malarial
mosquitoes could breed), the building of rural health units, and training
for local elites in tropical medicine and “modern” public health tech-
niques (“Minutes”). While the Foundation’s International Health Division
succeeded in building twenty-four health units serving seventy percent
of the island’s municipalities, the program’s head, George Payne (who by
1936 was also serving as the director of the Public Health Units in the
Insular Department of Health) consistently refused to support birth
control and denied permission for birth control to be made available
through the public health units, the only vehicle of rural health care
(Payne). Throughout the 1950s, the demand to separate birth control from
both rural and urban public health services severely hampered efforts. As
late as 1937, birth control was available only through a small network of fifteen clinics associated either with private hospitals or run on plantations by sugar producers (Ramírez de Arellano 45–49). In 1939, when birth control became legal in Puerto Rico, the service was taken over by the Health Department with federal Social Security Act funds (Ramírez de Arellano 60–92; Tietze, “Birth Control” 17). Briefly, in 1940–41, a program operating out of the public health units was run with some enthusiasm, but it was short-lived: a new administration demanded the destruction of all birth control brochures and allowed the program to languish through the period of acute wartime shortages (Tietze, Typescript 6).

Government officials and physicians also lacked the access to women they would have needed to carry out a mass sterilization campaign. Before 1940, most women gave birth at home, attended by a midwife; midwifery became a licensed profession in 1951, and throughout the 1940s continued to be the government’s only significant plan for rural reproductive health care (Azize-Vargas and Aviles). In 1940, by one estimate, only ten percent of women gave birth in a hospital, though by 1950 this number had climbed to forty percent, and by 1960, it was 77.5 percent (Presser 50). Figures for the island as a whole, though, can be misleading, for the trend was very uneven, and most hospital births were in the major cities or represented women in extremis. In rural Lajas, for example, the municipality registered 2,956 births in the period 1941–45, and only ten of them were in a hospital or attended by a physician. Access to hospitals, moreover, depended on income; midwives charged about five dollars in 1945, compared with twenty-five dollars for in-hospital delivery (King). Notwithstanding the North American feminist argument that there was a mass sterilization campaign beginning in 1930, then, before 1960 women were not routinely present in hospitals to be subject to improper pressure. Those who had hospital sterilization operations in this period went to some trouble to get there. Some women apparently traveled considerable distances to obtain the operation at hospitals known to do it. In Fajardo, where the municipal hospital had performed more than two thousand operations by 1951, the mayor claimed that “there have been cases of Puerto Ricans who came all the way from New York just to be operated on.” (Wing to Gamble).

Little wonder, then, that U.S. philanthropist Clarence Gamble could find no mass sterilization campaign to support. Gamble, a mainland
eugenicist and since the early 1930s the principal and continuous funder of birth control organizations on the island, was by the mid-1940s frustrated with his inability to get permission for planned rural birth control projects. Hearing of the Catholic charges of a "mass sterilization campaign." Gamble sent his fieldworker Christopher Tietze in 1946 to interview government officials and birth control activists (some of them Gamble’s friends and allies for more than a decade) to find those responsible and offer his support. Not only could he not find one, but Tietze was urged by governmental officials not to let Gamble start such a campaign because it would stretch the limited number of hospital beds even further (Tietze, Report #5). Indeed, José Belaval, on hearing from Tietze that Gamble would like to institute such a program, wrote Gamble himself to complain that:

> It is true that our poor women ask to be sent to the hospital for delivery and post-partum esterilization. Fifty per cent of the cases coming to the pre-natal clinics are willing to submit themselves to esterilizations. [But] our present Commissioner of [Public Health] does not believe in the existence of a population problem in the island and no official provision for the esterilization of women has been set up in the District Hospitals of the island. (Belaval to Gamble)

Wilson Wing of Johns Hopkins, making inquiries five years later, wrote Gamble with the same conclusions:

> The attached confidential report by a member of the Puerto Rican Development Office indicates what I believe to be true; that the demand for sterilization is very much a lay drive. There is no official program to popularize it. In fact the demand for beds for this purpose is a source of anxiety to the Insular authorities who plan a general medical care program. (Wing to Gamble)

In short, private, confidential offers to fund a sterilization program by a well-known, long term supporter of birth control on the island—indeed, the philanthropist whom government officials and activists had turned to when the governmental birth control program on the island had been defunded fifteen years earlier—yielded flat denials that such a program existed in the mid-1940s or early 1950s. Belaval, a strong supporter of
sterilization and the single most influential birth control advocate on the island for several decades also believed, to his distress, that there was no state-sponsored sterilization program.

Finally, the sociological and demographic studies through which various social scientists have sought to make poorer Puerto Ricans speak provide no evidence of forced sterilization campaigns. For example, in a 1982 study of women who had had tubal ligation dating as far back as 1954, only sixteen of 846 reported that someone other than them had made the decision to be sterilized; of these, thirteen were relatives, and only two women reported that neither she nor her husband were consulted about the operation (Boring). Another study found ninety-four percent of women sterilized between 1956 and 1961 at the Asociación Pro Bienestar de la Familia, the local Planned Parenthood affiliate, were satisfied with the operation. Of those who were unhappy, only a few remotely implied that they had been misinformed or pressured into having the operation; out of 519 interviewed between three and ten years after the operation, three reported that they had only later learned that there were temporary methods of contraception, and two felt that sterilization was in conflict with their religious beliefs (Panaigua 428). Even Peta Murray Henderson, a believer in the forced sterilization thesis, was forced to admit that, according to the thirty-three women she interviewed in the early 1970s, “in the majority of cases, the decision was made by the woman who then sought the approval of her husband and the co-operation of a doctor. Those who claim that the demand for sterilization results from the expressed desires of women and not from coercive pressure from the health system are correct” (213). Only one study reported a significant rate of dissatisfaction with the operation, José Vázquez Calzada’s 1973 report that 36.1% of sterilized women (if only twelve percent of their spouses) were unhappy about having had the operation—a point to which we will return.

The class data in the social science literature put an additional spin on the argument. If sterilization were principally involuntary, one would expect that poor women, as the most socially vulnerable group, would show the highest rates, especially since this was the group whose fertility and contraceptive skill most worried physicians and administrators. However, the opposite was true. At least at first, the more affluent were most likely to be sterilized, those who would be favored in stiff competition for beds. Hatt found in 1948 that 6.6% of all women were
sterilized; 8.3% in the upper income category, and 2.7% in the lower (444). Stycos in 1954 also reported that:

this method [female sterilization] is more frequently practiced by the better educated. Of all urban cases, only 12% of those with no education are sterilized, whereas over 28% of those with six years of education or more [are]. In the country, the relationship is less marked, rising from 16% to 24%. This relationship is understandable in light of the requirements for sterilization. In private hospitals a fee is required; in public hospitals “pull” is often necessary to acquire bed space. (5)13

Hill et. al. in 1959 also recorded that the operation was particularly popular among women of the wealthy classes (181). The data also show that sterilization was primarily selected by those who already had large families, which is to say, women were completing their families first, then seeking the operation (Presser 70).

The Politics of Support for Birth Control and Sterilization

Sterilization was also a feminist program on the island. Insular feminists in the 1950s and 1960s drew on the available antinatalist discourse, the rhetoric of “overpopulation,” to promote their long-standing goal of making safe and effective means of birth limitation available to Puerto Rican women. In so doing, they worked alongside and took money from other overpopulationists with different goals, including North American social scientists and philanthropists like Gamble, who did believe that sterilization could get rid of poor Puerto Ricans whom they saw as undesirable. While promoters of sterilization lacked the access and the means to undertake a mass sterilization campaign, official or secret, Gamble clearly wished for one, with his offer to fund what the Church was calling a genocidal campaign if someone would only tell him where to send the money. This wish is what mainland feminists like Mass and Gordon documented. The other group Puerto Rican feminists worked with included insular health professionals and administrators who believed that sterilization was the only birth control method that poor women could use effectively, and who hoped that the operation would make them rich. What the politics of these diverse groups had in common
was that for different reasons, they saw the fate of “the nation” (variously defined) as linked to women’s wombs.

The major institutional backer of sterilization was the feminist Asociación Puertorriqueña pro Bienestar de la Familia (also known as Pro-Familia). It and its predecessor, Asociación de Salud Maternal e Infantil, were led by Puerto Rican women who were feminists, social workers, and independentistas, first Carmen Rivera de Alvarado and then Celestina Zalduondo. For a while, too, Pro-Familia was largely led by its medical director, a North American feminist and former social worker, Dr. Edris Rice-Wray, then also holding down an important post at the health department (Tayback to Gamble, Rice-Wray to Gamble). Beginning in 1956, Pro-Familia provided advice and financial assistance to women who sought sterilization (Panaigua). While these leaders were always scrambling for funding by courting mainland philanthropists, they were nobody’s dupes; Rivera and Zalduondo in particular were formidable activists, well-educated, well-connected, participants in international scholarly and professional conferences and journals, and believers in sterilization as an important part of birth control services. When funding for the free sterilization program flagged, Zalduondo cobbled together monies to enable it to continue, lobbied the government public health service to support it, and eventually began doing sterilizations in Pro-Familia clinics, an action that prompted the Catholic Church to fly black flags from the church towers of town squares throughout the island.

Supporters of sterilization were not universally anti-colonialist or feminist, however. Sterilization and birth control were also important to other segments of a burgeoning Puerto Rican middle class—liberal doctors, hospital administrators, and journalists—and to North American technicians of empire—social scientists, philanthropists, and government officials—who were obsessed with regulating poor women’s reproduction. Just as Catholics and Nationalists saw “genocidal” practices of birth control and sterilization as a threat to the island’s survival, these liberals found in “overpopulation” a scientific language for modernization and the solution to insular economic and spiritual malaise. While the “Third World overpopulation” argument perhaps enjoyed a special prestige in the post-War period (a period, ironically, in which population growth in almost all parts of world was steadily outstripped by rising per capita wealth), “overpopulation” emerged as the description of Puerto Rico—for insular elites and mainland intellectuals—as early as the 1920s. For
liberals as much as conservatives, the future wealth or poverty, strength or weakness of the Puerto Rican nation was located symbolically and literally in women’s wombs. Puerto Rican feminist health providers were also willing to use this ideology in advocating for their patients; many members of what became Pro-Familia were also active in the Population Association, a group dedicated to promoting overpopulationist rhetoric.

Promoters of birth control and sterilization backed it for economic as well as political reasons. Many physicians and reformers believed that the island would be better off if poor people could simply be persuaded to stop reproducing themselves. The trend among women toward increased reliance on sterilization was matched by growing enthusiasm for the operation among physicians, perhaps because they were beginning to see poorer patients in their hospital practice after the War. Hospital officials and physicians believed that Puerto Ricans—especially poor Puerto Ricans—were incapable of using birth control successfully. For example, John Bierley, director of Presbyterian Hospital in San Juan, insisted that the hypersexuality of Puerto Ricans made birth control impossible. He complained that he had never seen a virgin over eleven years of age and added that “the old man comes so fast that the wife does [not] even have a chance to slip in a dose of jelly” (Tietze, Report #2). Slightly more moderately, Roy Stokes of St. Luke’s Memorial Hospital in Ponce told his staff that “contraceptive devices are not practical for the majority of people, only for the more intelligent” (Stokes 104–08). In 1952, 80% of the physicians who returned a questionnaire survey said they were in favor of sterilization for reasons of health, 66% in favor for reasons of poverty, and 63% favored the operation when women had more children than they desired (Belaval et al.). In private hospitals, sterilization was a very lucrative procedure, with some hospitals opening simply to provide the operation (Henderson 119–45). Many had policies urging maternity patients to have tubal ligations after delivery. The most extreme of these was at Presbyterian Hospital in San Juan, where in 1947 it was the unofficial policy of the hospital to refuse to admit women for their fourth delivery unless they agreed to sterilization, provided the pregnancy was uncomplicated (Tietze, Report #2). While this policy was unethical at best, it was not the foundation for a mass sterilization campaign; the hospital did only about 263 tubal ligations a year. Since most women delivered at home with a midwife, and even those who wished for the comfort and prestige of a private hospital delivery were
often turned away, the effect of the policy was to award those limited beds only to those who would also pay for the operation or who experienced complications in labor.\textsuperscript{16}

For those women who sought sterilization, it was more difficult to obtain at the low-cost municipal hospitals. This is fortunate from the perspective of concern about abusive sterilization policies, for these were the hospitals that saw significant numbers of parturient women. Still, for those who wanted the operation, mayors of rural municipalities could often be persuaded to help, and many agreed to pay for the procedure when the local Municipal Hospital would or could not do it, either because of policy or lack of beds. An official of the Puerto Rican Development Office, in a confidential report, related that in the course of his travels exploring the parameters of sterilization in 1951, he went to Juncos: “When I spoke to the ma|yor Víctor Lanza concerning this problem he showed me two women who were waiting their turn to speak to him to determine the dates for their operation.” In town after town, he reported either that the municipal hospitals were doing large numbers of sterilizations for surrounding areas, or that mayors were paying for them out of discretionary funds. Medical patronage, however, was not (then or in decades previous) unique to sterilization. Although these two decades saw a rapidly expanding medical infrastructure, the island continued to have an extremely inadequate number of beds, and access to medical services was often best obtained through favors from politicians, which of course worked to their benefit as well.

Finally, it is important to say that the insular government made sterilization available for free or for a nominal fee for a few years in the late 1960s and early 1970s in response to lobbying by Zalduando’s group and the overpopulation establishment. The one study showing high rates of sterilization regret was done during this period. This program was sharply curtailed in 1972, when new new guidelines limited the circumstances under which sterilization could take place in hospitals receiving federal funds. Although the failure of these guidelines to be enforced was well-documented for the mainland (Krauss), those who worked in municipal hospitals report that the new rules resulted in a sharp drop in sterilization rates in Puerto Rican public hospitals (Mass 95; Presser 58; Reed, “Oral history”). It is possible and even likely that government policy in these years significantly influenced women’s decisions to be sterilized, especially since this period corresponded with the rapid entry of women
into the factory work force. This quite limited claim—that sterilization was easy to get and quite possibly even improperly urged on poor women in municipal hospitals for less than five years—is I think the only plausible case that can be made for the sterilization-as-social-control thesis. Ironically, it was over in 1972, before mainland feminists ever demanded that it be stopped.

**Mainland Feminists: Players in a Colonial Field**

There were many kinds of sense that could have been made of sterilization in Puerto Rico. I have been arguing that the narrative of “forced sterilization” was not inevitable, nor, for most of its history, progressive. Masculinist nationalists constructed it, feminist nationalists opposed it, and the Catholic Church took it up. Of course, the pro-sterilization position was certainly not inherently progressive. By the 1950s, it was a Malthusian tale of “excess” Puerto Ricans who made the island poor, a story backed by mainland social scientists and development “experts,” as well as Puerto Rico’s modernizing elites. In the social literature I discussed above, Puerto Rican women did not want to be sterilized, either; they were ambivalent and required encouragement. Only in the accounts of Puerto Rican feminists and birth control advocates do impoverished women want to be sterilized.

Mainland feminist accounts were remarkably unstable in their approach to the nationalist position on sterilization. They reiterate precisely the dualism established by pronatalist, masculinist nationalism: imperialists have robbed women of their fertility, and Puerto Rican women long to bear children for the nation. It has often been argued that what distinguishes U.S. feminism from “Third World” feminisms is its lack of sophistication about nationalism. This is a lack that echoed throughout the U.S. political spectrum—feminist or otherwise—during the Cold War; the left uncritically celebrated all nationalisms, liberals flipped from support to belief they were going too far, conservatives believed nationalists were all Moscow-inspired Communists. The notion that nationalisms could be different from one another, internally riven, or marked by their class, gender, or ethnic locations often went unremarked. Certainly, the possibility that Puerto Rican nationalism was divided on the sterilization question, with feminists often supporting the use of contraceptive sterilization, was unimaginable in the 1970s to mainland feminists.
In the mainland feminist accounts, the possible understandings of sterilization are reduced to either social control—the women were forced—or to its mirror, a liberal version of “authenticity”—they really wanted to be sterilized. This dualism is self-sustaining; each argument evokes the other. The continued claim to “know” the desires and subjectivities of poor Puerto Rican women has been the authorizing force in the continued iterations of the colonial and anticolonial project: the women were forced; the women desired to be sterilized. Speaking through the subaltern body renders the speaker invisible; speaking of outrages to the subaltern body authorizes intervention. The women desire sterilization; they lack the ability to control their fertility, which missionary and development project hospitals can provide. They were forced; they require the protection of “our” political movement, be it nationalism, socialism, or feminism.

By championing the politics of illegitimate sterilization, mainland feminism reiterated the colonialist move rather than providing an alternative. U.S. feminists did this first by erasing Puerto Rican feminism, then by insisting on the authority of U.S. feminist and Puerto Rican nationalist claims to “save” poor Puerto Rican women. They used concerns about sterilization abuse on the island as a vehicle to express political views on a host of other subjects. They attempted to produce a feminist politics inclusive of racially marked “nonwhite” women in the United States and in the “Third World,” to develop a critique of physician influence over women’s bodies, and to repudiate the history of white women’s missionarism. But they did so without regard to what such efforts meant for the Puerto Rican circumstances they sought to improve. Puerto Rican feminism was erased from mainland feminist concerns.

I have not argued that poor women chose to be sterilized; I am arguing that there is no evidence that there was a repressive campaign to force them. The former is an unsubstantiable claim about subjectivity, the latter, a falsifiable claim about the activities of a repressive state apparatus, to use Althusser’s term. There is no singular subjectivity, an impoverished Puerto Rican women’s “class consciousness” if you will, that could speak from within the multiple iterations of this discourse: “woman as mother to the nation,” “woman as destroyer (through fertility) of the nation” and “woman as the hyper-victimized (through inability to realize her fertility).” I have suggested that it was extremely difficult for mainland feminists to find an alternative to the apparently opposing camps of nationalist pronatalism versus colonialist antinatalism. Despite
their good intentions, feminists were caught up by the terms of U.S. national, colonial, and racial discourse. Yet, to borrow again from Spivak, if we assume “our” (not—“Third World,” middle-class) subjectivity is complex, discursively written, divided against itself, we cannot then assume that that of the subaltern is simple, producing a singular “authentic,” readily knowable position or choice. There is no such subaltern subject. With respect to sterilization (as much as sati, in Spivak’s example), the only function of such an imagined subject is to authorize the speakers as possessors of true knowledge of the subaltern, whether they are Puerto Rican nationalists, U.S. (colonialist) social scientists, Puerto Rican health professionals and feminists, or mainland feminists. When mainland feminists like Mass accepted the nationalist version of the subaltern—the women are wholly victimized—while rejecting or ignoring the perspective of feminists like those in Pro-Familia as duped, bourgeois pawns of colonialism, they accepted a pronatalist antifeminism because it carried the banner of the subaltern.

In recent years, Puerto Rican feminists have begun to produce an alternative version of the forced sterilization narrative, one to which my own account is considerably indebted. In *Politíca Sexual en Puerto Rico*, Margarita Ostalaza Bey writes of the necessary erasure, or rather, impossibility, of Puerto Rican feminism in the opposition between nationalism’s “woman” (which she identifies with Puerto Rican social science) and overpopulationist rhetoric, “the ideological discourse of colonial politics.” She writes:

*Puerto Rican social science has conceived of the control of the woman’s body from within the limited frame of sterilization. They have only introduced woman into the analysis at all as a provider of low-paid workers. They have concluded that the colonial politics of sterilization has had the objective of silencing and distracting social protest . . . Some have even gone to the extreme of insisting that sterilization was designed to exterminate Puerto Rican-ness itself, as if puertorriqueñidad depended on the number of times Puerto Rican women give birth. In contrast, in the ideological discourse of colonial politics, the fact that the labor force is reproduced in the woman’s body . . . makes her responsible for the rise in unemployment . . . the increase in poverty, the increase in the public debt . . . and thus also for the disequilibrium in the social order. According to
this ideological discourse, it seems that women are responsible for having given birth to two million surplus Puerto Ricans, Puerto Ricans in excess. (78–82, translation mine)\textsuperscript{17}

Bey argues that “the anticolonialist discourse is also hispanophilic, antifeminist, and reactionary because it is based on the idea that the past—any past—was better.” She shows that the wombs of Puerto Rican women are intensely politicized, that the argument between nationalism and colonialism over whether they are too prolific or not prolific enough serves to write the women that contain them out of existence, to make women’s political agency unimaginable (Bey 78–88). Annette Ramirez de Arellano has pointed out the considerable involvement of Puerto Rican women in the movement to make birth control and sterilization available. Yamila Azize-Vargas has underscored that unlike on the mainland, the women involved in the Puerto Rican birth control movement were also leaders in the feminist and suffrage movements. Finally, Iris Lopez has insisted that we need a more sophisticated conception of why and how Puerto Rican women “chose” to be sterilized. She argues that while the economic pressures and other constraints on choice were real enough, it is also critical to conserve an awareness of Puerto Rican women’s agency.

For North American feminists, speaking on behalf of the subaltern or “the oppressed Third World woman” was never the only option. It would have been possible to embrace a politics of alliance with Puerto Rican feminists; indeed, this was hardly an idea remote to mainland feminism. Yet, to make Rey Chow’s point, the logic of U.S. left anticolonialism demanded that the only “authentic natives” were those that could occupy the position of “the people.” Puerto Rican feminists failed to fit the bill because they were middle-class professionals and intellectuals who differed with charismatic nationalist leaders. In short, they were too much like mainland feminists to fulfill the role appointed for (romanticized, victimized) “Third World women.” I have argued that the results of this move were disastrous; mainland feminists embraced a conservative pronatalism that relied on a historical narrative that was demonstrably untrue. While the ostensible target of this historical account was mainland exploitation, it in fact rendered Puerto Rican feminists as dupes and puppets of North American colonialists. Insular feminists’ ambivalent (never innocent) politics of strategic alliance were (familiarly) described in the nationalist account as disloyal to the nation because disloyal to motherhood. The insult was redoubled when echoed by mainland feminists.
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**Notes**

1. Donna Haraway has suggested that the women's health movement has always been multiracial. Such an assertion runs the risk of eluding the very real conflicts and tensions within the movement; however, I think it can be said to be true if one includes the organizations of women of color that worked in tandem to and sometimes at odds with mostly white women's health groups. To the extent that the movement was multiracial, it was in part because of this willingness to consider colonialism and racism as integral to the analysis of reproductive freedom and women's health more generally.

2. Philip Reilly claims that in a personal interview with the Reef girls' lawyer, he learned that only one of the girls was sterilized, and she was mildly mentally retarded—hence subject to the (still existing) eugenic sterilization laws—rendering this a case that had more to do with disability law than race or poverty (151). For my purposes, it doesn't matter which it was. Contemporary accounts show that it was read as a case about race and welfare status, and it seems clear that there has been and continues to be widespread public support and state and private actions to curtail the fertility of people with disabilities and poor people and people of color.

3. The best case to be made against the economics of the overpopulationists is simply their own numbers: Third World "overpopulation" became a concern in the post-War economic boom, when growth in per capita wealth began rapidly to outstrip population growth. Increasing population density continued to mean increasing wealth, and the densely populated urban centers were the wealthiest of all. Malthusian economics, with its narrative of population growing exponentially and food production growing arithmetically, has proven to be an oversimplified model of economics, wealth, and food production that has never successfully accounted for any empirical data since its introduction at the end of the eighteenth century.

Population control policies, moreover, have not worked. As Mahmood Mamdani has shown for India and Betsy Hartmann has demonstrated for elsewhere in Asia, population fluctuates in response to different variables, but not the policies of the U.S. government.

4. Ironically, though Rodríguez-Trias is often taken to endorse the argument against "sterilization abuse" in Puerto Rico (see, e.g., García), she in fact makes my argument: coercion was probably exercised on the mainland, but in Puerto Rico, high rates of sterilization can be understood as the legacy of the combination of large numbers of women entering the labor force at a time when the government made the operation available for free (Rodríguez-Trias, "Sterilization").
5 As civil war raged in Spain, the imagined homeland to which Albizu appealed to was the Spain of Franco, and his movement was accused by the ACLU and insular socialists of harboring fascists (Iglesias; Lewis 136; Commission of Inquiry on Civil Rights in Puerto Rico).

6 In early 1932, Sanger blocked Callendar’s efforts to apply for a job at the Harlem Birth Control Clinical Research Bureau’s Clinic when Callendar was living in New York (Callendar to Sanger; Sanger to Prevost; Sanger to Callendar). A subsequent fundraising letter from Callendar to Puerto Rican birth control supporters and donors and forwarded to Sanger, received this annotation from Sanger’s staff: “Who is this person and what should I do about this?” (Callendar to “Dear Friend”). Subsequent efforts to obtain support and a letter from Holland Rantos offering to supply diaphragms to the financially bankrupt clinic if it had Sanger’s support were also rejected (Murray to Sanger; Kennedy to Zborowski).

7 I am somewhat suspicious of this story. It has something of the character of a legend, oft-repeated in the social science literature and other communication between sterilization supporters. The original source seems to have been Clarence Senior, then directing a research institute at the University of Puerto Rico. He would have been in San Juan at the time, a long day’s drive from the Castañer Clinic, and hence unlikely to have first-hand knowledge of its effect on the clinic (See Senior 150; Stykos 7; Tietze, Report #9; Presser 33).

8 “Los pretensos defensores de la salud pública han trasgredido los límites de su competencia y autoridad profesional, al pretender resolver el problema económico de Puerto Rico, haciendo que haya menos puertorriqueños” (El Mundo 27 Oct. 1947). Translation mine.

9 “No veo por qué los Hospitales de Distrito no dedican uno o dos días de la semana para realizar cincuenta esterilizaciones voluntarias por día” (El Mundo 14 Feb. 1949). Translation mine.

10 These events drew considerable interest up north, where John F. Kennedy was trying to persuade Americans that his political conscience would not be kept by the Pope in Rome. As Life magazine captured Muñoz Marín’s wife walking out of a church service for its cover photo, Cardinal Spellman of New York and even the pope’s legate to North America made disapproving noises about the actions of the Puerto Rican bishops, no doubt to Kennedy’s great relief (Ramírez 149-58).

11 As late as 1945, one of the most prominent obstetricians in San Juan, José Belaval, wrote that eighty percent of women were delivered by a midwife.

12 Belaval writes “Commissioner of Sanitation,” but that can only be a translation error, substituting a false cognate for “sanidad,” health.

15 The “attached confidential report” records a nameless official’s drive through the towns of the island, interviewing mayors about their (considerable) support for sterilization, discussed below. The memo records that they said they were inundated by requests and paid for some women’s sterilization.

14 Percentages recomputed to get rid of extraneous information—
the distinction between those who were legally married and those not.

15 Emilho Cofresi of the Population Association, however, reported in 1951 that a slightly higher percentage of people in the lower income group were relying on sterilization (30, Table 34). Whichever is correct, it is clear that this was not a method where the use by poorer people was particularly disproportionate.

16 Though Bierley appears also to have been an ideologue, many believed that Presbyterian was simply trying to increase their fees (Satterthwaite, oral history interview with Reed). Ryde Memorial in Humacao (Congregationalist) had only one hundred beds and, at least from 1974-59, performed sterilizations on about one-third of the six hundred patients who came for delivery annually.

17 La ciencia social puertorroqueña [ha] concebido el control del cuerpo de la mujer dentro del reducido marco de la esterilización... Ni siquiera han introducido a la mujer en el análisis como proveedora de mano de obra barata. Han concluirdo que la política colonial de esterilización ha tenido como objetvo acallar y desviar la protesta social... Algunos han llegado al extremo de sostener que la política colonial de la esterilización se ha dirigido hacia el exterminio de la puertorroquena,d como si la puertorroquena dependiera de la cantidad de pariciones de las mujeres puertorriqueñas...

[En contraste, en el discurso ideológico de las políticas coloniales... el hecho de que la fuerza del trabajo sobrante se reproduzca en el cuerpo de la mujer... la [convierte] en culpables, del aumento en el desempleo... del aumento de la pobreza, del aumento de la deuda pública... y así también del desequilibrio en el orden social. Según ese discurso ideológico, tal parece que las mujeres son responsables de haber pasado dos millones de puertorriqueños sobrantes, puertorriqueños en exceso.

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