

The Battle for Birth Control: Exploring the Rhetoric of the Birth Control Movement
1914-2014

A dissertation presented to
the faculty of
the Scripps College of Communication of Ohio University

In partial fulfillment
of the requirements for the degree
Doctor of Philosophy

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May 2015

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This dissertation titled
The Battle for Birth Control: Exploring the Rhetoric of the Birth Control Movement
1914-2014

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has been approved for
the School of Communication Studies
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Abstract

FURGERSON, JESSICA L., Ph.D. May 2015, Rhetoric and Public Culture

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Formally begun in 1914 under the leadership of Margaret Sanger, the birth control movement in the United States constitutes one of the longest and most important rights based struggles in American history. This work approaches the phrase *birth control* as an ideograph and deploys critical historiography to explore its evolving articulations within the movement's rhetoric over the last 100 years. In doing so, this work builds on current scholarship in the fields of communication, history, and sociology by expanding existing discussions surrounding the struggle for reproductive rights generally and birth control specifically. Drawing primarily from archival materials and popular media sources, this work explores both how the movement articulated its demands and how these articulations played out in public discussions about birth control. Grounded in a historical overview of the movement, the rhetoric of the movement is then examined in relation to securing the right to contraception for various stakeholders and, most importantly, the articulation of women's reproductive rights. The espoused framework for reproductive rights is then broken down into its component parts – control and choice – culminating in a discussion of the rhetoric of constraint which limits the full enactment of the very reproductive rights framework birth controllers sought to establish. Ultimately, this work seeks to examine the tensions created by the movement's strategy of political

accommodation that popularized the movement, and simultaneously left it vulnerable to the demands of external stakeholders.

Dedication

To all those who have championed my cause.

Acknowledgements

Projects such as this are impossible alone so I would be foolish if I did not take this opportunity to thank the people who have made this possible. Raymie McKerrow, thank you for believing in both me and this project; more than just my advisor, over the last few years you have become my mentor and I am forever grateful for your invaluable insight and unwavering support. J.W. Smith, you have left an indelible mark on me as both a scholar and a person; thank you for opening your heart and mind to me. Judith Lee, it was your class that inspired this project and it has been your guidance that brought it to fruition; I cannot thank you enough for being a part of this journey. Katherine Jellison, thank you for fueling my love of history and encouraging me to delve deeper; I am immensely grateful for the unique perspective you brought to this project.

To my colleagues and mentors at Ohio University, words cannot express my gratitude for your continued support and friendship; your scholastic and interpersonal comradery propelled me to follow my passions, trust my instincts, and believe in myself. Specifically, thank you to Jenn Seifert for being my faithful sounding board and fountain of inspiration. Many thanks to Justin Rudnick, Steve Phalen, Anna Wiederhold, Rebecca Mercado Thornton, Stellina Aubuchon, Nate Simmons, Tim McKenna, and Mike Parsons not just for your continued encouragement, but also for the laughs, the thoughtful conversations, and the reminder that this journey should be both doable and enjoyable.

To my friends and family in the forensics community, I am forever indebted to this activity and the people in it for helping me find my voice and empowering me to use it. To the students and coaches at Western Kentucky University and Ohio University,

many thanks for your continued encouragement and support. Specifically, thank you Seth Peckham, Ben Robin, Ben Pyle, Jeremy Frazer, Susan Taylor, Chad Meadows, Jace Lux, Ganer Newman, Carrie Guggenmos, Lindsey White, Deb Gensheimer, Dan West, and Mark Koskoska; you all have not only kept me motivated, but have also kept me fed, comforted, and sane throughout this journey.

Thank you to the friends who have become my family. Meghan Townes, Liz Owens, and Sherri Richards thank you for believing in me for more than a decade. Lauren Nelson, Glenn Prince, and Adam Swanson thank you for a friendship that transcends space and time. Dan Glaser, Tony Sylvester, Cori Zanin, Candice Rios, and Danielle Donley thank you for making me feel at home in Athens and for being my bobcat family. Haley Siler and Jennifer Wells thank you for your unwavering kindness and irreplaceable friendship.

Finally, thank you to my family for standing behind me even though my endeavors have taken me far away from you. I am forever grateful to Sandra and Buddy Simpson, Chuck Edwards, Sam and Lou Furgerson, and Nikki Furgerson for their love and support. Most importantly, thank you to my parents Tom and Carla Furgerson for everything – this work belongs as much to you as it does to me, for without you it would have never happened.

Table of Contents

	Page
Abstract	iii
Dedication	v
Acknowledgements	vi
Chapter 1: Introduction	1
Chapter 2: A History of the Movement	13
Chapter 3: The Right to Birth Control	47
Chapter 4: The Rhetoric of Control	115
Chapter 5: The Rhetoric of Choice	166
Chapter 6: The Rhetoric of Constraint	209
Notes	244
Bibliography	261
Appendix A: Commonly Used Abbreviations	286
Appendix B: Timeline of Major Events	287

Chapter 1: Introduction

Birth control is the first step toward the goal of [woman's] freedom. She can never gain political, social, or spiritual freedom so long as her body remains the slave of ignorance.¹

Best of all in 1964, planned parenthood is no longer a 'cause.' It is a human right, and now recognized as such. Women no longer think about it, they take it for granted as they do the vote, and their right to work at jobs, and to wear slacks instead of skirts.²

We don't need another political fight about ending a woman's right to choose or getting rid of Planned Parenthood or taking away affordable birth control. We're not turning back the clock. We're not going backwards.³

Margaret Sanger sadly never lived to see the day when birth control and planned parenthood were no longer a cause, as that day has yet to come. It has been nearly 100 years since Margaret Sanger began her fight for birth control and it was the most recent resurfacing of this fight, over the controversial mandate within the Affordable Care Act (ACA) requiring all employers to cover contraceptives, that sparked this project. Like many women in my generation I was shocked to find out that most insurance companies didn't already provide contraceptive coverage and that a requirement to do so was such a contentious issue, but I was even more shocked when I uncovered nearly identical headlines from 1914 and 2012 heralding the urgency of birth control. Though much has changed in the time span between these two headlines, for starters birth control is now legal and widely available, much in the way of how we discuss birth control as evidenced in the quotations above has remained the same.

This work is the first to describe the history of the birth control movement in the United States from a rhetorical perspective. Other historical accounts of this movement

focus on the chronological sequence of events and present a story of the movement's evolution with little regard to the discourse that gives meaning to the century long battle for birth control. These histories are riddled with contestation that, although constituted by people, places, and events, truly come into focus when viewed as discursive fragments, the collection of which, suggests Michel Foucault, "allows us to establish a historical knowledge of struggles and to make use of this knowledge tactically today."⁴ Additionally, unlike previous historical accounts that put forth a linear narrative, the exploration of history through a rhetorical lens recognizes "that more than one narrative of a given sequence of events is possible," facilitating an exploration of the birth control movement that privileges the diversity of discursive fragments over the continuous flow of events.⁵

This project also heeds the call of previous communication scholars to engage the full spectrum of the movement's discourse rather than its component parts. In her analysis of Sanger's articles written for the *New York Call*, *The Woman Rebel*, and *Family Limitation*, Jennifer Emerling Bone purports that while the analysis of foundational texts provides insight into how Sanger deployed her argument for birth control, they offer but a glimpse into the rhetoric of the movement. She demands:

These analyses are limited to a single text or journal and only provide a snapshot of Sanger's work. Therefore, a broader analysis of Sanger's discourse during the early years of the birth control movement is necessary to understand how Sanger was able to begin a public conversation on family planning.⁶

This work thus constitutes the first comprehensive rhetorical survey of the birth control movement and seeks to explore not only how birth control became a topic of public

discussion, but why we are still discussing it today. As such, the rhetorical texts explored within this work privilege a diversity of voices from within and external to the movement itself. Utilizing only documents produced by the movement itself would produce a biased and siloed picture; great strides were taken to trace the discursive evolution of ideas from their origins within the movement to the broader public, as reflected in newspapers, magazines, and publically available documents. Additionally, because the battle for birth control is defined by the moments of contestation that brought both victory and defeat to the movement, the voices heard throughout this project come not just from advocates, but from opponents as well.

Margaret Sanger's articulation of "birth control" as "the conscious control of the birth rate by means that prevent the conception of human life" coalesced the multifarious nature of previous struggles for reproductive freedom into a concise idea.⁷ More than just a snappy catch phrase to unite a movement, the phrase "birth control" signifies and contains a unique ideological commitment akin to such terms as equality or liberty, which Michael Calvin McGee refers to as ideographs. McGee suggests that these terms garner their meaning through usage over time and that "even when the term changes its signification in particular circumstances, it retains a formal, categorical meaning, a constant reference to its history."⁸ The phrase "birth control" did not initially function as an ideograph; rather it became one. The politicization of the movement gave power to the phrase as various actors began to utilize "birth control" to represent what McGee calls a "collective commitment to a particular but equivocal and ill-defined normative goal."⁹ In its initial inception, "birth control" was meant to distinguish Sanger's demands from both

tangential movements, including the labor and socialist movements, as well as other schools of thought pertaining to the control of conception, such as Malthusianism. Over time, however, “birth control” outgrew its clarificatory purpose and became the de-facto terminology to refer to not only the ideas and methods espoused by advocates, but the movement itself. The John Price Jones Corporation illuminated the ideographic nature of the phrase in their 1930 report for the BCCRB:

Though strictly speaking, any form of control of births, even abortion, is birth control, the phrase has come popularly to refer to any preventable means of family limitation. In general use, therefore, birth control and contraception are synonymous, the former being the popular term and the latter the medical term.¹⁰

The birth control movement is unmistakably part of a larger struggle for reproductive rights, including such varied ideas as artificial insemination and adoption; however, in utilizing an ideographical approach it is possible to focus the scope of this analysis to only those discourses that add to our understanding of “birth control”.

The birth control movement in the United States arguably began long before the phrase “birth control” was even introduced into the popular vernacular with Free Lovers, Malthusians, and supporters of Voluntary Motherhood arguing for reproductive choice and control for a variety of reasons.¹¹ Though these sentiments were not uncommon in the late nineteenth century they were disparate, and it was not until Margaret Sanger coined the phrase “birth control” in 1914 that the movement as we know it today began to take shape. Frustrated by her experiences as a nurse caring for women unnecessarily suffering due to constant childbearing and illegal abortions, Sanger left the field of

nursing and devoted herself to what would become her life's work—fighting for the reproductive rights of women under the banner of birth control.

In the early years of the birth control movement, Sanger and other birth controllers fought primarily for the right to discuss birth control publicly, a topic that had been deemed obscene at the national level by the Comstock Act of 1873.¹² In its infantile state, the birth control movement was characterized by the defiance of its members who continued to print and distribute information about birth control accepting, jail time and hefty fines in stride. For almost a decade the movement retained its fringe status, viewed by many as both radical and disorganized until the creation of the American Birth Control League (ABCL) in 1921. The establishment of the ABCL provided a professional front to the once scattered movement and prompted its originators to expand their membership beyond its base supporters, predominantly socialists and radicals, to include groups that could augment the legitimacy of the movement such as doctors, demographers, politicians, eugenicists, and social workers.

The strategic choice to professionalize the movement by forging ties with groups who had a vested interest in the fight for birth control altered the course of the movement by shifting the original demands made by Sanger for universal access to birth control to include a host of other concerns such as overpopulation, social services, race suicide, war, promiscuity, the labor market, and eugenics. The involvement of a multitude of stakeholders within the birth control movement uniquely expanded their available rhetorical options, allowing the movement to utilize protest rhetoric that is both self and other directed. Unlike traditional social movements, which Charles J. Stewart explains

are either self-directed (populated by those who see themselves as dispossessed) or other-directed (populated by those not seen as dispossessed), the birth control movement is both. When looking to Stewart's respective examples of the women's rights movement and the animal rights movement, the distinction between the two is clear. Within the birth control movement, however, the presence of diverse actors enables the movement to function as both self-directed and other directed. Beyond the composition and subsequent focus of the movement, Stewart suggests that the "rhetorical efforts of both self-directed and other-directed social movements [are] fulfilled in very different ways when people organize to fight the oppression of others rather than selves."¹³ The use of both self-directed rhetoric generated by those advocating for birth control on their behalf and other-directed rhetoric utilized by those seeking access to birth control for others is crucial to the history of the birth control movement.

The successful involvement of professional groups facilitated major victories for the movement, including an end to the ban on a doctor's ability to prescribe birth control, the opening of numerous clinics, and an official endorsement from the American Medical Association. Yet, as the focus shifted toward expanded access, delivery, and use of birth control, the demands of the movement diversified immensely. Exemplified by the schism between Sanger and the ABCL, which during this time period would undergo a name change to the Planned Parenthood Federation of America, the birth control movement post WWI and WWII became even more fractured with some focused on the economic and geopolitical import of birth control while others remained concerned with its need socially and medically. The tension between birth control as a means of personal/social

improvement and birth control as a mechanism for economic/political stability runs throughout the history of the birth control movement.

Contraceptive methods prior to 1960 were both rudimentary and readily available only for middle and upper class women who had access to private physicians. The advent of the oral contraceptive, Enovid, in 1960 widened both the audience for birth control and the rhetorical tactics of the movement by providing a much more tangible rallying point for their advocacy. The efforts of the movement quickly shifted to focus on the legalization and wide scale dissemination of the pill, bringing together women's rights activists who saw oral contraceptives as an emancipatory agent, medical professionals who viewed it as a superior option to either withdrawal or sterilization, and politicians who perceived the pill as a panacea for overpopulation. Despite the rapid adoption of oral contraceptives and the continued development of contraceptive technologies, including the intrauterine device and the contraceptive implant, growing concerns over side effects on a medical and societal level reignited the battle for birth control at the end of the twentieth century - and the battle continues to rage.

The renewed controversy around birth control revived many of the rhetorical tactics used for and against contraception in decades prior and, yet again, positioned birth control as a contested subject within public discourse. In exploring the strain between the discursive fragments that construct the ideograph of *birth control*, both historically and within contemporary discourse, my analysis also draws on points made by Jennifer Peeples's work on social movement discourse. Peeples argues that the lack of resources within most social movements necessitates "the appropriation and internalizing of

effective rhetorical constructs from similar organizations,” suggesting that “like-minded, similarly structured, politicized” organizations will both reappropriate and rearticulate the ideographs of an established movement to suit their needs. Reappropriation occurs when existing rhetoric is utilized to demonstrate similarities between an existent group or idea and an emergent one; whereas rearticulation seeks to create new linkages between the original idea and a new concept.¹⁴ Likewise, this work will explore the ways in which various actors within the movement reappropriate and rearticulate *birth control* to suit their specific needs while participating in the larger discourse of the movement.

This project is, at its core, a rhetorical analysis of the right to birth control. The discussion of rights is always complicated – comprised of both logistical and ideological landmines that threaten to halt the establishment of legal and civil methods of protecting vulnerable populations. As complicated as these discussions may be, the world without them is far more complicated and, if Locke is to be believed, nothing short of a chaotic return to the state of nature wherein rights are nonexistent. At their most fundamental level rights are merely rhetorical – a suggestion of entitlement backed by demands for recognition. Erik Doxtader suggests that the place of rhetoric in the establishment of human rights is nothing short of a dilemma, caught between what he calls moments of discovery wherein the rhetoric functions interchangeably as discourse, advocacy, and doctrine. He suggests that “rhetoric has no assured place, no certain role or definitive function. Across and between the dilemmas, rhetoric is non-identical, a varying and variable mode of (im)potential, a power that may and may not come to be(ing).”¹⁵ In its simplest form, Doxtader’s dilemma suggests that the rhetoric of rights is caught in a

perpetual cycle of speaking, claiming, and becoming a reality with no guarantee of actualization. The century long struggle for reproductive rights under the banner of birth control showcases such a dilemma and demonstrates the circularity of rights based rhetoric wherein texts cannot be conveniently parsed into the categories of discourse, advocacy, or doctrine as they frequently embody more than one or operate within the liminal space between these modes of rhetoric.

Attempting not to obscure the tensions implicit within the rhetoric of birth control through a linear retelling of the movement's discourse over time, this project is thus one of recognition. Recognizing, suggests Doxtader, "is a faith in the becoming of being, an (im)potential that tarries with law by prefacing rights claims with the contingent speech action of 'claiming rights' that remain attuned to the limits of their own declarative power."¹⁶ The separation of rhetoric that advances a rights-based claim for birth control from that which articulates its potential is also informed by Gerard Hauser, who suggests that the question of rights exposes a conflict between rights holders and rights withholders that is best understood in terms of discourse through what he calls "a moral vernacular." For Hauser this vernacular of rights is comprised of rhetoric that is both official and performative in nature; he explains:

One is a discourse of human rights talk manifested in official public spheres and back channels suited to the discourse of those who speak as representative voices for rights holders to rights withholders. The other is a discourse of opposition and resistance manifested in a performative rhetoric of ordinary virtues and vices.¹⁷

Though operationalized far more neatly than Doxtader and Hauser would likely think possible, this project attempts to mirror their frameworks by navigating the rhetoric of

birth control in two parts: the first provides a historical overview of the movement and examines its attempt to claim the rights of reproductive control and choice through human rights talk, whereas the second analyzes the (im)potentiality of these rights as they come into being through the performative rhetorics of control, choice, and ultimately constraint.

The birth control movement is not confined to the United States; however, this project is a uniquely American endeavor as the voices privileged in the following analysis speak predominately from an American point of view. As such, the discourse of and about the movement cannot be completely divorced from the broader social and political contexts that created them. The relationship between birth controllers and external forces such as the women's rights movement, the Great Depression, and WWI and WWII are explicitly acknowledged throughout this work. However, it is equally important to recognize the ideological forces that animate the discourse surrounding birth control from an American perspective at the outset of this project. Although not the focus of this analysis, discussions of birth control were pregnant with nativist sentiments. Mary D. Lagerwey contends that "much of the early birth control movement strove to reduce births among the same populations that federal laws excluded from immigrating to the United States: those defined as posing economic, social or eugenic risks to the dominant population."¹⁸

Because the birth control movement rose to prominence amidst mounting concerns over immigration, rapid urbanization, and threats of overpopulation, its aims to curtail reckless reproduction resonated with individuals outside the movement whose

nativist agenda benefitted from a decreased birth rate. While many reformers pushed for restrictive immigration policies barring individuals deemed undesirable from entering the United States, others jumped on the birth control bandwagon and promulgated contraceptive use as a panacea for the nation's population problems. Sanger explicitly acknowledged the tension between those who supported birth control as a racist regulatory measure and those who valued its emancipatory potential at the Sixth International Neo-Malthusian and Birth Control Conference in 1925. Sanger chided, "The United States has enacted laws aiming to exclude from this country all 'undesirable' foreigners. . . . This is not birth control, though it is a crude method adopted by the United States to control our population."¹⁹ Despite the fact that Sanger and other advocates disapproved of using contraception to serve discriminatory ends, the movement enjoyed increased popularity because of those, such as eugenicists, who pledged their support under nativist pretenses. As such, issues of race pervade the discourse of the movement and play a pivotal role in the execution of the movement's reproductive rights framework as explored further in part two of this study.

This work is intended to contribute to recent scholarship on the reproductive rights movement in the United States, adding a rhetorical perspective to the growing wealth of historical and political knowledge about the evolution of reproductive rights generally and the birth control movement specifically. While other scholars have skillfully outlined the progression of the movement from a factual standpoint – focusing on the who, what, when, and where – this work attempts to move beyond a sequential

retelling of the movement – focusing instead on the why and how – so as to unearth the discursive narrative of the movement over time.

As such, I am concerned with the strategies utilized by the movement over time to push its demands from the socio-political fringe into the mainstream controversy as well as their relative staying power. I argue that by adopting a strategy of political accommodation the movement fostered and maintained relationships that, although necessary to popularize the right to birth control, simultaneously undercut the emancipatory aims of the movement. Birth control is still a cause that demands and deserves a fight, but unless we understand how we got here the chances of ever fulfilling Sanger's prophecy remain slim.

Chapter 2: A History of the Movement

The summer of 1912 was one of the hottest on record in New York City when Margaret Sanger, a young nurse, was called to the house of Jake and Sadie Sachs. Having made frequent house calls to the Lower East Side neighborhood where the Sachs lived, Sanger expected nothing out of the ordinary. This visit, however, and her subsequent return in October 1912 would leave an indelible mark on this once meek nurse. Since their marriage seven years prior, Jake and Sadie had lived a life that was far from comfortable; with three small children in the house, Sadie's days were consumed with chores and childcare and Jake's meager wages as an unskilled laborer left the family with just enough to cover the necessities.

It was the financial strain of taking his wife to the hospital that prompted Jake to call Sanger after finding Sadie huddled on the floor, surrounded by his crying children, when he returned home from work that sweltering July day in 1912. Sadie, desperate to avoid having another child, had ingested various drugs and purgatives hoping to induce a miscarriage. Undeterred by their ineffectiveness, Sadie attempted to abort the pregnancy using an instrument she had procured from a friend. When Sanger and the doctor arrived, Sadie, suffering from blood poisoning, lay there helpless. As if by miracle, the doctor and Sanger stabilized Sadie's condition, and Sanger would remain in the Sachs's residence for three weeks closely monitoring the feeble 28-year-old mother of three back to health.

While neighbors, family members, and friends swarmed the Sachs's residence with words of sympathy and relief, Sadie remained wary. During her final checkup with the doctor, an exasperated Sachs pleaded, "Another baby will finish me, I suppose. But

how can I prevent it?” For Sanger the question stung, but not as much as the doctor’s response. Chuckling a bit to himself, he replied, “You want to have your cake and eat it too, do you? Well, it can’t be done. I’ll tell you the only sure thing to do. Tell Jake to sleep on the roof!”¹ Though Sanger could not provide Sadie with a solution that she herself did not already know, that condoms and coitus interruptus were the best option, she left the Sachs’s home wracked with guilt.

When Jake called again just three months later in October 1912, Sanger knew instantly that “it was almost useless to go.”² Having become pregnant yet again, this time seeking out the assistance of a “five-dollar professional abortionist,”³ Sadie died within minutes of Sanger’s arrival. When Sanger left the Sachses’ home this time she was overcome not with guilt but with outrage and resolution. Reflecting on the night almost twenty years later, Sanger proclaimed: “I resolved that women should have knowledge of contraception. They have every right to know about their bodies . . . I would tell the world what was going on in the lives of these poor women. I would be heard.”⁴ And heard she was.

It was this moment that inspired Sanger to abandon her career as a nurse and begin the movement that would transform the lives of countless women for generations. In her impeccable treatment of the subject, historian Linda Gordon suggests that birth control as we know it is the “creation of historical conflict, of politics, and specifically of feminism,” and as such “remains the object of political conflict.”⁵ The location of this conflict, however, varies greatly, shifting frequently in relation to the changing social, economic, and political landscapes that create the parameters for its existence. The

historical progression of the birth control movement over the last century, as with most historical accounts, cannot be uniformly distributed across time. Characterized by a constant ebb and flow of ideologies and energies, the following historical overview organizes the events of the birth control movement by the motivations which prompted them. In doing so, this overview provides a starting point for understanding the evolution of birth control as an ideograph by illuminating the events which serve as the context for the discourse of the movement. In addition to the following narrative retelling of these events, a timeline of significant events within the birth control movement is provided in Appendix B.

I argue that the birth control movement passed through five distinct phases, each characterized by a different focus. These phases are largely consistent with the stages of a radical movement developed by Armand Mauss; Mauss conceptualizes the development of social movements based on a series of changes between the movement and its social and political environment.⁶ However, while Mauss describes a linear progression of social movements through the five stages (incipiency, coalescence, institutionalization, fragmentation, and demise), the birth control movement did not progress linearly, but rather returned to the middle stages of development as it continued to adapt to the social and political climate.

The first phase includes both inception, the initial expression of the movement, and coalescence, the initial organizing of the movement. This phase encompasses the origins of both the phrase “birth control” and the subsequent movement Margaret Sanger created for the conscious control of reproduction through contraception. It entailed the

creation of organizations whose efforts focused solely on birth control, including the National Birth Control League and the New York Birth Control League among others. Above all else, this phase focused on inserting birth control into the national discourse. Phase two, approximately 1923-1939, embodies Mauss' institutionalization stage with its focus on professionalizing the movement by building ties to the medical community, eugenicists, and lastly New Dealers. The forging of these new relationships often required the movement to obscure its once strong ties to both feminists and socialists; however, it is during this phase that the birth control movement achieved some of its most important gains, including the relaxation of the Comstock Laws and the endorsement of the American Medical Association. Considered by some to be the most important years for the movement – Gene Burns calls the time between 1910 and 1940 the “pivotal period” for contraception in the U.S.⁷— these phases would significantly influence the trajectory of the movement.

The realities of the Great Depression forced the birth control movement to adapt; thus it is during this time period that the movement passed through Mauss' fragmentation phase wherein a movement becomes segmented as it transforms its goals and aims in response to changes within the new social and political climate. Fully abandoning its radical roots, between roughly 1939 and 1957, the birth control movement shifted its efforts to population control policies, and transformed birth control from a risqué topic to an integral part of the family planning process. It is during this phase that the Planned Parenthood Federation of America became the preeminent birth control organization in the U.S. and entered the international scene of population control.

The fourth phase brought about the popularizing of the birth control movement through the creation and legalization of the hormonal birth control pill, thus signaling a return to the institutionalization stage. Characterized by wide spread public acceptance of the movement, the time between 1957 and the early 1980s saw the highest levels of government funding and public support for contraception. However, as the movement entered its final phase, from the late 1980s to today, the gains of previous generations became more tenuous, causing the movement to yet again enter the stage of fragmentation. Prompted by a rise in conservatism, it is during this phase that we see public funding for family planning dramatically reduced and new constraints placed on contraceptive access. Like that of all social movements, the history of the birth control movement is sordid at points. The historical overview that follows provides a glimpse into the evolution of what Sanger saw as the preeminent issue of her time and, given its importance today, arguably our time as well.

The year was 1914 and Sanger, inspired by her travels in Europe, called together a group of radical friends to discuss her new idea for a magazine and subsequently a movement. The heated discussion of the movement's would-be name referenced preexisting ideas on the issue of reproduction, such as "Neo-Malthusianism, Family Limitation, and Conscious Generation"; however, as Sanger recounts, "All of these names were cast aside as not meeting the demands."⁸ Sanger was reluctant to repackage a preexisting term to avoid either "a one-child or two-child system" or the economically driven ideas of English Neo-Malthusians.⁹ She reflects in *My Fight for Birth Control*: "that was the first time the words [birth control] were used together" to signify "the

conscious control of the birth rate by means that prevent the conception of human life.”¹⁰ For Sanger, the creation of a new phrase to define the movement was critical “to separate the issue of fertility restriction from some of its nineteenth-century political and economic associations.”¹¹ In doing so, Sanger gave birth to a concept and movement that would soon garner attention on a national and international level.

Entering the political discourse at the height of American radicalism and the push for woman suffrage, Sanger capitalized on her existing relationship with the Socialist Party (SP), whom she had worked with while organizing for the Industrial Workers of the World (IWW). Sanger soon began publishing articles in the Socialist organ the *New York Call* concerning issues of sex and reproduction and later used her IWW connections to circulate her pamphlet, *Family Limitation*.¹² Though the Socialist Party would refuse to formally endorse birth control, Sanger found a sympathetic audience amongst socialists, such as Emma Goldman, who saw the denial of contraception as an oppressive tool of the ruling elites and a threat to the prosperity of the worker.¹³

The imposition of the Comstock Laws in 1873, that labeled contraception an obscene subject unfit for public discussion, shrouded conversations about contraceptives in secrecy and ambiguity; euphemisms such as “female regulators” and the use of “French” or “Portuguese” as descriptors served as a code of sorts, allowing the continued discussion about and advertisement of early abortifacients and contraceptives.¹⁴ This conversation, however, remained largely out of reach for the women, such as Sadie Sachs, who Sanger believed needed it most.¹⁵ Sanger’s periodical *The Woman Rebel* was

her attempt to pull the discussion of birth control out from the shadows—to make it more accessible and acceptable for *all* women.¹⁶

In August 1914, shortly after the June release of the first edition of *The Woman Rebel*, Sanger was indicted on nine charges of violating the Comstock Laws. Rather than appearing in court, Sanger fled; prompted not by fear but instead a desire to make headlines amidst increased coverage of WWI, Sanger journeyed to London, where she met with several prominent members of the European birth control movement, including Havelock Ellis and C.V. Drysdale. Ellis's influence on Sanger, and the U.S. birth control movement, redirected Sanger away from her radical socialist tendencies in the direction of neo-Malthusianism. James Reed suggests that both Havelock Ellis and C.V. Drysdale, Sanger's mentors in Europe, encouraged her to abandon the “bourgeois do-gooders” of the SP in favor of courting social and professional elites.¹⁷ From this point forward, “she would offer feminist or pro-working class arguments, but she never again saw her identity as mainly within a socialist, or even generally radical, movement.”¹⁸

Sanger's absence from the United States did not derail the movement; rather, Sanger returned in October 1915 to a burgeoning grassroots movement for birth control. Born out of preexisting socialist and IWW groups, birth control organizations began to form across the U.S., excluding the south where the slower transition to urbanization decreased the need for and awareness of birth control. These groups would later support Sanger ideologically and financially on a speaking tour in 1916. Early birth control organizations were markedly socialist despite the distance Sanger had placed between herself and the SP after returning from Europe.¹⁹ One exception was the National Birth

Control League (NBCL), established in 1915 by prominent suffragist Mary Ware Dennett, which rejected Sanger because of her legally questionable tactics. Though Sanger and Dennett would occasionally coordinate their efforts, Dennett disagreed with Sanger on the establishment of clinics in defiance of the law, instead focusing her efforts on reforming the laws that prohibited the distribution of birth control information.

As Sanger's commitment to the issue of birth control strengthened, her ties to the SP deteriorated. Unlike Goldman, who saw birth control as only a minor part of the socialist agenda, Sanger saw it as the preeminent issue of the day and allocated her energies accordingly. Carole McCann argues that many Socialists were unwilling to fight the battle for birth control because of contraception's illegality and consistently urged Sanger to embrace calmer resistance measures; despite their radical ideological positions, members of the SP regularly avoided illegal activities, instead opting for protests and consciousness raising efforts.²⁰ The United States' entrance into WWI would further subdue both the SP and the birth control movement.

Consistent with her mission to bring contraceptive information to the masses, Sanger strove to equip women of all classes with medical care via clinics. Though not the first such institution, the Brooklyn-based Brownsville Clinic established by Sanger and her sister Ethel Byrne in October 1916 brought unprecedented publicity to the movement.²¹ Within only nine days, the Brownsville Clinic had seen and collected information from 450 women, including undercover police officer Margaret Whitehurst. Whitehurst had visited the clinic under the guise of a woman seeking contraceptive information, only to return with an arrest warrant for both Sanger and Byrne. Tried and

sentenced separately, both women were given thirty days in prison.²² The testimonies provided by women who had visited the clinic, albeit providing evidence of the clinic's illegality, also provided the birth control movement with a human face; similar to the countless letters received and published by Sanger requesting information about birth control, these testimonies reinforced the movement's claim that women desperately needed this information to escape the bonds of motherhood that jeopardized both their livelihoods and their children's well-being. The Brownsville Clinic controversy provided the birth control movement with two key gains: publicity, largely due to Byrne's well publicized jailhouse hunger strike; and an easing of the Comstock Laws, which the court interpreted as being in conflict with the ability of doctors to best treat patients.²³

Inspired by the success of these initial birth control clinics, Sanger began building an organizational foundation for the movement, beginning with the creation of the New York Birth Control League (NYBCL) and her publication of a new periodical, the *Birth Control Review*, in 1916.²⁴ Sanger called upon Frederick Blossom, a social worker and professional fundraiser from Cleveland, whom she had met on her 1916 speaking tour, for help in these new ventures. Blossom relocated to New York City and took over as the paid editor of the *Birth Control Review*, a post he held until a financial dispute between himself and Sanger prompted his departure.²⁵ With the help of Blossom, Sanger gave the birth control movement the practical and ideological guidance that it desperately needed.

Birth control, despite its deeply feminist roots, was not always endorsed by suffragists. Fearful that incorporating contraceptives into their political agenda might be both a distraction and a political liability, many suffragists kept their distance. The

reticence of Carrie Chapman Catt, a key player in the suffrage movement, is emblematic: “please be assured that I am no opponent even though I do not stand by your side . . . your reform is too narrow to appeal to me and too sordid.”²⁶ Appeals to traditional standards of appropriateness for women, especially sexual standards, were an integral part of winning popular support for suffrage, leaving suffragists with a difficult choice: endorse birth control and jeopardize their movement, or reject birth control despite ideological sympathies.

Although discussed in greater detail in chapter three, the passage of the nineteenth amendment dramatically altered the landscape of the birth control movement. The achievement of woman suffrage produced a rupture between mainstream feminists, afraid to push their luck on additional legal reforms, and radical birth controllers committed to a continued legal battle for birth control. Carol McCann suggests that after the passage of the nineteenth amendment feminism split into diverse single issue groups, leading to what she describes as a “chilly relationship” between feminist organizations and birth controllers who futilely sought the official endorsement of both the National Women’s Party and the League of Women Voters.²⁷ The introduction of an Equal Rights Amendment in 1923 turned the rupture into a chasm, and increasing anti-radical sentiments forced many of the Left’s most vocal supporters, including Emma Goldman, out of the country.²⁸

The deterioration of both organized feminism and the SP necessitated a strategy shift within the birth control movement. Birth controllers needed to define themselves as an independent movement and in an attempt to break away from their more radical

counterparts “often condemned and publicly disassociated themselves from radicals.”²⁹

On the coattails of her legal victories and the relative success of the NYBCL and other grassroots organizations, Sanger and Frederick Blossom, sought to give the movement an organizational voice at the national level through the creation of the American Birth Control League in 1921. The organization grew rapidly with almost 30,000 members nationwide by 1927.³⁰

At this time, only one other organization had garnered much attention for the birth control cause, the Voluntary Parenthood League (VPL), formerly known as the National Birth Control League (NBCL). Arguably concerned with the same core issues, the VPL and the ABCL diverged dramatically in terms of focus and strategy – an issue explored further in chapter six. Unlike Sanger, Mary Ware Dennett and the VPL avoided radical resistance tactics in favor of legislative lobbying and rejected attempts to limit the power to prescribe contraceptives to physicians, known as a doctors-only mandate. Both the VPL and its accompanying publication, the *Birth Control News*, collapsed by 1927, leaving the ABCL as the primary birth control organization in the U.S..³¹ The composition of the ABCL illustrates its increased respectability; though the movement first thrived in primarily urban areas, by 1927 over half of its membership was based in rural, small town, and suburban areas with less than 2,500 people. Similarly, the fact that both men and women (17 percent male, 83 percent female) from diverse religious backgrounds (Protestant, Jewish, and Catholic) and occupations (clerical workers, industrial laborers, trade skills, etc.) became members indicates a wider acceptance of birth control than at the turn of the twentieth century.³²

In less than a decade Sanger grew her initial idea of birth control into an established movement. Using non-violent resistance to garner publicity, the creation of organizations and publications to disseminate information, and the establishment of clinics to provide contraceptives, advocates mobilized people concerned with reproductive rights in ways not previously attempted. However, the recognition that mobilization would not be enough to bring birth control to the masses, required the movement to forge new partnerships in the 1920s and 1930s that held the promise of bringing legitimacy to the fledgling movement for *birth control*.

In seeking to re-brand themselves apart from their radical roots, members of the birth control movement strove to establish their legitimacy in the second phase of the movement through the continued development of official organizations and by fostering ties to professional groups. The first contingency courted by birth controllers was doctors. Throughout the nineteenth century the medical community in the United States remained reticent towards birth control, associating contraception with both quackery and immorality. In an attempt to morally and technically legitimize their profession, medical professionals denounced midwives, homeopathy, and contraception.³³ However, by the turn of the twentieth century, doctors had gone to great lengths to establish a position of authority on the contraception question, espousing both medical and moral stances regarding birth control. Weighing in on issues of sexual indulgence, monogamy, and disease prevention, the American medical community was the first established body “to endorse the separation of sex from reproduction through contraception” via their denial of self-control as a legitimate means of preventing conception.³⁴ Morris Fishbein, the editor

of the *Journal of the American Medical Association*, was one of the most vocal opponents of birth control, insisting that no effective method of birth control existed that was sound both in principle and practice.³⁵ Amidst a struggle to establish themselves as legitimate members of the scientific and medical community, gynecologists were pulled in opposite directions by their patients who demanded contraceptives and by a community which still associated contraception with quackery.

Sanger's desire to get the medical community on board with birth control was not new; understanding that New York state law required physicians' supervision when providing information about contraception, Sanger proceeded with the Brownsville clinic only after being turned down by numerous physicians whom she asked to supervise the clinic. The choice to go ahead with the clinic absent an attending physician helped call attention to both the absurdity of the law and the need for the medical community to get involved.³⁶ Sanger was not opposed to the involvement of physicians – the NYBCL's statement blatantly advocated for such – rather Sanger wanted to emphasize cooperation between the medical community and women who had voluntarily sought information about contraception.³⁷

Robert Latou Dickinson was one of the earliest members of the medical community to throw his support, albeit timidly, behind birth control. As President of the American Gynecological Society in 1920, he urged the group to take a vested interest in birth control by exerting its influence over the contraceptive cause rather than dismissing it as mere quackery. Though Sanger and Dickinson later became allies, James Reed suggests that Dickinson pushed for the involvement of medical professions because

“Emma Goldman and Margaret Sanger were giving birth control a bad name through their irresponsible behavior.”³⁸ Formed by Dickinson in 1923, the Committee on Maternal Health (CMH) took up the task of researching the effectiveness and safety of contraception with financial support from the NBCL.³⁹

Unsatisfied with being left out of the CMH, Sanger established her own research initiative in 1923 known as the Birth Control Clinical Research Bureau (BCCRB), led by Dorothy Bocker, a former public health officer in Georgia. In contrast to the CMH, which dispensed contraceptives solely based on medical necessity, the BCCRB pushed both legal and social boundaries by prescribing contraception based on social and economic need as well.⁴⁰ By 1926 the CMH had only completed 124 case histories, compared to the BCCRB's 1,655 in 1925 alone.⁴¹ The success of the BCCRB fueled the ACBL's attempt to establish ties to the medical community, an established priority since its founding in 1921. The ABCL's persistent courtship of doctors paid off in 1924, when then-president of the American Medical Association (AMA) William Allen Pusey offered an official endorsement of birth control, albeit a mild one, at the International Neo-Malthusian and Birth Control Conference in New York City.⁴²

With the endorsement of the AMA, clinics continued to thrive around the United States. By 1930, 55 clinics existed in 23 cities across 12 states, including New York, Los Angeles, Chicago, Detroit, Cleveland, Minneapolis, and San Antonio. The spread of birth control clinics was mired by legal battles and continued power struggles between activists and physicians.⁴³ Aware of the tension between the CMH and the BCCRB, clinicians and medical professionals continued to debate the circumstances under which it was

appropriate to provide contraceptive information to women. These tensions reached a boiling point in 1929, when police yet again raided Sanger's Brownsville Clinic on the suspicion that the clinic was fitting women with diaphragms without demonstrated medical need.⁴⁴ Although later thrown out on the basis that the undercover police officer had pelvic abnormalities that indeed justified the use of a diaphragm, the raid exemplifies the vulnerable nature of clinics in the 1930s. Because patient records had been seized in the raid and later used to prove that the clinic had illegally prescribed contraceptives, "the clinic raid forced physicians to come to [Sanger's] aid in order to protect the right of their own patients to privacy."⁴⁵ After the raid, and in conjunction with Dickinson, who had been added to the BCCRB's advisory board in 1930, the ABCL began its clinic certification program in 1935.⁴⁶ The program relied on the standards set forth by Dickinson to verify the legitimacy of independent birth control clinics and was arguably the ABCL's most successful attempt at establishing itself as a public health agency.

Sanger and the ABCL also made overtures to the medical community through their advocacy work on two fronts: doctors-only mandates and reform the Comstock Laws to exclude medical literature. First, although Sanger had always struggled against the perception that only doctors were capable of providing contraceptive information, she was also determined to ensure that women had access to contraception. The passage of doctors-only mandates was one way of doing just that by removing restrictions at the state and federal level preventing doctors from providing patients with contraceptive information.⁴⁷ To similar ends, Sanger and the ABCL lobbied to amend the Comstock Laws to exempt items prescribed or imported by physicians as well as scientific and

medical journals. These attempts, however, were not equally favored amongst birth controllers; the VPL resisted doctors-only mandates, suggesting that they failed to challenge the supposed “obscenity” of birth control and removed women from the equation.⁴⁸ Disagreements such as this were emblematic of the relationship between Dennett and Sanger, who rarely agreed on the most effective strategies for advancing the birth control cause.

The medical community was not the only group courted by Sanger and the birth controllers in the 1920s and 1930s; the involvement of eugenicists was also vital to the professionalize the birth control movement.⁴⁹ In many ways, the relationship between eugenicists and birth controllers grew out of the divide between the movement and the medical community. Though Sanger sought to bring birth control to poor and working class women via clinics, doctors remained reticent about clinics as legitimate health care providers because of the threat they posed to successful private practice.⁵⁰ Eugenicists, on the other hand, took kindly to Sanger’s clinic initiatives, motivated by a concern with overpopulation amongst the poor, whom they considered unfit. The desire to expand contraceptive access beyond members of the middle class, who were regularly prescribed contraception via private doctors, united birth controllers and eugenicists even though their motivations for expanded access differed greatly.

Sanger saw the eugenic community primarily as a strategic ally. Identification with eugenic goals arose from familiarity with nineteenth-century Perfectionists and Utopian thinkers who, given the rudimentary understanding of hereditary genetics at the time, were concerned primarily with creating the best possible social and environmental

conditions in which to raise a child.⁵¹ These thinkers advocated both qualitative and quantitative control of reproduction through natural means of birth control (continence/abstinence) and communal child rearing.⁵² Developments in the fields of genetics and biology altered eugenicists' focus, however, and by the 1930s eugenics had evolved into a "reputable science" that "provided the birth control movement with an authoritative language through which to legitimate women's right to contraceptives."⁵³ The first eugenic association in the United States, the American Genetic Association established in 1910, was explicitly concerned with improving human breeding through the prevention of birth defects and maternal death.⁵⁴

Rising concerns over immigration and urban decay provided a new justification for eugenics, which, when coupled with birth control, made the once purely leftist movement more palatable to mainstream conservatives who were previously unconcerned with birth control as an issue of maternal health and women's rights. As ties between birth controllers and eugenicists increased, conversations about eugenics became a regular component of the ABCL's agenda, reflected in both the pages of the *Birth Control Review* and their sponsorship of the Sixth International Neo-Malthusian and Birth Control Conference in 1925. Eschewing their original focus on women's rights, the ABCL's mission shifted to curtailing the practice of careless procreation and even went as far as to demand sterilization of the dysgenic. Though this shift provided temporary gains, "the loss of a women's rights emphasis left the birth control movement . . . without a guiding ideology."⁵⁵

Building on the race suicide charge vocalized at the turn of the twentieth century, eugenicists advocated a two pronged approach to improving the human race: positive eugenics, which encouraged members of “good breeding stock” to have more children, and negative eugenics, which discouraged reproduction for those members of society deemed “unfit.”⁵⁶ The eugenicists’ endeavors were augmented by concerns over major increases in immigration beginning in the late 1800s. Cesar Hernandez contends, “the influx of immigrants dramatically affected the birth control debate. As the middle class associated the new arrivals with these ills, their presence provoked resentment and hostility.”⁵⁷ The continued decline of the birth rate among middle and upper class native born citizens augmented the eugenicists’ push for positive eugenics, yet widened the gap between eugenicists and birth controllers who maintained that “birth control was a flexible tool that would provide greater human choice and control over reproduction in every direction.”⁵⁸ United under the slogan of “racial betterment,”⁵⁹ Sanger differed from mainstream eugenicists in her conviction that economic factors, rather than biological heredity, were the linchpin for improving the human race.

The Great Depression of the 1930s significantly impacted the birth control movement. As poverty became more widespread, eugenic arguments about hereditary inferiority lost sway in favor of social and environmental explanations of what produced dysgenic offspring.⁶⁰ James Reed argues that “fear of poverty drove the fertility rate to a new historical low” and “social conservatives and eugenicists were finally forced to support birth control, if only in the hopes of reducing welfare expenditures.”⁶¹ Rising

conservatism and a rejection of positive eugenics pushed birth controllers away from eugenics and prompted them to foster connection with the recently formed New Dealers.

The creation of relief programs within the New Deal enabled birth controllers to forge new relationships with social workers who “were likely converts [to the cause] because of the orientation toward service that led them to their profession in the first place and because of their direct and sometimes painful exposure to poverty in their jobs.”⁶² ABCL leaders quickly capitalized on this relationship, presenting at social work conventions, advocating that relief agencies provide contraceptive information to aid recipients, and even recommending the construction of birth control clinics through the Works Progress Administration.

The phenomenon of “relief babies,” children supposedly born to parents looking to take advantage of Federal Emergency Relief Funds allocated by the U.S. Government throughout the Great Depression, provided birth controllers with new ammunition in their fight to secure contraceptive access. Sanger, in conjunction with the ABCL, argued that fewer children would end up on the government dole if parents were provided with the information necessary to prevent conception.⁶³ The effectiveness of this strategy is demonstrated by both its adoption by New Dealers and its recycled use during WWII as well.

In addition to infiltrating federal relief programs, the incorporation of birth control into public health programs at the state and local levels took off in the depression era, beginning with North Carolina in 1937.⁶⁴ Sadly, the motivation for such programs, especially in the southern states, was far from benevolent. “Racism, class inequality, and

eugenic beliefs combined to produce a view of southern population and health problems as over reproduction of the 'unfit',” resulting in programs and policies which disproportionately targeted immigrants and African Americans. The BCFA, through their “Negro Project,” worked closely with public health programs in the south. Linda Gordon suggests that Sanger “genuinely wanted this to be a project for black uplift,”⁶⁵ hoping the project would be an extension of the BCCRB’s successful Harlem Clinic, which had opened in 1930 with the cooperation of African-American public health professionals.⁶⁶ Regardless of the racist origins of birth control clinics in the South, women of all races visited these clinics for contraceptive information, demonstrating a desire for birth control that would propel the movement forward though none of these clinics ever became permanent.

Questions over the best method of contraception also plagued the birth control movement throughout the 1930s. Though the diaphragm was the most effective contraceptive available, its use required consultation and fitting by a doctor to obtain, running water, and a cooperative partner, so it remained underutilized by poor and working class women. The condom, though less effective than a properly used diaphragm, was consistently neglected as a feasible method of contraception because of its association with promiscuity and venereal disease, a view promulgated during the VD outbreaks of WWI and WWII. Additionally, the eugenicists’ spurious claim that poor women were incapable of practicing effective contraception heightened the emphasis on sterilization as a viable method of birth control.⁶⁷ Unlike condoms or diaphragms,

sterilization was permanent, a fact which added to its popularity amongst those concerned about “relief babies” and the promulgation of the unfit.

The debate over contraceptive methods, however, did not slow their commercialization; by 1937 the manufacture of contraceptives was booming, with \$38 million spent on condoms and over \$200 million on various products labeled as “feminine hygiene.” The growth of the contraceptive industry was so pronounced that even *Consumer Reports* attempted to report on the efficacy of various products before being censored by the Post Office Department.⁶⁸ The commercialization of contraception, especially those devices marketed and distributed through popular magazines and the growing black market, provided an additional justification for doctors-only bills – quality control and safety.⁶⁹ In 1936, the U.S. Court of Appeals confirmed the importance, and right, of doctors to prescribe contraception in *United States v. One Package of Japanese Pessaries*. Two years prior, Sanger had arranged for a package of pessaries, also known as diaphragms, to be sent from Japan to Dr. Hannah Stone at the New York Clinical Research Bureau; the package, clearly in violation of the Comstock Laws, was intercepted by U.S. Customs just as Sanger had hoped. In his decision, Justice Augustus Noble Hand argued that the portions of the Comstock Laws labeling contraception obscene were no longer applicable, effectively lifting all federal bans on birth control.⁷⁰

As they moved into the third phase of the movement the strategies of birth controllers in the wake of the Great Depression became demonstrably tamer than in previous decades. Sanger and other birth controllers including famed author H.G. Wells

and ABCL president Eleanor Dwight Jones, “believ[ing] that alliances with the wealthy and powerful could replace the broad mobilization that had started the movement,” focused their efforts on fundraising and lobbying.⁷¹ Sanger's National Committee for Federal Legislation on Birth Control (NCFLBC), established in 1929 to promote doctors only legislation, heralded *United States v. One Package of Japanese Pessaries* as its first major victory. In the wake of such an important achievement for both birth controllers and the medical community, Sanger brokered a merger between the ABCL and the BCCBR to form the Birth Control Federation of America (BCFA).⁷²

The BCFA was the result of Sanger's attempt to unify the BCCRB and ABCL under the shared goal of professionalizing the birth control movement started in the 1920s. By the late 1930s Sanger's campaign to medicalize birth control had secured both key legal victories enabling doctors and independent birth control clinics to dispense contraceptives and the support of many within the medical community, including the AMA. These successes translated into the establishment of over 800 clinics by 1942.⁷³ However, the same attitudinal shift that drove a wedge between birth controllers and eugenicists prompted the movement to alter its focus in the 1940s in hopes of making the movement palatable to a broader audience.

Influenced by the ABCL's commitment to holistic family planning, including infertility treatments, the group changed its name in 1942 to the Planned Parenthood Federation of America (PPFA).⁷⁴ For the first time since the movement began, its official organizing body did not contain *birth control* in its name. The disassociation with *birth control* represented a strategic choice to distance the PPFA from the negativity that

surrounded Sanger, feminism, and the movement's previous ties to eugenics.⁷⁵ Beyond strategic, the choice to divorce birth control from eugenics was imperative in light of Adolph Hitler's incorporation of deplorable eugenic policies in the latter half of WWII. Though ideological carryovers from eugenics would continue to linger within the movement, never again would they be talked about in such terms. Carole McCann's explanation of PPFA's strategic rhetorical shift is worth quoting at length; she suggests:

The rhetoric of planned parenthood divorced birth control from any feminist critique of male dominance. During the Great Depression, the proportional weights of the three main ideological elements of birth control discourse were recalibrated so that the economic ethic of fertility linked to the ideal of racial betterment completely overshadowed the rights of women.⁷⁶

The intense political climate of the late 1940s necessitated that the movement change its course from a focus on the divisive issues of eugenics and women's emancipation to a more acceptable emphasis on building a strong nation with strong families at its core.

The 1950s ushered in a new era for the birth control movement—population control. This time, however, the PPFA and the BCFA suggested that healthy children were the result of planning rather than hereditary superiority, a move that successfully positioned birth control as a health initiative.⁷⁷ Strongly influenced by early Malthusian and Neo-Malthusian thought popularized during WWI and WWII, the PPFA and other birth controllers continued to emphasize family stability to the detriment of the movement's previous focus on women's rights and sexual liberation. The ideological success of population control relied heavily upon the government programs which had sustained the birth control movement during the war years and the revival of eugenic thinking.⁷⁸ Accordingly, suggests James Reed, "family planning, a vague term that could

also imply help for the sterile, was the most innocuous synonym for population control.”⁷⁹

Attempting to bridge the gap between government based population programs and reform minded birth controllers, PPFA advocated for population control policies while simultaneously advocating for mutual sexual enjoyment. Their endorsement of joint sexual expression, although often seen as an affront to 1940s sexual mores, in reality “challenged neither the sexual inequities within the family nor the sexual or class inequities of the medical system.”⁸⁰ Reminiscent of the arguments advanced by voluntary motherhood advocates in the late eighteenth century, birth controllers suggested that unwanted and/or excess children destabilized the family unit. Increased opportunities for women outside the home during WWII, explored further in chapter five, only strengthened PPFA's commitment to family stability; however, throughout WWII PPFA's “official attitude toward women war workers was at best opportunist and at worst hostile.”⁸¹

The post WWII elevation of the traditional marital arrangement and the nuclear family made the goal of mutual sexual expression much more difficult to attain as it constrained the PPFA to a view of sexuality that preserved a woman's subservience to her husband. Stemming from the ideological perspective that a woman's destiny was solely that of wife and mother, framing birth control within the postwar domestic ideal altered the movement's message. Historian Linda Eisenmann explains that as men returned home from the war “Stereotypic images lauded a White, middle-class, suburban ideal where an at-home mother dutifully managed home and family, fully supporting her

husband's preeminent role.”⁸² The domestic ideal was not limited to women, but rather was applicable to family life as a whole. Thomas Shapiro suggests that “the concept of family planning was packaged to appeal to the American public and the government,”⁸³ and as such was laden with ideological constraints about sex and the family not previously seen in the efforts of birth controllers. Additionally, this focus on the family unit carried the assumption that sex, and accordingly birth control, should exist solely within marriage, thus in effect decrying universal female sexual fulfillment.⁸⁴ It was this focus on the family unit that prompted PPFA to expand their services to include couple's counseling while simultaneously restricting their clientele to married women and couples.

The focus on population control reflected population trends both in the U.S. and internationally. Concern over the economic impact of “relief babies” and the overall trajectory of population growth – the U.S. population had doubled from 76 million in 1900 to over 152 million in 1950 – prompted a renewed focus on limiting reproduction through contraception. Concomitant with domestic efforts to reduce reproduction, PPFA expanded their efforts internationally through the creation of the International Planned Parenthood Federation (IPPF) in 1952. Population control initiatives remained popular throughout the 1950s through continued appeals to fear and nationalism.⁸⁵ *The Population Bomb*, first published in 1954 by Paul R. Ehrlich, prophesied upwards of 300 million new births worldwide within a matter of years and predicted that turmoil would ensue, “creat[ing] the atmosphere in which communists seek to conquer the earth.”⁸⁶ Population control was thus positioned as a mechanism not only to keep a growing U.S. population in check but also to prevent third world countries from devolving

economically and politically towards communism. Though population control efforts quickly took root in numerous countries around the world, notably India and China, the most extensive U.S. campaign took place in the U.S. territory of Puerto Rico.⁸⁷ Ahead of the mainstream birth control movement, Puerto Rico's legalization of birth control in 1937 made it the ideal location to push for large scale population control policies and programs.

The absence of the phrase *birth control* from the name of the organization that spearheaded the cause, although deeply troublesome for Sanger, represented a strategic shift in the movement's focus. Whereas the movement was once connected to radicalism, eugenics, and sexual impropriety, its transformation married traditional views of the family with a newfound focus on overpopulation and thus succeeded in making birth control socially acceptable.

The widespread acceptance of population control within the fourth phase of the movement necessitated new methods of contraception. Convinced that both condoms and diaphragms were inadequate, Sanger began her push for a contraceptive pill with the financial help of long-time ally Katharine McCormick. Sanger turned to a team of scientists, including Gregory Pincus, Chang Min-Chueh, and John Rock, who were already experimenting with artificial progesterone for the treatment of infertility.⁸⁸ After initial testing returned positive results, Pincus began large scale studies of the pill in Puerto Rico, taking advantage of their long time endorsement of birth control. Despite concerns over side-effects, not to mention the racist undertones of the choice to use Puerto Rican women as a test subjects, Pincus returned to the U.S. in 1957 and began

producing Enovid for the treatment of gynecological disorders with the help of G.D. Searle. Although not marketed as a contraceptive until the Federal Drug Administration's approval in 1960, by 1959 over half a million women were already using Enovid for that very reason.⁸⁹

The creation of Enovid was a watershed event in the history of the birth control movement.⁹⁰ In 1958 its rising popularity prompted New York City municipal hospitals to lift their ban on contraceptives. By 1965, both President Johnson and former President Eisenhower had publicly acknowledged the need for contraception and population control, a reversal of their previous stances on the issue. By the late 1960s, government initiatives such as the Child Health Act and Aid to Families with Dependent Children required that funding be allocated for family planning services.⁹¹ James Reed's diagnosis of the pill's effect on Washington is apt:

Whereas birth controllers had for years been stopped by the problem of justifying use of tax payers' money for a purpose that many citizens considered immoral, in the context of Lyndon Johnson's War on Hunger abroad and War on Poverty at home, the question became, how can we justify withholding from the poor contraceptive services that the middle class already enjoy?⁹²

Couched in terms that made birth control a powerful tool for social prosperity, the rearticulation of *birth control* during this time period helped disassociate contraception from its sordid past.

Despite a surge in support for the birth control movement, the pill remained unattainable for many. Even though many women were able to obtain a prescription for Enovid from private doctors by claiming that they suffered from gynecological or menstrual issues, many birth control clinics remained unwilling to break the law by

providing contraceptives. The birth control movement would claim its first major victory on this front in 1965 when the U.S. Supreme Court, by a vote of 7-2, held that the denial of contraception violated a well-established right to marital privacy.⁹³ The case, *Griswold v. Connecticut*, had two lasting implications for the birth control movement in the United States. First, the court's decision effectively removed all barriers to the distribution and use of contraceptives, albeit only for married couples. Second, the court's decision extolled clinics as legitimate health care providers by suggesting that they could serve the contraceptive needs of their clients in accordance with accepted medical standards. As the feminine mystique eroded in the wake of the sexual revolution of the 1960s the court's stance on birth control relaxed to include contraceptive access for both single persons in *Eisentadt v. Baird* (1972) and minors in *Carey v. Population Services International* (1977).⁹⁴ Throughout the 1960s, birth control and sexual liberation relied on one another for their success; birth control helped make the revolution possible by decoupling sex from reproduction, but sexual liberation also made birth control a necessity as people began to more freely engage in sexual activities outside of the marital relationship.⁹⁵

The rapid development of medicalized contraceptive methods in the 1960s, namely the pill and intrauterine devices (IUDs), left much to be desired in terms of safety. By 1962, at least eight deaths and close to 300 cases of blood clots had been reported amongst pill users; however, an official inquiry into the safety of the pill would not be conducted by the FDA until 1969.⁹⁶ Despite the fact that IUDs had been informally produced and used for decades, pharmaceutical companies soon began

manufacturing them in mass quantities without conducting tests about either their efficacy or their safety.⁹⁷ IUD users almost immediately began reporting major side effects and complications, including pelvic inflammatory disease and bleeding, leading to one of the largest class action suits in history against Dalkon Shield for medical complications experienced by over 300,000 claimants and at least 20 deaths.⁹⁸ The relative failures of medicalized contraceptives and the continued desire for a 100 percent effective, safe, and comfortable form of birth control pushed birth controllers and women back towards sterilization as a viable option. The American College of Obstetricians and Gynecologists relaxed their guidelines for sterilization in 1969 and by 1972 30 percent of former pill users had opted for sterilization.⁹⁹ Though many women chose sterilization voluntarily, countless others were coerced or incentivized to do so—largely along race and class lines.¹⁰⁰

Also prominent in the 1970s was the women's health movement, which boasted approximately 12,000 affiliated groups by 1973; most notable among them were the Boston Women's Health Book Collective (BWHBC), the National Women's Health Network (NWHN), and the National Black Women's Health Project (NBWHP). These organizations made numerous lasting additions not just to the birth control movement, but to improving women's health care more broadly. In 1970, the BWHBC published the first edition of *Our Bodies, Ourselves*, a broad reader concerning women's health that remains one of the most comprehensive and popular books on the subject to this day. Formed in 1975, the NWHN functioned as a legal watchdog for women, sustaining major victories against high-dose contraceptives and unsafe intrauterine devices as well as

increased research at the federal level concerning toxic shock syndrome, menopause, and fertility treatment. As an advocacy group, the NBWHP focused its efforts on contextualizing birth control within the unique experiences of women of color. The success of the NBWHP spurred the creation of similar organizations among other people of color, including the Native American Women's Health Education Resource Center in 1985 and the National Asian Women's Health Organization founded in 1993.¹⁰¹

Though birth controllers accomplished major gains for the movement throughout this period, towards the end of the 1970s a conservative contingency blossomed that was antifeminist and strongly opposed to birth control—both of which were seen as destabilizing forces to a movement that was deeply shaped by fundamentalist Christianity. Though, as history shows, birth controllers frequently found an ally amongst social conservatives with whom they shared the belief that effective birth control could negate the need for abortion, *Roe v. Wade* (1973) eroded any ties that once existed.¹⁰² The feminist rallying cry that abortion was a woman's right violated the previously accepted status of abortion as an unpleasant but often necessary medical procedure – a status which it had enjoyed for over a century – and subsequently thrust the entire topic of reproduction into the political limelight.

By the end of the 1970s more women than ever before were using contraceptives. Followed by increased federal funding of family planning clinics and services as well as the establishment of the women's health movement, the birth control movement achieved widespread approval after the introduction of the pill. Though birth control remained

popular amongst women throughout the 1980s and 1990s, the budding conservative movement formed in the wake of *Roe* forced the movement to remain on the defensive.

Tensions between social conservatives and feminists made the inclusion of issues such as birth control and abortion onto party platforms a strategic choice.¹⁰³ Whereas the social benefits—decreasing maternal and infant mortality, healthier offspring, economic savings—had been touted by birth controllers in previous decades, the renewed participation of feminists in the 1960s meant a return to the issues which propelled the movement at the turn of the twentieth century—privacy, choice, and women's rights. Both Democrats and Republicans were quick to take advantage of this schism. Under the direction of prominent conservative Paul Weyrich, Republicans began courting members of the burgeoning pro-life movement while feminists, organizing under the label of pro-choice, pulled even closer to Democrats who served as allies during the civil rights movement and sexual revolution.¹⁰⁴ The abortion debate consumed the energies of both sides; however, the intense politicization of reproduction in the 1980s left birth control on shaky ground.

Conservatives, discouraged by an inability to reverse *Roe*, turned their attention to birth control in the late 1980s and 1990s. With an ally in the White House, the pro-life movement worked to remove federal funding for birth control and family planning services. Enacted under Nixon in 1970 as part of the Public Health Service Act, Title X provided funding for family planning programs for low-income and/or uninsured families; however, under Reagan and Bush Sr., Title X funding for birth control dropped by 72 percent. The creation of new regulations further limited what little money remained

to infertility treatments, adoption services, and the promotion of natural contraception—namely abstinence.¹⁰⁵ Mounting concern over teenage pregnancy in the late 1980s and early 1990s presented a similar affront to birth control. Initially, “the same cluster of conservative political attitudes expressed in antiabortion campaigns, now applied to the issue of teenage pregnancy,” despite the fact that teenage birth rates had steadily declined since the 1950s.¹⁰⁶ Not surprisingly, conservatives blamed access to and improper use of contraceptives, suggesting that their unmonitored availability licensed teenagers to engage in sexual activity. In response, conservatives initiated large-scale abstinence programs supported by congressional funding.

The early 1990s also brought advances in contraceptive technology. In 1990 the FDA approved the first subdermal long-acting contraceptive, Norplant, and approved the first injectable long-acting contraceptive, Depo-Provera, in 1992.¹⁰⁷ Like the IUD, these advancements enlarged the separation between sex and reproduction by allowing women to prevent conception for long periods of time without the cooperation of their male partners. Though it would not be approved for over-the-counter sale until 2006, the first emergency contraceptive was approved by the FDA in 1999.¹⁰⁸ Commonly referred to as Plan B, emergency contraceptives blurred the line between birth control and abortion; unlike traditional contraceptive pills which alter a woman’s hormones to make conception unlikely and are taken prior to engaging in sexual intercourse, emergency contraceptives are taken after sexual intercourse to interrupt ovulation and prevent fertilization. It was the debate over whether or not emergency contraception was an abortifacient that not only delayed FDA approval, but also prompted the second Bush

Administration to make changes to a collection of laws known as the Federal Statutory Health Care Provider Conscience Protections, allowing medical professionals to opt out of providing contraception and emergency contraception based on religious and/or moral grounds.

The changes pushed for by Bush quickly became the subject of scrutiny with the election of Barack Obama, who not only removed all forms of contraception from provider conscience protections within his first month in office, but also sought to expand contraceptive access through the Patient Protection and Affordable Care Act (ACA) by requiring that insurance companies provide coverage for contraceptives. Surprisingly, almost 50 years after the Supreme Court labeled contraceptive access as a right, the notion that insurance companies be required to cover birth control became a national controversy. Research by the Sunlight Foundation found that when the bill was made available to the public for comment, the birth control mandate received 147,000 separate comments while the second most popular topic, coverage for pre-existing conditions, received only 4,600.¹⁰⁹ It was only a matter of time before an official challenge to the mandate made its way to the U.S. Supreme Court. Two corporations, Hobby Lobby and Conestoga Wood appealed for an exemption to the mandate citing religious opposition to covering contraceptive methods they considered as abortive in nature. In June 2014 the court sided with the corporations and required the federal government to grant their religious exemption on the grounds that such an exemption did not place an undue burden on a woman's ability to access contraception.¹¹⁰ Though the Obama Administration vowed to create a mechanism to ensure that all women have unfettered contraceptive

access, regardless of their employers' religious beliefs, the dispute demonstrates that in the 21st century, birth control clearly remains a contested subject.

Separated in time by almost 100 years, women today face a similar struggle as that of Mrs. Sachs—to have their demands for contraception taken seriously. In reviewing the history of the movement, it is clear that while much has been achieved in terms of the fight for birth control, the movement remains positioned on uncertain ground. The following chapters move beyond the events that shaped the movement to an exploration of the discourses which have come to define it. In the last line of *My Fight for Birth Control*, Sanger proclaimed: “[Birth control] is a problem that concerns in its ultimate aspects every one of us and in its remoter consequences the very life of the nation and the race. . . . Together we shall march to the gates of victory.”¹¹¹ And march we have.

Chapter 3: The Right to Birth Control

In 1975 the biggest obstacle facing then-Governor of New York Hugh Carey was a looming financial crisis sparked by labor disputes and a state budget that ballooned under his predecessor Malcolm Wilson. Carey and his administration were thrown for a loop when North Carolina based nonprofit Population Services International sued the state on the grounds that its education law wrongfully prohibited the sale and advertisement of contraceptives. Propagated as a public health measure, Section 6811(8) of the New York Education Law made it illegal to sell or distribute contraceptives to minors under 16, for anyone besides a licensed pharmacist to distribute contraceptives, and to advertise or distribute contraceptives of any kind. Making its way to the U.S. Supreme Court in 1977, the case presented the court with its third opportunity to consider state restrictions on contraceptive access in just 12 years' time.

In his concurring opinion in *Griswold v. Connecticut* (1965) Justice Goldberg defended the right of married couples to use contraception, arguing that constitutionally, “the rights to marital privacy and to marry and raise a family are of similar order and magnitude as the fundamental rights specifically protected.”¹ Seven years later when presented with *Eisenstadt v. Baird* (1972), Justice Brennan expanded the right to privacy to guarantee contraceptive access to single persons noting, “If the right of privacy means anything, it is the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear or beget a child.”²

With contraceptive access legally secured as a right for both married and single persons, the only lingering question was whether or not minors should be afforded similar protections. Reducing the ruling in *Griswold* to its most basic argument Brennan proclaimed in *Carey v. Population Services International* (1977), “decisions whether to accomplish or prevent conception are among the most private and sensitive . . . the teaching of *Griswold* is that the Constitution protects individual decisions in matters of childbearing from unjustified intrusion by the State.”³

With each successive decision the court affirmed and expanded the reproductive rights of individuals. Justice Sandra Day O’Connor acknowledged the continued impact of these cases in her 1992 majority opinion in *Planned Parenthood of Southeastern Pennsylvania v. Casey*; O’Connor proclaimed:

There was a time, not so long ago, when a different understanding of the family and of the constitution prevailed [when] three members of this court reaffirmed the common law principle that a woman had no legal existence. . . . Our cases recognize the right of the individual . . . relating to the woman’s liberty [and] personal decisions concerning not only the meaning of procreation but also human responsibility and respect for it . . . These are intimate views with infinite variations, and their deep personal character underlay our decisions in *Griswold*, *Eisenstadt*, and *Carey* . . . In the [years] since [these cases were] decided an entire generation has come of age free to assume [their] concept of liberty in defining the capacity of women to act in society and to make reproductive decisions.⁴

On the precipice of the fiftieth anniversary of *Griswold*, the court’s daring decision to constitutionally guarantee one’s reproductive rights remains ever salient.

The struggle to establish a right to birth control began long before Estelle Griswold and Dr. Lee Buxton defiantly challenged the 86 year old Connecticut statute barring the use of medicinal articles to prevent conception. Rhetorical claims to a right to

birth control have taken on a multiplicity of forms since the movement's inception, shifting in relation to changes in contraceptive technology and the demands of varying stakeholders in the birth control movement. In its earliest form, amidst a cultural and legal context that classified it as an obscene topic of discussion, advocates couched the right to birth control in terms of access to information and freedom of speech. Victories in court leading to a relaxation of the Comstock Act and increasing public support for birth control facilitated a rhetorical shift away from the First Amendment claims that had brought high levels of publicity to Sanger and other birth controllers. Capitalizing on the momentum of the suffrage movement that pushed a discussion of women's rights to the forefront, activists rhetorically positioned birth control within this framework and asserted that giving women reproductive rights enabled their full emancipation. The focus on women's reproductive rights remained a constant in the movement's rhetoric; however, as new stakeholders entered the fray the articulated right to birth control expanded to include the rights of doctors, children, and society writ large. Understanding the rhetorical evolution of the right to birth control allows us to make sense of not only the *Griswold* decision but modern articulations of this right as well.

Over the last century, the movement articulated the right to birth control in five distinct ways. Initially, given the illegal nature of contraception, birth controllers sought to establish the right to freely discuss and access contraceptive methods under the banner of freedom of speech. Moving beyond the radical connotation of free speech, the movement distilled their plea for birth control into a framework of reproductive rights that focused on the need for women to exercise control and choice over their

reproduction. Building on the momentum of suffragists, birth controllers appropriated many of the movement's rhetorical tactics and contextualized the right to birth control within the existing rhetoric of freedom and similar struggles for equality. Adopting a strategy of political accommodation, the movement expanded the right to birth control for key stakeholders including doctors, children, and society writ large. In the wake of major legal victories, the rhetoric of the movement embraced both medicalization and a resurgence of the reproductive rights framework.

Freedom of Speech and Access to Information

The rudimentary nature of contraceptive technology in the early twentieth century heightened the need for a public discussion of birth control; however, because of its classification as an obscene topic, these conversations were forced underground. Historian Andrea Tone laments that although various entrepreneurs such as Antonette Hon and Charles Goodyear created and marketed products aimed at preventing conception such as vaginal suppositories and rubber condoms, obscenity laws, like the Comstock Act, “made contraceptives illicit goods to be confiscated not merchandise to be regulated and inspected.”⁵ Relegated to the pages of subscription based magazines and often deceptively sold under the label of feminine hygiene products, contraceptive devices remained largely a luxury available only to those whose wealth and education granted them access to what Tone refers to as the birth control black-market. The majority of women hoping to stave off pregnancy relied on advice and home remedies passed from one generation to the next through word of mouth. Yet, primitive understandings of the reproductive process left those with access to relatively

sophisticated pessary devices only marginally better off than those who douched with Lysol as their main preventative measure.⁶ Despite mounting concern over the safety of these black-market contraceptives and the oft-labeled quacks that promulgated them, the Comstock Act of 1873 silenced public discussion of contraception and left thousands of sexually active couples with a choice between remaining celibate or risking pregnancy.

The Right to Discuss Birth Control

Enter Margaret Sanger, the young nurse turned activist, whose frustration with the medical community's reticence to dispense contraceptive information served as the catalyst for the modern birth control movement. Convinced that women could and would regulate their reproduction if simply provided the tools to do so, Sanger began her search for medically accurate information to prevent conception. Her search, however, was quickly halted. She laments in her autobiography, "I asked doctors what one could do and was told I'd better keep off that subject or Anthony Comstock would get me. I was told that there were laws against that sort of thing. This was the reply from every medical man and woman I approached."⁷ Within the stilted replies of the medical profession Sanger discovered that the first step to securing contraceptive information was to challenge, and eventually seek repeal of, the Comstock Act of 1873. This was not the first time Sanger's work had been threatened by the ever-looming Comstock Act. In 1913 as a writer for the Socialist daily, *The Call*, Sanger's column "What Every Girl Should Know" was temporarily censored for its use of the words "syphilis and gonorrhea," but was later published after readers and key officials objected on free speech grounds. Historian Peter Engelman suggests that Sanger's early experience with censorship was "fortuitous,

[giving] her some instant notoriety among the free speech crowd” and creating a template for her future struggles with Comstock.⁸ It is unsurprising then that the first articulation of a right to birth control came in the form of a right to information contextualized within existing claims for freedom of speech.

With the support of the Industrial Workers of the World (IWW) and the Free Speech League (FSL), two radical organizations Sanger associated with during a brief stint as a Labor activist, she started *The Woman Rebel* in 1914 with the express purpose of exciting a fight over the classification of contraception as obscene under the Comstock Act. In its first issue Sanger vehemently questioned, “Is it not time to defy this law?” Sanger proclaimed that *The Woman Rebel* “would advocate the prevention of conception [and] impart such knowledge in the columns of this paper” knowing full well that doing so directly violated the law. Sanger’s rhetoric in the inaugural issue of *The Woman Rebel* was clearly an enticement of censorship; however, because the paper contained no substantive articles on contraception it could not be censored – a move that was just enough to draw the government’s attention without risking getting shut down after just one issue.⁹ As planned, *The Woman Rebel* caught Comstock’s eye with five of its seven total issues deemed unmailable by the Postmaster and charges brought against Sanger in August of 1914.

News of the paper’s suppression garnered national attention with both major news outlets such as *The New York Times* and local papers, including the *Xenia Daily Gazette* of Ohio, carrying the story.¹⁰ Fearful that coverage of World War I might overshadow her new found publicity and hoping to refocus her eventual trial on a soon to be released

publication on sex and contraception, *Family Limitation*, Sanger fled the country in 1915. Far from a cowardly move, Sanger's exile galvanized supporters and gave them a platform to launch their attack on the Comstock Laws as a violation of freedom of speech. In a joint report prepared in 1930 for the BCCRB and the NCFLBC evaluating the efficacy of these two organizations, the John Price Jones Corporation noted that the "small feminist paper [published] to challenge the freedom of speech with regard to the Federal Postal Law . . . accomplished its purpose of gathering together men and women who would assist in organizing the birth control movement."¹¹

While in exile it was her husband William and not Sanger herself who kept birth control on the public's radar. Unlike Margaret, who had intentionally violated the obscenity laws to drum up support for their repeal, William was arrested by Cosmstock himself for providing an undercover agent a copy of *Family Limitation* – making him, according to Peter Engelman, the perfect "free speech martyr."¹² William Sanger, advised in part by the FSL, chose to forego official council and instead defended himself in court – a masterful move that essentially converted the court room into a pulpit. The *New York Times* on September 5, 1915 printed his remarks almost in their entirety.

Sanger proclaimed:

I deny the right of the State to compel the poor and disinherited to rear large families, driving their offspring into child labor when they should be at school and at play. I most certainly deny the right of the State to arm a prudish censorship with the right of search and confiscation to pass judgment on our art and literature. I deny as well, the right to hold laws of this obscenity statute, to heckle, to hinder, and deprive those best fitted by years of training and experience, from aiding those ignorant of the methods of birth control. For nearly half a century the entire nation has been under this self-appointed censorship of our morality, and it

has been instrumental in keeping America woefully behind the nations of Europe.¹³

With a captive audience both in court and in the press, William Sanger's testimony advanced several key arguments in support of birth control. First, Sanger's testimony pinpointed censorship as the main barrier to effective contraceptive instruction. It was censorship that prohibited doctors from dispensing contraceptive information and not a lack of information that kept America woefully behind Europe. Second, by labeling them as prudish and equating their enforcement with mere heckling, Sanger's testimony called into question the very necessity of the Comstock laws. Margaret Sanger established the first claim for birth control on free speech grounds, but her husband's testimony solidified the viability of this rhetorical strategy within public discourse, resulting in a full endorsement of birth control by the liberal magazine the *New Republic* and a series of articles dedicated to birth control appearing in *Harper's Weekly* shortly after the trial.¹⁴

Margaret Sanger returned from Europe in October 1915 with a new disposition towards her fight for birth control. Sanger explained in an undated document entitled "My Experiences in Holland," "Holland revolutionized my ideas regarding the future of the movement. No longer could I look upon birth control knowledge as essentially a free speech fight. . . . That was not enough. Personal instruction must depend upon physiological and anatomical knowledge."¹⁵ This is not to say that Sanger abandoned her claim that censorship under the Comstock Act was an affront to freedom of speech, rather Sanger's newfound conviction led her to confront the law directly. Now was the time to

fight; not by “wast[ing] our time and energy whining about our constitutional right to free speech,” but by “speak[ing] out” and “assert[ing] the truth as we have found it.”¹⁶

Sanger’s new found conviction, according to communication scholars Vanessa Murphree and Karla Gower, made “her tactics and her audience become more conservative and mainstream.” They conclude, “Her earlier radical tactics had put birth control on the media’s agenda and hence on the public’s. But during the 1930s, she opted for more traditional ways to keep it there.”¹⁷ Thanks to the publicity generated by the controversies surrounding *The Woman Rebel* and *Family Limitation*, people were talking about birth control and largely without legal consequence, making a transition away from free speech arguments a feasible one for the birth control movement.

Interestingly, even as Sanger consciously minimized her appeals to free speech, the argument remained salient in the media. Fola La Follette, daughter of prominent politician Robert La Follette, defended Sanger in the *Washington Post* on January 25, 1916; La Follette proclaimed:

The right to freedom of speech and freedom of pen is questioned in the indictment of Mrs. Sanger. . . . that is why so many persons are rallying to her support. Whether one agrees with her methods of agitation or not, her cause ought to arouse public opinion and initiate a movement to change our archaic Federal and State legislation to accord with modern ideas.¹⁸

La Follette’s statement demonstrates the salience of the movement’s early appeals to freedom of speech.

Although a suffragist like La Follette could be expected to support the movement on such grounds, even those opposed to the aims of the birth control movement voiced their support on the basis of free expression. *Outlook*, a more conservative magazine of

the times, boldly stated on November 30, 1921 that although they did not sympathize with Sanger and questioned the “wisdom of discussing the subject of birth control . . . in a public hall meeting before a popular audience,” attempts to halt such a discussion were “clearly a dangerous [and] illegal violation . . . of the fundamental right of free speech guaranteed by the United States Constitution.”¹⁹ With public support for Sanger increasing, and the death of Anthony Comstock in 1915, the Catholic Church emerged as the last major obstacle to the free discussion of birth control. Although incapable of censoring the movement via the mail system, the church could leverage its political clout to shut down public meetings about birth control.

The tension between the church and birth controllers fueled Sanger’s claim that denying contraceptive information hindered individual rights; drawing a parallel between freedom of religion and freedom of speech Sanger protested, “every benefit of tolerance and civil rights is granted to its members to worship their own religion . . . they on the other hand have launched out in a campaign to control [all literature] affecting health and moral legislation.”²⁰ Though occasionally successful, the tactics of the church often backfired – generating more publicity for the movement and forcing papers to side with birth controllers in the name of free expression. Sanger explained in a 1944 speech entitled “Birth Control Then and Now,” “the most conservative papers were placed in the trying situation of defending birth control advocates or endorsing a violation of the principle of free speech.”²¹ In their open defiance of the law through very public discussions of birth control, early advocates such as Sanger, Emma Goldman, and Harold Cox enacted the right to free speech rather than simply requesting it, relying on

supporters and the press to justify their actions on free speech grounds while they moved on to actually providing contraceptive information to the masses.

The Right to Know about Birth Control

Having unofficially secured the right to discuss birth control publicly, the movement's next hurdle was establishing the right for all persons to obtain contraceptive information. Sanger pleaded in the newly established *Birth Control Review* in 1917, "Could there be a more worthy case of the right of an individual to demand, yes, demand of science, of the medical profession and of the State, the benefit of the knowledge society has accumulated on this subject?"²² Both Sanger's statement and her choice to publish it in a newly created journal dedicated to the birth control signaled a shift away from the movement's radical roots. In their rhetorical analysis of the *Birth Control Review* Murphree and Gower argue, "Sanger's launch of the *Birth Control Review* illustrates her growing understanding of the importance of political accommodation in the form of embracing approaches aimed at broader medical and political communities."²³ Recognizing the shift in focus for the movement, *Current Opinion* explained the agenda of birth control advocates as "first, the repeal or amendment of both the federal and the state laws prohibiting the giving of information concerning family limitation; and, secondly, after their repeal, the dissemination of scientific knowledge."²⁴

Though Sanger advocated the use of contraceptive devices such as the diaphragm in *Family Limitation*, the rhetoric of the movement in the early 1900s focused on securing access to information rather than specific contraceptive methods for two reasons. First, whereas contraceptive devices were both cost prohibitive and sex specific,

information was accessible and usable for all persons. In a report for the Motherhood Department of the ABCL secretary Bertha Potter Smith noted that as of January 12, 1926 the league had received over 28,000 letters in the previous year alone from “all over the world [and] from all walks of life.”²⁵ The diversity of contraceptive demands meant that the provision of medically accurate information was the only universal solution. Second, only through the provision of information could people begin to understand the variety of contraceptive options available to them. Mary Ware Dennett explained in a letter to the editor of the *New York Times* in 1922 that only after receiving contraceptive information can people “for the first time, be legally free to weigh the relative merits of unlimited and undetermined reproduction and self-determined parenthood achieved by the application of scientific knowledge.”²⁶

Influenced by her trip to Europe, Sanger carefully clarified the type of information she wished to promulgate as that provided by members of the medical profession. Writing in the *Birth Control Review* in October 1919, Sanger castigated the Comstock Act for keeping medically accurate information about contraception away from women, suggesting that “the only practical effect – the real tragedy of the present law – is that it deprives us of the knowledge and skill of the only persons who are capable of instructing the masses.”²⁷ Additionally, Sanger explicitly stated in 1921 that “scientific information [should] be disseminated directly to the mothers through clinics by members of the medical profession, registered nurses and registered midwives.”²⁸ More than just a necessary clarification, the use of the words scientific and medical functioned rhetorically to mitigate criticism. Murphree and Gower suggest that the

movement's appeals to scientific information mobilized the opinion of trusted individuals in support of birth control; they conclude, "rational appeals put forward by respected doctors, economists, and sociologists gave the issue greater credibility and wider acceptance."²⁹ The response of Juliet Barrett Rublee, Vice Chairman of the First American Birth Control Conference, to Archbishop Hayes's accusation that contraceptive information was obscene is demonstrative; she remarked, "I agree with the Archbishop that it is right to prevent obscene and indecent literature from going through the mail, but I maintain that scientific information which will safeguard the health of women and children is neither obscene nor indecent."³⁰ Rublee's use of the word scientific to modify information counters the Archbishop's concerns about indecency by drawing a clear distinction between the obscene literature he wished to curtail and the legitimate information desired by the birth control movement.

In addition to minimizing criticism, the movement's focus on medical and scientific knowledge accomplished two goals rhetorically. First, it created a much needed distinction between legitimate knowledge of contraception and folk science. Popularized in the late 1800s by vendors such as Madame Restell, pills, potions, and purgatives claiming to prevent conception gave contraception a bad name amongst the medical community and repeatedly drew the attention of censors.³¹ The rhetoric of Chicago Health Commissioner Herman N. Bundesen demonstrates the conflation of birth control clinics and quack medicine that the movement needed to counteract. In his denial of the Illinois Birth Control League's permit request to open a birth control clinic Bundesen remarked: "The establishment of one such clinic would open the way for an army of

quacks.”³² Given the tendency of Bundesen and others to equate the birth control movement with quackery, it was imperative that the movement draw a clear distinction between the two. To that end, speaking before the Connecticut legislature in 1923 in support of a bill to overturn the state’s version of the Comstock Act, H.F. Fletcher bluntly declared “the league did not represent patent medicine makers or ‘quack doctors.’”³³ Fletcher’s denouncement of quack doctors worked to legitimate the movement by drawing a distinction between its educational goals and the primarily consumerist aims of the birth control black market. *Current Opinion*’s assessment was that the Comstock Laws “silence the scientist but do not shut the mouth of the ignorant midwife. The reputable physician does not like to risk imprisonment; the conscienceless quack will take a chance.”³⁴ Such statements demonstrated the salience of Bundesen’s distinction within the popular press.

Second, the movement’s emphasis on scientific and medical knowledge functioned as a much needed overture toward both the medical community and the church. Linda Gordon explains that most physicians in the early 1920s were opposed to contraception because of a variety of reasons including a disdain for the movement’s “affiliations with anarchism and quackery.”³⁵ The successful juxtaposition of legitimate knowledge with quack medicine helped assure physicians that they were a welcomed and vital part of the birth control agenda. The success of this rhetorical strategy is demonstrated by doctors who relied on this very same rhetorical tactic in their public defense of contraception. Gynecologist and obstetrician Dr. Joseph L. Baer explicitly compared science and quackery in 1922 when he pleaded, “The only difference in the

majority of the cases is that the wealthy women use highly scientific methods, while the indigent women are forced to submit to the quack doctor.”³⁶ In 1925 the *Chicago Daily Tribune* applauded the birth control movement for distancing themselves from the lurid contraception black market and proclaimed, “birth control now rates with respectables.” Dr. Alice Hamilton of Harvard University even told the *Tribune* that “the fight for the scientific dissemination of the scientific facts of birth control is working its way slowly to a successful conclusion.”³⁷

Chicago physician Dr. Rachelle Yarros espoused the necessity of doctors to provide contraceptive information as a result of quack medicine’s popularity; Yaross proclaimed in 1935 that because “a large number of remedies prescribed by quacks fail . . . the responsibility is the physician’s. He should not let the quacks do what he should do conscientiously.”³⁸ While the early rhetoric of the birth control movement often antagonized the medical community – Sanger had after all blamed them for withholding information – the articulation of birth control as a scientific issue distinct from that of quack medicine was crucial to securing legitimacy for the movement amongst physicians who would eventually defend the right to contraceptive information using identical rhetorical tactics as early birth controllers.

The movement’s focus on the provision of medically and scientifically accurate contraceptive information also garnered the support of many religious groups. Speaking on behalf of the Protestant faith as a whole in 1930, Dr. Douglas White proclaimed, “birth control must have its place in determining the future of the family and the nation in spite of its dangers” because “unwanted children, whether in or out of marriage, are

undesirable productions, misfortunes alike to themselves and their parents.”³⁹ In a similar vein the Methodist Church touted the importance of birth control information to the happiness of Christian home life and pledged their support for “remov[ing] existing restrictions upon the communication by physicians to their patients of important medical information on birth control.”⁴⁰

The movement’s insistence that securing contraceptive information merely afforded people a choice in the matter and did not seek to undergird standing religious doctrines also helped gain the support of religious institutions. Mary Ware Dennett emphasized the importance of informed choice in 1922, explaining, “whether people make use of the information or not, is their own private concern. People can preach and teach and act exactly in accord with their own ideas.”⁴¹ The ABCL addressed the issue even more explicitly in a form letter to its members in April 1928: “If the church has doctors who do not want to know about birth control, no one wishes to make them do so. No laws can compel them to receive books or literature.”⁴² Thus, by articulating access to contraceptive information as an informed medical choice, early birth controllers accrued the support of religious institutions who favored medical instruction as a means of reducing marital dysfunction, abortion, and divorce.

The birth control movement’s articulation of a right to contraceptive information received formal recognition in 1938 when the U.S. Circuit Court of Appeals ruled in *United States v. One Package of Japanese Pessaries* that “at the time of passage of the Comstock law, information on contraception was poor and that Congress would not have considered contraception immoral had it understood all the facts.”⁴³ Though it took more

than twenty years to secure this tangible victory, the rhetoric justifying the right to information successfully brought legitimacy to the movement among liberals concerned with freedom of speech, doctors once wary of the lurid nature of contraception, and religious institutions hoping to preserve the marriage relationship.

Birth Control as a Woman's Reproductive Right

While work continued on the repeal of the Comstock Act throughout the early years of the birth control movement, the success of another movement—woman suffrage—created a new platform for birth control advocacy: women's rights. Labeling the gains of the women's movement as only a partial victory, birth control advocates set out to, as Linda Gordon explains, “transform the nature of women's rights--indeed, of human rights – to include free sexual expression and reproductive self-determination” by pushing for the reproductive rights of women.⁴⁴ Historian Elaine Tyler May explains that “as the women's rights movement gained momentum in the early twentieth century . . . birth control advocates promoted contraceptive as a radical idea linked to political change as well as personal emancipation.”⁴⁵ In doing so, several rhetorical moves were consistently made by birth control advocates. First, contraceptives were depicted as necessary to secure two major reproductive rights for women: the right to control one's own body and the right to exercise choice over one's reproduction. Second, engaging in the practice of appropriation, advocates for birth control borrowed heavily from the rhetoric of the women's rights movement, and suggested that the provision of reproductive rights enabled women's empowerment and emancipation. Finally, parallels were drawn between the fight for birth control and other struggles for freedom.

The Right to Control and Choose One's Reproductive Destiny

Early advocates fought for two forms of reproductive rights--control and choice. Control consisted of the ability to regulate reproduction through the use of contraceptive information and devices, whereas choice entailed the ability to voluntarily engage or reject motherhood as one saw fit. Securing both control and choice was essential to the birth control movement for without the ability to regulate reproduction it was literally impossible to enact choice over the matter. Several steps were taken to establish these rights. Initially, birth controllers defined control and choice as mechanisms for women to regulate their reproduction, rather than leaving it to chance. Sanger explained, "it is both our right and our duty, as intelligent beings, to control these for our own uses and our own good. This includes both the regulation of the number of children and the methods of regulation."⁴⁶

The importance of regulation surfaces through the movement's articulation of its alternative; Guy Irving Burch, founder of the Population Reference Bureau, suggested in a 1926 letter to the *New York Times* that absent control "human beings are conceived by chance and ignorance," resulting in the birth of unwanted children to often unprepared, overburdened, or incapable parents.⁴⁷ By juxtaposing control with mere chance, the rhetoric of early birth controllers portrayed the use of contraception as a common sense measure no different than spacing one's crops to ensure a healthy yield.⁴⁸ Harold Cox utilized a similar analogy for regulation in his 1921 article for *The Dial*, noting, "No intelligent gardener plants trees so close to one another that they have no room to grow, and for exactly similar reasons intelligent and patriotic parents ought to leave adequate

intervals of time between their successive infants.”⁴⁹ Sanger also juxtaposed chance and control, arguing, “to say that birth control runs the risk of excluding from life geniuses . . . is to imply that chance is a better guide than intelligence.”⁵⁰ Through the use of familiar agricultural analogies and juxtaposition to chance, birth controllers rhetorically mitigated the popular counterargument that birth control would result in an over regulation of the population.

Pitted against the alternative of leaving childbearing to chance, the right to exercise control and choice over one’s reproduction gained traction as a preferable method of regulating the population as exemplified by geneticist Edward Murray East’s 1927 claim in *Forum* that “the idea of children by choice instead of chance has made so much headway . . . to show that conscious regulation of the birth rate is a highly ethical proposal.”⁵¹ This emphasis on choice is further highlighted in Dr. Louis L. Mann’s explicit definition of birth control in 1932. Mann pleaded, “Let me define birth control. . . It means that children shall come into the world by choice and not by chance.”⁵² Drawing a distinction between choice and chance proved so successful for the movement that Planned Parenthood later used the phrase “Children by Choice, Not by Chance” as a slogan in 1947 and again in 1981.⁵³

Birth controllers also positioned control and choice within a framework of responsible motherhood by arguing that contraception sought to regulate and not eliminate reproduction. An anonymous article in the *Birth Control Review* in 1919 specifically tied these rights to motherhood stating, “The most sacred right of American motherhood [is] the right of keeping within its control the function of reproduction.”⁵⁴

While advocating for the adoption of a “Mother’s Bill of Rights” in 1931 Sanger explained that the aim “was to amend federal laws so that motherhood shall be conscious and controlled.”⁵⁵ The movement’s emphasis on motherhood was no doubt a strategic one, allowing them to construct birth control as aid to mothers and the marital relationship rather than as a selfish measure to achieve a life of leisure. Poet and Anglican Priest G.A. Studdert Kennedy acknowledged the potency of this line of thinking in a 1927 *Forum* article noting that “to thwart and starve the parental impulse [through] selfish and immoral birth control . . . is one of the chief reasons why moralists resort to the desperate expedient of attempting to prohibit birth control of any sort.” Though Kennedy suggested that “whether they are right or wrong depends entirely upon the circumstances under which, and the motives with which, they are used,” he concludes that “knowledge of the best, most effective, and most hygienic methods ought to be made easily accessible to every married couple [and] careful teaching as to the responsibility involved ought to be part of the preparation for marriage.” Although conceding that not all contraceptive use is desirable, Kennedy’s rhetoric builds on the framework of responsible motherhood by suggesting that when coupled with instruction about the responsibility of birth control, the rights of control and choice allow “fathers and mothers [to] act together after careful consideration, and with sound medical advice, as seems to them best for their several families.”⁵⁶

Sympathizers to the cause such as Kennedy weren’t the only ones who took note of the distinction between regulation and elimination; in their report on a speech given by Sanger in 1917, the *Chicago Daily Tribune* applauded Sanger for “drawing a clear

distinction between birth control and non-conception.”⁵⁷ Alma Whitaker, staff writer for the *Los Angeles Times*, repeated the motherhood mantra almost verbatim, noting, “birth controllers claim that the normal woman wants children if she can have them under decent conditions, and not too many of them.”⁵⁸ Based on his exploration of Sanger’s rhetoric, Wesley Buerkle concludes, “Though Sanger argues for women to use birth control as a means of challenging the foregone assumptions of women as inevitable mothers, she refrains from ever telling women they should avoid motherhood altogether.”⁵⁹ The articulation of control and choice within the bounds of married motherhood, explored more extensively in chapter five, functioned as a necessary counterpoint to accusations that early birth controllers were anti-children and that regulating one’s reproduction somehow meant eliminating it altogether.

In a similar vein, many birth controllers expanded the context of married motherhood to the familial relationship in general. Dr. Douglas White suggested in 1930 that “responsible parenthood ought to consider both the spacing of children and the economics of the family.”⁶⁰ The *Birth Control Review* went as far as to analogize reproductive decisions with marital decisions, noting that couples “have as much natural right to say how many children they shall bring into the world and when as to say when and why they shall marry.”⁶¹ Positioning birth control within the bounds of the familial relationship effectively neutralized the popular argument that birth control would erode the institution of marriage, leading the *Boston Daily Globe* to propose that the government work to protect marriage by emphasizing the “responsibility of parentage” and “employ[ing] trained scientific teachers in all branches of education whose business

it would be to see that none remained ignorant on any subject pertaining to their mental, moral or physical well-being.”⁶² Ultimately, by operationalizing contraception within the context of married motherhood and responsible parenthood birth controllers created an acceptable set of parameters for the utilization of control and choice.

Similar to the juxtaposition created between control and chance, advocates constructed the provision of reproductive rights as a preferable alternative to abortion. Writing for *Coronet Magazine* Sanger argued that “it isn’t fair to deny to the vast majority of women in this country the child-spacing knowledge they desire . . . It isn’t fair to force them, often, to the sad alternative of abortion.”⁶³ Influenced deeply by her experiences with Sadie Sachs and other women who had sought out illegal abortions to prevent the birth of another child, Sanger held from the very beginning that contraception allowed women to prevent becoming pregnant in the first place – making abortions altogether unnecessary. Upon opening the Brownsville Clinic in 1916, Sanger distributed handbills printed in English, Yiddish, and Italian reading “DO NOT KILL. DO NOT TAKE LIFE, BUT PREVENT.”⁶⁴ The articulation of contraception as a means to prevent abortion became even more poignant when coupled with the statistical realities of abortion. Ray Erwin Baber, author of *Marriage and the Family*, argued in 1932 that “induced abortion causes the death of at least 6000 women in the country every year,” making it “apparent that an adequate knowledge of birth control would wipe out most of this ghastly toll of adult life, to say nothing of the infinitely greater toll on half-formed life.”⁶⁵

The suggestion that women who had the ability to engage in conscious and controlled motherhood would no longer choose abortion proved particularly compelling to the medical community who had seen the disastrous effects of illegal abortions first hand. The testimony of Dr. Eric M. Matsner, executive secretary of the National Medical Council on Birth Control, before the Academy of Medicine in 1937 is exemplary; Matsner argued that a lack of contraception left women with no choice but abortion and suggested that “one-quarter of America’s high maternal death rate is due to abortion and will be materially decreased by the extension of reliable contraception information.”⁶⁶ Thousands of women were already choosing to abort their pregnancies, so by advancing the argument that giving women rights eliminated the need for abortion, birth control advocates successfully constructed a women’s right to exercise control and choice prior to conception as the best option for both mothers and children.

Appropriating Suffragist Rhetoric

Beyond merely defining women’s reproductive rights, early birth controllers characterized the ability to exercise control and choice over one’s reproduction as the linchpin to women’s full emancipation. Despite similar ideological commitments, early birth controllers found themselves at odds with suffragists who opted to leverage their new-found political power to push for the Equal Rights Amendment and prohibition instead of reproductive rights. Sanger chastised suffragists for failing to support the birth control movement, noting in March 1920, “We promised when we sought the ballot that we would make use of it . . . [yet] in none of those states where women have for years had the ballot, has there been any attempt to amend or repeal the laws against birth

control.”⁶⁷ Though deeply disappointed with the suffragists’ general lack of participation in the fight for reproductive rights, their absence didn’t stop birth controllers from borrowing heavily from the rhetoric of the women’s movement to establish reproductive rights as a prerequisite for woman’s full equality. In doing so, the birth control movement engaged in what communication scholar Jennifer Peeples calls appropriation; she explains, “once an articulation becomes successful . . . the constructs begin to appear in the rhetoric of other like-minded or oppositional groups that see these articulations as a means of gaining the material and/or symbolic rewards momentarily attached to that discourse.”⁶⁸ Through appropriation birth controllers used the initial victories of the women’s movement as a springboard to advocate for reproductive rights, extending the constructs of emancipation, freedom, liberty and equality popularized by suffragists to build a case for reproductive rights.

Initially, successfully appropriating the rhetoric of the women’s movement necessitated that birth control advocates acknowledge the movement’s victories as a way of suggesting that more needed to be done to achieve full equality for women. Writing for the *Birth Control Review* in 1921 Sanger argued that these victories were mere steps in the right direction and that “she has claimed the right of suffrage and legislative regulation of her working hours, and asked that her property right be equal to those of the man. None of these demands, however, affected directly the most vital factors of her existence.”⁶⁹ Establishing biological freedom as a requisite to achieving social and political equality simultaneously positioned the fight for birth control as concomitant with the aims of the woman’s movement and called into question the utility of its

victories in a world where women remained constrained by their biological burden of childbearing. In a 1933 speech entitled a “New Deal for Women” Sanger proclaimed:

Woman has struggled upward for her rights and she has won them, one by one, but until she has won biological freedom over the laws of childbearing, her other prizes so hardly won can do little for her onward march in civilization. The function of procreation must be under her control for the woman who is constantly submerged in the fears of pregnancy can never be equal in social or political efficiency to man.⁷⁰

Acknowledging the achievements of the women’s movement enabled early birth controllers to contextualize the fight for reproductive rights as a continuation of the struggle for women’s equality rather than an entirely new venture.

Using the successful repeal of laws prohibiting women from owning property as a springboard, activist and journalist Lily Winner positioned reproductive control and choice as the next logical step toward the complete freedom of women. She explained in the *Birth Control Review* in 1917, “now that the law recognizes her as a self-centered individual, not incorporated in another personality . . . she must fight for her own body, to own it and care for it and use it according to her own high desire and purpose.”⁷¹

Winner’s statement also highlighted the need to build on the more pragmatic victories of the women’s movement, property ownership and suffrage, by pushing for more intangible rights such as self-fulfillment. According to the *New York Times* in 1926 “many once ardent suffragists see that feminism means something else than adopting the ways of men . . . that the process can be achieved only in the transformation of society as a whole,” suggesting that equality for women entailed securing the very types of rights that Winner and other advocates attributed to birth control.⁷²

Further demonstrating the importance of birth control to the aims of the women's movement, Sanger suggested in a 1933 speech "only because [of] its practice among themselves could [women] have battled for suffrage or any other social and cultural movement during their child-bearing years."⁷³ This logic was also applied to everyday women in the *Birth Control Review* in 1917; the anonymous article explained, "There are hundreds of thousands of mothers who are so submerged beneath the burdens of child-bearing that they will not have the time to even cast their vote, much less to take an intelligent interest in the problems of the society."⁷⁴ It is possible that Sanger's bombastic remarks towards suffragists may have disincentivized their participation; however, these remarks also helped situate the fight for birth control in relation to the suffrage movement by arguing that the victories of the women's movement were pointless in a world where women were still denied reproductive freedom.

The Rhetoric of Freedom

After positioning the goals of the birth control movement as not only complementary to the victories of the women's movement, but a precursor to their full enactment, birth controllers were able to co-opt the concepts of freedom, liberty, equality, and emancipation from the rhetoric of the broader women's movement. Famous Socialist Eugene V. Debs proclaimed in the *Birth Control Review* that "freedom, complete freedom, is the goal of woman's struggle in the modern world" and that such freedom would not be won until women were given "sole custody of her own body" as a means of securing "sex freedom as well as economic, intellectual, and moral freedom."⁷⁵ Sanger drew an even more explicit connection to freedom when she proclaimed in 1921, "birth

control is the means by which woman attains basic freedom; [it] is for woman the key to the temple of liberty.”⁷⁶

Always wary of the common association of contraception and the elimination of reproduction, birth controllers utilized the previously established notion of responsible parentage to temper their demands for liberty. Sanger argued in 1924, “birth control insists upon the maximum of personal liberty in every sphere of human behavior . . . it throws back upon the individual full responsibility [to] act upon the basis of reason, experience, and prudence.”⁷⁷ Birth control rhetoric also linked reproductive rights to emancipation and equality. Sanger bluntly stated in 1933, “only through the emancipation of woman’s creative energies, her sex force, can humanity redeem itself,” arguing that the foundation for the movement should be to make motherhood a “voluntary and conscious undertaking in order to be approximately equal to man. Upon this foundation only can she strive for equal rights.”⁷⁸

By appropriating the rhetoric of the women’s movement, birth control advocates successfully merged the two in the public consciousness as demonstrated by a comment in the *Los Angeles Times* in 1935: “the trend of the so-called women’s movement in all civilized countries during the last decade has been directed along the line of free discussion over the propriety, or impropriety, of a general dissemination of information concerning birth control.”⁷⁹ Peebles argues, “groups that engage in [appropriation] are incorporating the rhetoric as a means of showing similarities between the groups’ situations in order to utilize the power and resonance of the established discourse.”⁸⁰

This is exactly what birth controllers did through their use of rhetorical strategies first popularized by the women's movement.

Parallels to Other Struggles for Freedom

Birth controllers further augmented the established connections between contraception and emancipation by drawing parallels to other historical struggles for freedom. Initially, Sanger proclaimed in 1916 that women were subjected to “the same powers of oppression which wrought from us the liberties [of] our forefathers . . . Today we are engaged in a relentless struggle for woman's liberty . . . for her release from the domination of church and state.”⁸¹ By positioning the fight for birth control as a battle against church and state Sanger successfully drew a parallel between the struggle for birth control and America's independence from Great Britain. Building on this analogy, Sanger suggested that just as Great Britain used America for resources to selfishly build their empire, women have “been the stepping stone of oligarchies [and] kingdoms” who have “thrived on her enslavement.”⁸² Capitalizing on the patriotic political climate of WWII America, birth controllers suggested that now more than ever citizens must be concerned with safeguarding all forms of liberty – including reproductive freedom, declaring in 1942:

At no time in history has it been so important that we here in the last remaining stronghold of human liberty keep that eternal vigilance that is the price of freedom; that we be ever alert to preserving our human rights – our civil liberties – in their full vigor . . . [including] the right of free men and free women to undertake the deep and satisfying act of parenthood, not by chance or ignorance, but in full knowledge of their responsibility to the child, to themselves and to the nation. Only on this foundation can a free, sturdy, and independent people build their collective life and maintain intact their liberties.⁸³

The use of historical parallels further aligned birth controllers with suffragists who had frequently deployed an identical rhetorical strategy.

The Declaration of Sentiments drafted by suffragists at the Seneca Falls Convention in 1848 repurposed the Declaration of Independence to establish a parallel between woman suffrage and the American Revolution. Noting the importance of the Declaration of Sentiments as the “first important feminist document in this country,” journalist Mildred Adams suggested that birth control may finally “move [women] into the enlarged sphere which her great creator has assigned to her,” fulfilling the ultimate objective established by those in attendance at the Seneca Falls Convention.⁸⁴ Adams’s use of rhetoric from the Declaration of Sentiments situates birth control within the historical progression of revolution in the United States and demonstrates the salience of the established connection between the fight for birth control and previous struggles against oppression.

Additionally, birth controllers extended slavery and bondage as a metaphor to explain the resulting oppression when women were denied the right to exercise control and choice over their reproduction. While exploring the question of whether or not birth control was an issue for parents or simply women, Sanger argued, “She is still in the position of dependent today because her mate has refused to consider her as an individual apart from his needs . . . she is exploited, driven and enslaved.”⁸⁵ Communication scholar Wesley Buerkle argues that analogizing reproductive tyranny with slavery “serves as an affront to assumptions that women’s bodies serve masculine interests because it opens the possibility of women defining themselves in terms other than their

familial relation.”⁸⁶ Reproductive rights then emerge as the only way for women to avoid exploitation and enslavement by providing them with mechanisms to resist male desires for continued reproduction. Historian Walter Adolphe Roberts extended this argument when he wrote in 1917 that “it is essential to women to know how to prevent conception. Without this knowledge, she cannot . . . emerge from the sex-bondage in which she has been held.”⁸⁷

Although Sanger and others were concerned with the imbalance of power in the sexual relationship between men and women, the sex-bondage referred to herein stems from the biological burden of child bearing and rearing disproportionately born by members of the female sex and not from the sex act itself. Sanger argued in 1919, “A free race cannot be born of slave mothers. A woman enchained cannot choose but give a measure of bondage to her sons and daughters,” suggesting that this sex-bondage had implications on a societal level as well.⁸⁸ In one of the most explicit uses of slavery and emancipation as a metaphor, the NCFLBC provoked in 1932, “In ignorance she brings forth her children and is enslaved as the black race never was enslaved. Where is mother Abraham Lincoln to free her?”⁸⁹

Birth controllers were not the first group to analogize the oppression of women with slavery. Historian Laura Mayhall explains that suffragists and abolitionists in the 1800s such as Lucretia Mott used the concepts of slavery and tyranny within their rhetoric to “connect family, state, and citizenship within the realm of the political, and [offer] remedies for their political exclusion.”⁹⁰ The use of slavery and bondage as a metaphor for the denial of reproductive rights functioned in much the same way by

suggesting that women, and subsequently the entire race, could not be free as long as they remained in the bondage of unrestrained child-bearing inflicted on them through the tyranny of church and state.

Following in the wake of the suffrage movement simultaneously proved frustrating and enabling for birth controllers; though suffragists had given them a template for resistance, many of them refused to mobilize their new-found political capital to support contraception. Harnessing the momentum and rhetorical tactics of the suffrage movement was instrumental for the birth control movement's articulation of reproductive rights; however, this articulation risked isolating supporters, namely the medical community, who supported birth control as a public health measure but not as a mechanism for liberation. Jessie Ashley, an advocate who was arrested in 1916 for dispensing contraceptive information, explained in the *Birth Control Review*:

They discussed [birth control] as a measure calculated to replenish the race, to multiply the number thereof. It was just like talking about democracy, perfectly proper and safe, until this misguided member of the board of the National Birth Control League happened to suggest that birth control would be a boon to women by giving them protection and a little freedom by helping them to control their own bodies. Horrors! The worthy doctors grew cold. That they gravely answered would be personal individual liberty; we cannot consider personal freedom.⁹¹

Just as the movement shed its more radical demands for freedom of speech in order to popularize the movement in the 1920s, the reticence of many to endorse birth control as an emancipatory measure for women necessitated that the movement diversify its plea for reproductive rights to reflect a wider set of interests.

Expanding Other Stakeholders' Right to Birth Control

The legal barriers that prevented early birth controllers from directly instructing women in the methods of contraception made it necessary for them to reach out to those who could – doctors. Though a handful of aspirational doctors were knowledgeable about the various methods and devices available, medical school curriculum in the early 1900s regularly omitted instruction on the methods to prevent conception. The Comstock Law only made matters worse by making it logistically difficult, if not impossible, for medical professionals to send or receive contraceptive information and devices through the mail. *Forum* magazine lamented in 1928, “physicians frankly admit that they know little of the methods in use. . . . yet handicapped as they are by a law which necessitates secrecy in handling the subject, they can undertake no scientific investigation.”⁹² Building on their previously established premise that contraceptive information should be scientific in nature and provided by medically trained professionals, birth controllers asserted that doctors had a right to access this information as well as provide it to patients as part and parcel of their medical practice.

The Rights of Doctors

The first wave of doctors to provide their support for the birth control cause did so not because they felt they had a unique right to provide contraceptive instruction, but instead because they saw it as concomitant with their obligation to provide the best care to their patients. Dr. Emily Dunning Barringer suggested in the *New York Times* in 1915, “that if physicians were entrusted with matters of life and death they should be entrusted

with the power to deal with sex neurasthenics.” Dr. Ira S. Wile operationalized Barringer’s plea in the same article, positing:

As a physician I can say to a married woman who comes to me only that after she has born her child or she is dead, I can do something for her. The laws says that it is right for me if I have to save her life, to perform the Caesarean operation, but I cannot do what I know I ought to do to prevent the operation being necessary.⁹³

Both of these statements positioned birth control within the existing boundaries of medical practice and suggested that the ability to provide contraceptive information aided their efficacy as practitioners. Such a careful articulation makes sense in relation to the medical community’s generally hostile disposition towards contraception in the early 1900s, stemming from attempts to legitimate their profession on issues of reproduction by denouncing midwives, homeopathy, and black market contraceptives.⁹⁴

Additionally, doctors remained hesitant to lend their support to the birth control movement because they feared that doing so might over politicize the medical profession in the midst of its accession to a position of cultural authority. Dr. Abraham Jacobi, President of the American Medical Association and one of the founders of the *American Journal of Obstetrics*, was one of the only physicians at the time to endorse contraception and suggest that doctors should have the right to advise patients about its uses. He proclaimed in the *New York Times* in 1916, “It is right to allow every licensed physician to give advice to married people on the question of birth control.” The *Times* explained that Jacobi’s colleagues at the New York Country Medical Society felt that “seeking change to both the obscenity laws and the accompanying penal code should come from laymen and not physicians.” however, Dr. Jacobi, however, boldly retorted, “I suppose

physicians have rights as citizens, too, haven't they?"⁹⁵ Dr. Jacobi's statement demonstrates the reticence of the majority of his colleagues to join the cause when it was primarily motivated by freedom of speech, even though they recognized the value of contraception to their medical practice.

The medical community's reluctance towards birth control dissipated when a police raid on Sanger's first clinic in Brownsville created a waypoint for doctors into the movement. The Brownsville Clinic raid in 1916 brought immense publicity to the cause, and helped solidify the relationship between contraception and the medical community. In his majority opinion for the New York Court of Appeals in 1918 Judge Frederick Crane held that Sanger had violated the state's version of the Comstock Laws by dispensing birth control information herself; however, his liberal interpretation of New York State Penal Code made it legal for doctors to provide contraceptive information when necessary for the prevention of disease. Sanger had not anticipated such an interpretation, yet, as a joint report for the BCCCRB and the NCFLBC proclaimed: "by going to jail two women established for the medical profession a right which it had neglected to establish for itself."⁹⁶ Sanger's guilt had been determined not on the grounds that birth control was rightfully obscene, but, rather because the clinic operated without the supervision of a doctor. By contextualizing birth control within a medical framework, contraceptive instruction operated as an extension of the rights already granted to doctors – to help women and to deal with matters of life and death.

Not surprisingly, in the wake of the Brownsville verdict the number of doctors willing to publicly defend birth control on medical grounds increased dramatically. Dr. S.

Adolphus Knopf, a key member of the ABCL in the 1930s, argued that birth control operated no differently than other applications of science within medicine; the *New York Times* explained that Dr. Knopf “assailed the view that birth control was a contradiction of natural law . . . and [suggested] that it was sometimes the mission of science to curb [the creative forces of nature] as in destroying disease germs.”⁹⁷ Birth control advocates consistently reaffirmed the importance of the medical community in the fight for birth control, however, a large swath of the medical community refused to sign on to the movement until the court specifically articulated the physician’s provision of birth control as useful in the fight against disease. Then, and only then, doctors began to assert their right to contraceptive information.

The ruling of the New York Court of Appeals, however, constituted only a partial victory. Although it did usher in a new era of cooperation between doctors and birth control advocates, its application solely to the state of New York realistically meant that only doctors within the state received the right to provide patients with contraception. As a result, birth controllers such as Sanger and Dennett continued to push for the repeal of the Comstock Laws through various legislative efforts. Dennett advocated for an open bill that completely struck birth control from obscenity laws; whereas Sanger advocated for a doctors-only bill that mimicked Crane’s interpretation.⁹⁸ Sanger and Dennett’s disagreement over how to best go about legislative change was symptomatic of the ideological differences between the two; Dennett wanted revolution whereas Sanger was willing to settle for progress. Murphree and Gower reach a similar conclusion about the

hostility between Dennett and Sanger, explaining “Sanger understood that getting what she wanted – legislative change – meant political accommodation.”⁹⁹

Sanger suggested in a 1940 radio speech that laws preventing contraceptive instruction by doctors were “in conflict with the rights of the medical profession, and with the interests of the people. [Running] counter to the basic liberties guaranteed to us in the Bill of Rights, it has no place among the laws of any democracy.”¹⁰⁰ Returning to many of the rhetorical tactics utilized by the movement to articulate women’s reproductive rights, birth controllers equated the rights of the medical profession with the principles of liberty and democracy. Sanger, in the same speech, proclaimed that society must restore to “the medical profession its inalienable rights to use the full resources of science for the health and welfare of patients.”¹⁰¹ In addition to drawing similar parallels between doctors’ rights and liberty as they did with reproductive rights, birth controllers advanced the notion that contraceptive instruction complemented the goal of medicine and science to secure the health and welfare of patients.

A second clinic raid in 1929 swayed even more doctors in favor of birth control and intensified rhetorical claims to doctors’ rights. When police took again aim at the Brownsville clinic, this time under the suspicion that clinic staff were fitting women for diaphragms without demonstrated medical need, two key errors were made that aided the movement’s cause. First, even though the female officer selected to go undercover was not legitimately seeking a diaphragm for medical reasons, an examination revealed that she suffered from pelvic abnormalities that, ironically, justified fitting her for a diaphragm. Second, when conducting the raid officers confiscated a majority of the

patient records housed at the clinic without any assurance of confidentiality. These mistakes, suggested Sanger, were “a tactical error by the opposition [because] doctors throughout the land, the world in fact, [were] highly sensitive about the sanctity of case records.”¹⁰² The mishandling of confidential records combined with the fact that the nature of the raid called into question a doctor’s ability to correctly assess the medical necessity of contraception created a perfect springboard for advancing an argument in favor of doctors’ rights that were disregarded in the raid.

Shortly after the raid, the New York County Medical Society (NYCMS) validated the need for increased recognition of doctors’ rights with Dr. Foster Kennedy preparing a resolution to “uphold the right of physicians giving birth control information to determine from their own experience the meaning of the cure and prevention of disease for which purpose birth control teaching is legal.”¹⁰³ Though the NYCMS failed to adopt the resolution, the raid and the resulting push for doctors’ rights resonated with the Council of the New York Academy of Medicine. They voiced their support for the clinic staff arrested in the raid “on the ground that the arrest of two physicians and three nurses of the [BCCRB], and the conduct of the prosecution threatened the freedom of the medical profession.” Advancing a similar argument as Kennedy, the Council suggested in the *New York Times* that the prosecution fallaciously questioned the “competency and honesty of physicians to arrive at conclusions concerning diseases,” and in doing so posed a “threat against the public good and a serious menace to the rights and privileges of the medical profession as granted by law.”¹⁰⁴ Not only was the raid a tactical error, as Sanger suggested, the trial that followed also galvanized the medical community’s

demand for the right to provide contraception at their own discretion. Remarking on the success of the raid to solidify support for birth control amongst physicians, Sanger told the *New York Times* on May 8, 1929, “the raid has brought us attention of the right kind . . . many medical men have [united] their protests against the police with ours.”¹⁰⁵ The one drawback of the raid came through its reaffirmation of the importance of contraception only when provided by a doctor for the prevention of disease, rather than endorsing birth control more broadly as a necessary measure for women’s health and wellbeing.

Disappointed by the scope of Justice Crane’s ruling in 1918, birth control advocates sought to expand the context of a doctor’s right to provide contraception beyond disease prevention. Though birth controllers had accomplished partial victories in New York in the aftermath of the first two clinic raids, extending the rights won in court to the rest of the nation as well as establishing contraception as valuable for all women and not just those battling disease required action at the federal level. An anonymous article in the *Birth Control Review* in 1918 bluntly criticized Crane’s decision and demanded “emancipation not only for the poor mother of six, but the rich mother of one; we do not [want] laws that will free the diseased woman at the cost of the health of the normal woman.”¹⁰⁶ The 1936 decision of the U.S. Court of Appeals in *United States v. One Package of Japanese Pessaries*, wherein Justice Hand struck down the portions of the Comstock Law labeling contraception obscene, accomplished this very goal and brought broader recognition to doctors’ rights. The *New York Times* reported in 1938 that the decision expanded the purview of doctors by suggesting that “birth control might be

prescribed by physicians for the purpose of saving life or promoting the well-being of their patients.”¹⁰⁷ Sanger praised the court for its decision in a 1938 BCCRB newsletter, proclaiming, “The right to provide contraceptive information and services under medical direction is now recognized under the Federal law.”¹⁰⁸

The court’s monumental decision represented the final nail in the coffin for the Comstock Laws and expanded the acceptability of birth control by positioning it within the larger context of medical care and not just disease prevention. The new found association between health and contraceptive use reverberated in the popular press with the *New York Times* explaining in 1937, “the primary purpose of medically prescribed contraceptives is for the protection of the lives and health of mothers and children.”¹⁰⁹ Though the American Medical Association had already begun to reconsider its decades’ old opposition to birth control, the articulation of contraception as medically necessary in *One Package* finally won them over, resulting in an official endorsement in 1938. The effectiveness of the movement’s rhetorical claim to doctors’ rights in relation to contraception is evident in the AMA’s official statement of support:

The decision of the United States Circuit Court of Appeals has handed down to the medical profession a bill of rights in the field of contraceptive medicine [and] the AMA will take such action as may be necessary to make clear to physicians their legal rights in relation to the use of contraceptives.¹¹⁰

With the establishment of the right of doctors to provide contraceptive information to patients as they deemed medically necessary, decades of hard work had finally paid off.

The Rights of Children

Birth controllers also asserted that contraception uniquely protected the rights of children. From the very outset of the movement proponents of birth control positioned child welfare as a central justification for contraceptive use. Though this justification is explored more fully in part two, its deployment in service of establishing the rights of the child is applicable here. Concomitant with their claim that birth control facilitated healthier and happier women by virtue of being able to engage in reproduction when ready and able to do so, contraceptive use also resulted in happier and healthier children. Additionally, because birth control operated as an alternative to terminating one's pregnancy its effective use also eliminated the loss of life due to abortion and infanticide. Sanger's 1917 articulation in the *Chicago Daily Tribune* illustrates the movement's concern for children despite claims of an anti-children mentality within the birth control agenda. She argued:

Birth control is a new movement in this country and misunderstood. Its only object is to prevent the birth of more children than the parents can give good health, good minds, and a good chance to win the battle of life. It is not opposed to the birth rate as such.¹¹¹

Thus, even though contraceptive use would result in a decrease in the total number of children born, birth controllers argued that it would improve the overall health and well-being of all children.

Yet, their advocacy on behalf of children did not stop at suggesting that contraception preserved their health and wellness; rather, early birth controllers articulated several rights belonging to the child that could only be secured through the

provision of contraceptive information to potential parents. Sanger listed several specific rights that children should be entitled to in the *Birth Control Review* in 1919, suggesting that “the first right of the child is to be wanted [by] both parents” and that parents must be able to ensure “the material rights” and “spiritual rights of the child” which “are far more easy to enumerate and to obtain when children are scarce.”¹¹² The emphasis on contraception as a protective measure for children reverberated within the media as illustrated by Mary Vida Clark’s 1922 assertion that society must protect “the innumerable rights to which the child is entitled as corollaries of his inalienable constitutional rights to life, liberty, and the pursuit of happiness.”¹¹³ Even though Clark’s article critiqued the indiscriminate use of contraception by all, her appeal to the rights of children in conjunction with birth control demonstrates the salience of the argument that, if nothing else, the rights of the child and not just the parents are relevant to discussions of reproduction.

The articulated justification for children’s rights took on two forms in the rhetoric of early birth controllers: protecting the unborn and ensuring the welfare of the born. As explained earlier, many were critical of the birth control movement, claiming that if they had their way there would be no children born at all and going as far as to call birth control advocates “apostles of infanticide.”¹¹⁴ However, by suggesting that unborn children had a right to be wanted and conceived consciously, birth control advocates provocatively questioned whether it was better to be born into suffering or not at all. In doing so, birth controllers again relied on the rhetorical tactic of juxtaposition to demonstrate the desirability of contraception based on what its denial would mean for

children. Prominent labor organizer Mary Kenney O'Sullivan boldly asked in the *Boston Daily Globe* in 1915, "Would it not be far better that they had not been born than they should be born to die or even to be dragged up in poverty, trying to fight their way through life underfed [and] uneducated?"¹¹⁵ Extending the notion that protecting the rights of the unborn was one of the most valuable features of the birth control movement, Dr. Owen Lovejoy, the executive secretary of the National Child Labor Committee, suggested in the *New York Times* in 1925 that "the welfare of poor women and children was the greatest appeal to those interested in the movement [because] every child has a right to be well born or not to be born at all."¹¹⁶ Considering that the outlook for many children born into large families in the early twentieth century was bleak, to say the least, birth control advocates sought to elevate the rights of the unborn so as to make them a consideration in the discussion surrounding contraception.

Second, birth controllers argued that contraceptive access protected the rights of children by ensuring their welfare after birth. Commonly labeled as a child's *birthright*, birth control advocates suggested that children should only be conceived when they could be guaranteed certain rights. The BCCRB proclaimed in a 1932 form letter to members that because "birth control enable[s] mothers to raise their families with the assurance of strength and health it gives each living child its birthright; a mother's care and affection."¹¹⁷ Sanger frequently deployed the narrative of Sadie Sachs to illustrate not only the drastic measures women pursued to avoid another pregnancy but also the lasting ramifications of maternal death on a family. In her autobiography, *My Fight for Birth Control*, Sanger recalls that in the wake of Sachs's death she was overwhelmed with the

image of “a mother’s death – children scattered into institutions; the father, desperate, drunken; he slinks away to become an outcast in a society which has trapped him.”¹¹⁸

Even in cases where the mother did not die as a result of persistent pregnancies, the larger the family the more difficulties arose with providing all children the rights and resources they needed to ensure a high quality of life. Writing in *Church and Society* in 1932 Sanger extended her earlier argument that unborn children have both material and spiritual rights that must be safeguarded and suggested that the following rights should be assured to all children at birth:

Every child born into the world has a right to assurance of six competencies: 1. Emotional competency --assurance of a welcome. 2. Physical competency – assurance of a sound body. 3. Economic competency – assurance of support during childhood and of remunerative work in maturity. 4. Intellectual competency – assurance of education. 5. Cultural competency – assurance of a degree of leisure and of access to the cultural inheritance of the race. 6. Religious competency – assurance of the possibility of belief in divine justice and love.¹¹⁹

Beyond simply being wanted and consciously conceived, birth control advocates considered it equally important that parents engage in procreation only when able to provide a high standard of living for all children. The articulation of specific rights for children, what Sanger identified as competencies, helped to reframe existing debates about a child’s right to life to focus on the quality of life rather than its mere existence.

Contraception allowed parents to reproduce only when confident in their ability to provide these competencies for their children – the actualization of which functioned as a foil to the reality of compulsory parenthood wherein parents could not guarantee even the most basic needs of their children. In defense of his choice to knowingly violate the Comstock Act by dispersing contraceptive information, Boston based birth control

advocate Van Kleeck Allison argued, “the folly of withholding this information from married people . . . [are children] born into the world unwanted, unloved, or with a physical defect which would make them a lifelong burden to society.”¹²⁰ In a similar vein, birth controllers and labor activists frequently asserted that contraception prevented child labor as it was primarily large families who relied on child labor as a necessary revenue stream for their growing families. While advocating for a charter of childhood that would ban child labor, the National Child Labor Committee (NCLC) proclaimed, “we must have birth control teaching . . . for the protection of the child against enforced labor,” and ensure “that the child is cultivated physically, morally, intellectually, and spiritually.”¹²¹ The NCLC’s statement encapsulates advocates’ plea for the rights of the child by pointing to the harsh realities faced by children born into large families, and simultaneously asserting the importance of providing for the needs of children beyond a basic right to life.

Modeling their previous articulations of rights for women and doctors, birth controllers built a case for the rights of children by connecting them to larger struggles against oppression at the state level. Maude Durand Edgren, an editor for the *Birth Control Review*, explicitly blamed the state for failing to protect children when she wrote in the *Review* in 1917 that “a state that allows its citizens already born to suffer privations and become exposed to unhealthful and criminal environments is immoral. A state that does not protect the rights of helpless baby citizens is immoral.”¹²² The rhetorical act of laying blame on the state for the suffering and death of children served as a direct attack on the premise promulgated by opponents that the state had the authority to prohibit

contraception on the grounds that protecting people from obscene materials and risky contraceptives constituted a legitimate interest for the state. An anonymous article in the *Birth Control Review* entitled “Is Birth Control a Constitutional Right?” placed the rights of the child alongside those of parents and doctors when the author argued that denying contraceptive access “violate[d] the right of the child to be born of that emphatically purposeful parentage which is necessary if the child is to be the perfect result of the creative impulse.”¹²³

Analogizing the struggle for children’s rights with that of women’s rights was common amongst birth controllers. A 1922 statement in *The North American Review* is illustrative: “it will soon be the turn of the last remaining unenfranchised class of human beings to claim their rights - the children . . . and as women depended for their enfranchisement upon the all-powerful male voter, so the helpless child must await its liberation.”¹²⁴ The demand for children’s rights thus functioned as a logical extension of the fight for reproductive rights because the rights of the child could not be fully secured until women won their right to control and choice.

The economic realities of post WWI America and the resulting depression made the arguments concerning child welfare and economic stability even more potent as more Americans sought government relief and the acceptability of child labor decreased. Sanger highlighted these new found motivations to protect children in a 1933 speech entitled “The American Babies Code,” wherein she advocated for the removal of legislative obstacles to contraception as a supplement to the work of the National Recovery Administration and the Public Works Association. Sanger proclaimed:

It is a strange phenomena [sic] of progress that ideas that once seem preposterous and incredible often enter the sphere of the probable and finally crash at the gate of reality. The rights of the unborn seem to be one of these ideas. For we are coming gradually to recognize that all our efforts at improving the environment must come to naught unless we make sure that sound health and racial strength be assured to every baby which is brought into the world.¹²⁵

Sanger's attempt to pass the American Babies Code proved unsuccessful, yet the dire economic conditions of the average American family provided an added impetus to acknowledge the rights of children to be born only when they could be provided for by their parents.

Given their growing role in the post-WWI welfare state it is not surprising, then, that numerous religious groups in the early 1930s voiced their support for the birth control movement, citing the protection of children as their primary justification. The *Chicago Daily Tribune* reported in 1931, "Approval of voluntary parentage through birth control was formally given by The National Council of Congregational and Christian Churches [who] stood resolved [in] the right of children to be wanted."¹²⁶ Similarly emphasizing the welfare of both children and parents in their choice to support the birth control agenda, the Presbyterian Church stated in 1932 "that children have a God-given right to be well born and to this end the spiritual and bodily fitness of parents is enjoined."¹²⁷ Beyond simply convincing once tentative religious groups to support birth control, the emphasis on children's rights broadened the scope of the movement and helped to soften the oft perceived as radical claim to a right to birth control. As feminist and journalist Genevieve Parkhurst explained in her 1936 article in the *North American*

Review, “With the growth of the movement, its purpose has grown.” Birth control was finally being seen “as a doctrine of human rights [including] the right of the child.”¹²⁸

The Rights of Society

Finally, beyond the individual rights of women, doctors, and children, birth controllers argued that a collective societal right to contraceptive information existed on the grounds that society had a right to ensure the health and stability of future generations. Initially, the movement positioned birth control as necessary for racial betterment, and although this line of argument would later carry heavy eugenic undertones, in its original instantiation it applied to the entire human race and not a specific race. Sanger suggested in one of her earliest pamphlets on birth control, *Voluntary Motherhood*, that birth control “is an epoch-making process in racial development” because it is “the medium to bring to the light of day the sorrows and sufferings that have afflicted humanity and shall point to their elimination.”¹²⁹ Even when eugenics appeared within the rhetoric of early birth controllers, the emphasis remained on improving the quality of life for all of humanity.

While the relationship between birth controllers and eugenicists is complicated, its genesis was, more than anything else, strategic. Murphree and Gower contend, “Eugenics was a respected science at the time that had found favor among mainstream politicians. Sanger strategically suggested that reproduction should be allied with matters of health and hygiene.”¹³⁰ The *Birth Control Review* suggested in 1919 that even though the goal of racial betterment through the provision of contraceptive information was “assisted in no small measure by the education propaganda of eugenicists” only universal

adoption of birth control could protect “against the furious winds of economic pressure which have buffeted into partial or total helplessness a tremendous proportion of the human race.”¹³¹

Establishing the social significance of birth control allowed early advocates to neutralize arguments that contraception would erode the fabric of society by destabilizing marriage and disincentivizing childbearing. The prominence of this counterargument is demonstrated by a letter to the editor of the *New York Times* by well-known ethics scholar Ignatius W. Cox in 1933; Cox proclaimed, “Contraception is moreover, unpatriotic. The Western nations are failing to reproduce themselves . . . In promoting contraception the birth controllers are working against the return of a just social order.”¹³² By articulating that the future of the human race was at stake, birth controllers effectively positioned contraception as an issue of national importance, successfully countering claims such as those made by Cox. Further emphasizing the need for society writ large to take a vested interest in the birth control movement, the *Birth Control Review* argued in 1917, “the rational limitation of offspring is not only a right but a duty [and] society should recognize and teach that duty.”¹³³ Sanger also deployed the word duty to describe the social obligation to teach contraception. She noted: “So far as the ways of nature can be understood by us, it is both our right and our duty, as intelligent beings, to control [reproduction] for our own uses and our own good.”¹³⁴ The collective need for contraception received an additional boost by labeling it as a human right, rather than solely an individual right; Sanger explained in a 1924 radio address, “we who are carrying on the battle for the great human right of birth control are fighting for better,

healthier, children, for a race of strong men and beautiful women here in America.”¹³⁵

The expansion of the movement’s rights based rhetoric to reflect a societal interest in the provision of contraceptive information succeeded in establishing a universal justification for supporting birth control - the health and welfare of the human race.

The entrance of eugenicists and demographers into the birth control movement in the 1920s shifted the stakes for society from ensuring future prosperity to protection from the ills of uncontrolled and irresponsible reproduction. The influence of these groups on the trajectory of the movement is extensively explored in chapter six, yet their contributions to the articulation of a societal right to birth control are applicable here. Speaking on the ethical nature of birth control in 1923, Harvard Professor William McDougall explained that by providing contraceptive information to all interested persons society “would be protected against the lowering of its quality . . . and so preserved [from] deterioration and even slowly improve its quality from century to century.”¹³⁶

Sanger explicitly articulated society’s right to protect itself in the *Birth Control Review* in 1923, explaining, “From the point of view of society, we have a right to defend ourselves against unsocial conduct of parents who bring into the world children foredoomed in the majority of cases to enter the ranks of the dependent or delinquent.”¹³⁷ Sanger’s statement points to the need for birth control to protect society from dependent children, those who rely on public aid for survival resulting from a parent’s inability to provide proper care or resources, and delinquent children, those who are forced into crime and/or child labor due to poverty. Birth controllers also compared contraception to

public health initiatives aimed at preventing the spread of disease. Sanger exemplified this argument in 1931 when she argued, “society has the right to expect our public health officials to protect it from transmissible diseases just as it protects us today from contagious diseases like diphtheria, measles, small pox, etc.”¹³⁸ Using contagious diseases as a parallel, Sanger and other birth control advocates framed contraception as a question of public health, making their previous arguments about the wellbeing of mother and child applicable to society.

Not surprisingly, advocates also linked the societal right to contraception to the movement’s well established trope of liberation by labeling birth control as the linchpin for the emancipation of society as a whole. Sanger proclaimed in the *Birth Control Review* in 1925, “birth control in itself, we claim, is thus a constructive, creative power for human regeneration [by] urging not large families but smaller families by the instrument of qualitative control, offers an instrument of liberation to overburdened humanity.” Having established uncontrolled and irresponsible reproduction as a societal concern, Sanger positioned birth control as a mechanism for individual families to improve the quality of their offspring, and reduce the societal burdens of overpopulation, death, and disease. Beyond these immediate benefits, Sanger also suggested that the freedom provided to women and children through birth control would have lasting consequences for humanity; “birth control will not only free [women] but will also free the children [and] as they free themselves and their children, they can then go forward with men, toward that greatest of all goals – the emancipation of the human race.”¹³⁹ Mounting concerns about overpopulation and the growing number of families receiving

government assistance during the Great Depression made appeals to a societal need for contraception especially salient and precipitated the inclusion of contraception and family planning services into public health programs across the country.

Though securing the right to birth control was most pressing for women, the movement's choice to expand this right to doctors, children, and society augmented their strategy of political accommodation by giving external stakeholders, many of whom expressed reticence towards contraception, a vested interest in the movement. Murphree and Gower suggest of the movement's rhetoric between 1917 and 1928, "Sanger succeeded in equating birth control with the universal values of health, prosperity, and happiness. She took care to ensure that her arguments were factual, logical, and sound so that they might persuade influential individuals."¹⁴⁰ Conversely, the decision to give external actors a legitimate voice in the discourse meant that birth control was no longer solely a woman's issue, but a complex political privilege whose application was subject to the desires of these empowered parties. Necessary to professionalize and popularize the movement, the expanded context of the right to birth control reverberates within the movement's discourse to this day.

The Contemporary Right to Contraception

By the end of the 1930s the birth control movement had effectively articulated its argument for reproductive rights on several fronts. The successes of early birth controllers, however, brought about new issues concerning the future of the movement. Characterized by legal and social strife in the first two decades of its existence, by the 1930s the movement had grown not only in popularity but in scope, focusing on a variety

of issues beyond securing contraceptive information including research on contraceptive safety, infertility, and marriage counseling. Sanger explained the genesis of this expansion: “Following clarification of the legal status of birth control in 1936, the inclusion of fertility control in public health programs throughout the country became a major objective of the birth control movement.”¹⁴¹ The expansion of birth control into the public health sector pushed the movement even further away from its radical roots, and called into question the efficacy of continued political discord as a means of advancing the aims of the movement. Confronted with the possibility of abandoning these tactics, Sanger lamented in an October 1938 BCCRB Executive Committee meeting that “we have had twenty years of agitation and education. Now the time has come to utilize the machinery already set up . . . [and] get the movement out of the personal agitation work we have done.”¹⁴² Yet, expanding the movement beyond birth control meant more than just convincing Sanger; it required a reinvisioning of the movement’s goals and objectives beginning with its persistent focus solely on birth control.

Expanding the movement’s focus beyond birth control prompted the two main organizations at the time, the BCFA and the BCCRB, to reevaluate not only their organizational structures, but more importantly, their names. After agreeing on the viability of merging the two organizations in 1938, discussion ensued over the name for this new venture. The first draft of the “Aims and Objectives” put together by a joint committee for the BCFA and BCCRB in 1938 highlights the controversial and delicate nature of the transition:

It is essential to squarely face the question of what the new organization will be. Will we continue openly and honestly as a birth control group with a birth control program or will we lose our identity and submerge our major objective under phraseology implying activities on the so-called 'positive' side, vague and confusing to the public . . . Will we attempt to capture the uninformed reactionary opposition and seek to weaken the Catholic opposition by camouflaging birth control to the extent of losing valuable funds and the respect of loyal supporters?¹⁴³

Faced with the potential of having a national organization without the phrase birth control in its name for the first time since the movement's inception understandably provoked concerns about potential ramifications for the identity and focus of a movement concentrated almost exclusively on birth control for over twenty five years. However, considering that the *New York Times* suggested in 1940 that "the controversial term 'birth control,' which for years has been a focus of argument in pulpit, court room, and public councils, seemed on the way to be replaced by a more pleasing word combination," the choice to reconsider the organization's name, and accompanying ideology, couldn't have been more timely.¹⁴⁴

The debate over the name change spanned over two years. Despite an initial suggestion in 1938 to include both "birth control" and "planned parenthood" in the title, by 1941 it became apparent that doing so risked confusion and diminished the benefits of using either phrase independently. The two groups explicitly addressed the benefits and limitations of each option in 1941. "Planned parenthood" was preferable because it was objective, "suggesting the purpose for which child spacing is recommended and employed," and had the added benefit of being an "objective endorsed more openly by men;" however the phrase also "included many phases of parenthood thus threatening a

diversification of activities rather than concentrating on birth control” and because it was not synonymous with birth control it would require both explanation and clarification that the movement’s objective had not changed. Conversely, “birth control” remained a viable option because it had become “a trademark with the public and [was] generally understood by physicians and women.” The fact that birth control was still a “fighting word” was considered both advantageous because it signaled that “this cause [would] not be won without a willingness to fight on the part of its supporters” and also disadvantageous because it was “negative rather than constructive, which [was] a strong psychological handicap when public support [was] sought.” Additionally, the continued use of birth control in the organization’s name was problematic because the phrase was still misunderstood, frequently confused with abortion, and also tended to limit support solely to women.¹⁴⁵

Though both phrases were considered workable, the fact that numerous state and local organizations had already incorporated planned parenthood into their names with great success tipped the scales in favor of its use over birth control. In 1938 the New York Committee for Planned Parenthood espoused their aim to “democratize birth control information” by making it available to all married couples, and suggested that “the objective of planned parenthood is to attack one of the basic causes of disease, delinquency, crime and other social enemies and not merely to prevent births.”¹⁴⁶ In addition to reinforcing the BCFA and BCCRB’s new aims, the organization demonstrated the salience of an organizational and rhetorical focus on planned parenthood through its ability to raise more than \$100,000 in less than a year’s time. On January 29, 1942 the

merger of the BCFA and the BCCRB was formally codified under the name *Planned Parenthood Federation of America*.¹⁴⁷

Despite formally removing the phrase birth control from the title of its flagship organization, the movement remained dedicated to its initial aim of making contraceptive information available and easily accessible. In the same meeting where the group voted unanimously to change its name, they proclaimed that “the major means for Planned Parenthood still remained birth control and that the objective still must be making this available to the great mass of American families who have been denied means for limiting or spacing their children.”¹⁴⁸ Reflecting back on the organization’s name change almost ten years later, Sanger explained, “the term ‘planned parenthood’ came into being as the description of a program which includes not only birth control but also includes aid to childless couples and education for marriage.”¹⁴⁹

Though many members of the BCFA and BCCRB, including Sanger, were reticent about diluting the focus of the organization by broadening its scope, a continued emphasis on birth control kept the newly minted PPFA anchored to its original mission. Sanger suggested in 1950 that the adoption of the phrase planned parenthood “simply mean[t] that the movement ha[d] gone on and got beyond where it needed to be explained and was getting into another realm.”¹⁵⁰ Sociologist Ruth Dixon-Mueller attributes much more intentionality to the transition, arguing that “the American movement’s name change from Birth Control to Planned Parenthood was symbolic . . . reflect[ing] an ideological shift toward *strengthening the family as a unit* rather than *freeing women* [emphasis in original].”¹⁵¹ Beyond functioning as an effective umbrella term under

which to unite the efforts of the BCFA and the BCCRB, *Planned Parenthood* signaled a shift in the movement's focus and a complete shedding of the radical elements once synonymous with the birth control movement.

The emergence of "planned parenthood" as the guiding ideology for the movement necessitated a shift in the way birth control was discussed. Initially utilized to encapsulate the governing principles of the movement, namely family limitation and voluntary motherhood, post 1942 birth control became the mechanism through which the new ideology of planned parenthood was achieved. Then chairman of the board for the BCFA, Richard N. Pierson, referred to it as the primary means of planned parenthood and proclaimed, "the day [was] not far distant [when] the endorsement and acceptance of Planned Parenthood through birth control by all groups, lay and medical, will be an accomplished fact."¹⁵² The mechanistic function of birth control was echoed by the National Committee for Planned Parenthood in 1941 when they explained in the *New York Times*, "In the American democracy it is clearly up to the thoughtful citizens to see that . . . information on planned parenthood through birth control . . . is made available."¹⁵³

The Committee's statement also extended the existing framework of democracy to include planned parenthood – a rhetorical move consistently made by the movement in the years following the adoption of its new moniker. In justifying the expanded scope of the movement, the BCFA concluded in an official statement:

This present unbalanced distribution of births is a force which is retarding all effort to improve the health and social and economic welfare of our population.

As such it calls for a program of action - a program in accord with individual rights and democratic ideals.¹⁵⁴

Despite structural and ideological changes within the movement that subverted birth control to the larger aims of family planning in the 1940s, the movement relied on the recirculation of its espoused connection to democratic ideals to assure skeptics that the movement had not completely altered its course. However, as the PPFA gained legitimacy and public discussion over birth control shifted to address issues of overpopulation and family stability post-WWII, appeals to the emancipatory nature of contraception faded from the movement's discourse.

Expanding the focus of the movement enabled a logistical and ideological break with the problematic associations accumulated by birth control over time. Logistically, the adoption of planned parenthood as a guiding ideology allowed local clinics such as the Illinois League of Planned Parenthood to "expand its services to include women heretofore ignored - those who want to have babies but [were] unable to do so"; according to then league secretary Mrs. Ben Humphries Gray, "this new service complete[d] our philosophy on parenthood . . . the words birth control were associated with abortions and no babies, whereas we have always advocated the sensible healthful spacing of children."¹⁵⁵

In addition to facilitating logistical changes in the form of expanded services, the new name facilitated a welcomed break from many of the movement's past associations. In his regular Sunday column in the *Los Angeles Times*, "Social Eugenics," Fred Hogue highlighted the efficacy of the organization's new name in terms of distancing the

movement from its lurid past; he noted, “Planned parenthood is a term that is replacing birth control [and] the old prejudices are in a large measure, passing away with the objectionable name.”¹⁵⁶ The name change signaled a willingness on the part of the movement to temper its demands to make it more palatable to mainstream reformers in the fields of social work, demography, and eugenics; however, its organizational re-branding came at a price. Linda Gordon argues that though this shift provided temporary gains, “the loss of a women’s rights emphasis left the birth control movement . . . without a guiding ideology.”¹⁵⁷ While the movement pushed ahead it did so without its distinctive emphasis on rights in favor of popularizing the practice of birth control.

By the 1940s birth control was extremely popular with both doctors and the public. In 1947 the *New York Times* reported the results of a study conducted by Dr. Alan F. Guttmacher, professor of Gynecology and Obstetrics at Johns Hopkins Medical School, that asked 15,000 physicians across the United States if they approved of birth control and whether they did so for medical, social, or economic reasons. Physicians overwhelmingly indicated their approval of birth control, with 97.8 percent supporting contraception for health reasons and 79.4 percent endorsing it for economic reasons.¹⁵⁸ Doctors weren’t the only ones voicing their support for birth control. That same year the *Los Angeles Times* reported that an increasing number of states were beginning to provide married couples with birth control information “with widespread public approval.” The *L.A. Times* also included the results of a nation-wide poll conducted by the American Institute of Public Opinion that asked a sample of the voting population: “Would you approve or disapprove of having government health clinics furnish birth

control information to married people who want it in this country?” With 64 percent of those polled responding “yes,” 23 percent “no,” and 13 percent “no opinion,” it’s clear that birth control had indeed obtained the widespread public approval heralded by the publication.¹⁵⁹

The boost in public support fueled the continued expansion of PPFA clinics and other service providers across the country. The *New York Times* reported in 1950 that in the previous year 333 clinics nationwide served more than 162,000 wives and mothers – a fact which then PPFA national director Dr. D.F. Milam argued “indicate[d] a growing acceptance of planned parenthood as a basic health program on the part of the women in the country.”¹⁶⁰ Throughout the 1950s clinics continued to operate with little to no push back. However, the creation of new form of contraception, the oral contraceptive colloquially known as *the pill*, thrust birth control back into the spotlight.

Medicalizing Birth Control and its Discourse

The first version of the pill—named Enovid—hit the U.S. after approval by the Food and Drug Administration in 1957 for the treatment of gynecological disorders. For many women, the so-called side effects of abnormal ovulation were more important than the actual treatment of gynecological disorders, spurring many to request Enovid to suit their ulterior motives.¹⁶¹ In just two years, before it even reached consumers in contraceptive form, more than half a million women were already using the pill.¹⁶² Although there is little doubt that a diverse swath of women sought out Enovid, historian James Olson suggests, “the development of the birth control pill had not intended to create some sort of moral confrontation; rather it was intended for use by married couples

to ensure that procreation would be brought about at an appropriate, predesignated time.”¹⁶³

Even the pill’s creator, Dr. John Rock, had not intended the pill to create such a stir; in fact, Rock intended quite the opposite to occur. A devout Catholic, Rock envisioned oral contraceptives as “a bridge which Catholics and Protestants might meet in controlling the birth rate . . . [because] the new pills appear to be completely physiological and therefore in accord with nature.”¹⁶⁴ Despite longstanding opposition to artificial methods of contraception, such as condoms or diaphragms, Rock believed that because oral contraceptives were used prior to intercourse and thus didn’t interrupt the reproductive process they were more analogous to the Catholic Church sanctioned rhythm method than barrier methods. Despite Rock’s optimism, historian Elaine Tyler May suggests that “the pill became a vehicle for new laws, policies, and behaviors that altered the relationship between institutional authorities and individuals.”¹⁶⁵ With these new relationships came a renewed focus on reproductive rights and the emancipatory power of the birth control pill.

While early birth controllers had made great strides in improving access to contraceptive information at the federal level, laws in numerous states still restricted access to contraception in a variety of different ways including age, desired use, and marital status – and the pill was no different. However, two major factors transformed the pill into a catalyst for change: its decoupling of sex and reproduction and the resultant medicalization of birth control.

First, unlike other contraceptives, the pill could be utilized outside the sexual act, making it possible to prevent pregnancy without interrupting intercourse and without a partner's cooperation. As such, the pill shifted the locus of control for family planning from sexual partners to women exclusively. Linda Gordon explains, "The female-only focus of high-tech contraception reinforced the view of birth control as a woman's responsibility and avoids the discussion and sharing of sexual as well as birth control planning that barrier methods encourage."¹⁶⁶ Women, unlike their male counterparts or even females of another generation, now had the ability to prevent conception prior to engaging in sexual intercourse rather than during. While empowering women by giving them sole control over their fertility, this change also meant that men could not be assured of involvement when making reproductive decisions. As such, the oral contraceptive did "more than lower birth rates; [it] also changed attitudes."¹⁶⁷ Contraception had long been characterized as an aid to the marital relationship by enabling the planning and spacing of children; the invention of the pill, however, neutralized the relational element of barrier methods and made contraception feasible for all women.

Second, the pill uniquely medicalized birth control. Andrea Tone argues, "the pill achieved what the prescription-only diaphragm had not: it medicalized birth control, transforming medical practice as much as it did women's lives."¹⁶⁸ While doctors had long been involved in contraceptive decisions, most notably with the fitting and provision of diaphragms, because the pill required a prescription from a certified physician and regular checkups for continued use it brought doctors more explicitly into the

conversation.¹⁶⁹ The increased role of doctors necessitated that laws prohibiting them from engaging in contraceptive counseling be reconsidered. Although early birth controllers had succeeded in securing a doctor's right to provide contraceptive information and devices for the prevention of disease, because oral contraceptives did nothing to prevent the spread of venereal diseases, these successes proved insufficient. As a result, historian James Reed explains, "the first post-World War II changes in the law came in 1965 and 1966 when New York, Ohio, Massachusetts, Minnesota, and Missouri repealed restrictions on dissemination of contraceptive information" to account for oral contraceptives. The changing role of both women – as active agents in reproductive decisions, and doctors – as providers of the newly created pill, prompted state governments to reconsider their laws held over from the Comstock era that had significantly impacted access to contraceptives.

Not every state was quite as willing to abandon its moral opposition to birth control, and a battle over the constitutional protections afforded to people to make their own reproductive choices soon ensued. The first instance of these challenges came in 1965 when the court was asked to determine the constitutionality of Connecticut's state law barring the provision of contraceptive information or devices to married persons in *Griswold v. Connecticut*. The court held that married persons have a right to contraception for two reasons. First, the Connecticut statute violated the sanctity of marriage and familial life. Justice Douglas, in the majority opinion for the court, explained: "The present case, then, concerns a relationship lying within the zone of privacy created by several fundamental constitutional guarantees. And it concerns a law

which, in forbidding the use of contraceptives . . . ha[s] a maximum destructive impact upon that relationship.”¹⁷⁰ Douglas references both the First and Ninth Amendment in his articulation of a zone of privacy including the marital relationship.

Justice White advanced a similar claim in his concurring opinion, explaining, “a realm of family life [exists] which the state cannot enter without substantial justification . . . surely the right [is] invoked in this case, to be free of regulation of the intimacies of the marriage relationship.”¹⁷¹ Two important argumentative moves are made here: (1) the marital relationship, including its intimacies, is established as a zone of privacy; (2) the ban on contraceptives is positioned as having a destructive impact on the function of the protected relationships of marriage and family and is thus vacated. Contraceptives are accordingly positioned within the protected zone of privacy, a move which makes contraceptive use possible by married couples as a vital component of preserving marital and familial relations.

Additionally, in vacating the Connecticut ban on contraception for married persons, the Supreme Court expanded its conception of liberty to include a married couple’s reproductive rights. Goldberg and Brennan, concurring in *Griswold*, argue that liberty “denotes not merely freedom from bodily restraint, but also the right . . . to marry, establish a home and bring up children.”¹⁷² Goldberg and Brennan further argued that while others on the court, referencing Justices Stewart and Black, might disagree with the articulation of marital privacy as a right, “it is far more shocking to believe that the personal liberty guaranteed by the Constitution does not include protection against such totalitarian limitation of family size, which is at complete variance with our constitutional

concepts.”¹⁷³ Therefore, in addition to the court’s holding that a right to privacy within the marital unit is undermined by Connecticut’s ban on contraceptives, it also concluded that such a ban infringes on one’s personal liberty. In both instances, privacy and liberty, the court’s rhetoric is consistent with that of early birth controllers who argued that contraceptive freedom is a fundamental human right concomitant with the nation’s longstanding conception of personal liberty.

In light of the momentum for birth control created by *Griswold*, the Supreme Court was soon asked to determine the constitutionality of restricting contraceptive access to married persons. *Eisenstadt v. Baird*, brought before the court in 1972, challenged a Massachusetts law prohibiting physicians and pharmacists from providing unmarried persons with medications, devices, or instruments for the prevention of conception. In his majority opinion Justice Brennan argued, “Whatever the rights of the individual to access contraceptives may be, the rights must be the same for the unmarried and the married alike.”¹⁷⁴ The court’s position here was simple: married persons and unmarried persons must be treated equally in the eyes of the law, meaning that in a post *Griswold* era, single persons must be afforded the same reproductive rights as married couples. Herein the court made significant strides in modernizing the birth control debate by divorcing the well-established connection between contraception and the marital relationship.

The last major discussion of access to contraceptive information and devices took place in the court’s 1977 decision in *Carey v. Population Services International*, wherein New York’s law prohibiting the sale of contraception to minors under the age of 16 was

challenged. Justices Brennan, Stewart, Marshall, and Blackmun contend in the majority opinion that there is “no medical necessity for imposing a medical limitation on the distribution of nonprescription contraceptives to minors,” and thus see no need to limit access to prescription contraception.¹⁷⁵ The justices argued further, “it is almost unprecedented, however, for a State to require that an ill-advised act by a minor give rise to greater risk of irreparable harm than a similar act by an adult.”¹⁷⁶ Yet again, the court deployed an argument popularized by early birth controllers, juxtaposing the prohibition of contraception with the undesirable outcomes of abortion and teenage pregnancy, to demonstrate the futility of denying contraceptive access to minors. Over a twelve-year period the court provided the birth control movement with a series of major victories that resulted in unfettered contraceptive access to millions of Americans.

The Resurgence of Reproductive Rights Rhetoric

The success of legal action in the U.S. courts reverberated in the discourse surrounding human rights on a global level with the United Nations adding family planning to its official documents in the late 1960s under the new moniker of *reproductive rights*. Though the United Nations had regularly taken up the question of population control since the late 1940s, it wasn't until 1966 that the international body took an explicit stance on birth control and family planning. The United Nations' 1966 Declaration on Population by World Leaders classified family planning as a basic human right, and reaffirmed the importance of both access to information and freedom of choice in all reproductive matters. Using an almost identical line of reasoning as deployed in *Griswold*, the declaration proclaimed: “The great majority of parents desire to have the

knowledge and the means to plan their families that [*sic*] the opportunities to decide the number and spacing of children is a basic human right.”¹⁷⁷ Over time, consistent with the legal progression of contraceptive access in the U.S., the United Nations’ definition of reproductive rights reflected a decreased emphasis on its location within the marital unit. In 1974 the UN expanded “the right to decide freely . . . the number and spacing of children [that] was vested in each individual family”¹⁷⁸ to include parents and couples and again in 1984 to include *all* individuals.

Advocacy groups within the U.S. soon adopted the moniker of *reproductive rights* as an umbrella term for contraceptive access, legalized abortion, and family planning services such as infertility treatment. In 1978 the Reproductive Rights National Network (R2N2) was formed under the leadership of political activist Marilyn Katz, who sought to reframe the debate about reproductive rights to “talk about the conditions which would be necessary for women to be able to make a real choice about whether or not to have children.”¹⁷⁹ Although primarily motivated by threats to abortion rights in the wake of *Roe v. Wade* (1973), R2N2 hoped to move away from the single-issue politics surrounding reproduction that placed numerous advocacy groups within the women’s liberation movement on the defensive.

Beginning in the late 1970s the burgeoning women’s rights advocacy group the National Organization for Women (NOW) also began to include reproductive rights as a key component of its work. Recognizing the defensive posture that R2N2 hoped to avoid, Eleanor Smeal, the sitting President of NOW, explained to the *Boston Globe* in 1977, “we’ve been put on the defensive in that we’re protecting rights that have been won

rather than going and exposing the real anti-contraceptive bias . . . all we want is for people to have some control over their own lives.”¹⁸⁰ Under the leadership of Smeal, NOW also hoped to expand the discourse surrounding reproductive rights “beyond the emotionally charged issue of abortion.” One important tactic utilized by NOW to reframe the debate over reproductive rights was to include an explicit and expansive definition of reproductive rights in its official publications. According to the *Los Angeles Times* in 1979, NOW was careful to clarify its fight for reproductive rights “as including the right to decide whether and when to have children, the right to safe, effective contraception, to education about the reproductive system and health, and access to reproductive health services.”¹⁸¹ Even though these organizations remained rhetorically and logistically committed to their expansive definition of reproductive rights, Linda Gordon suggests that birth control often took a back seat as “the drive to restrict reproductive rights was directed above all at abortion, and political alignments with respect to abortion constructed the overall shape of the debate.”¹⁸² The belief that birth control was a relatively settled issue combined with the ferocity of the anti-abortion and emergency contraception debates has left the movement’s specific quest for reproductive rights at a relative standstill.

Ultimately, establishing a reproductive rights framework necessitated strategic choices; though securing rights for women was the primary goal, others had to be given a stake in the movement – in the form of rights – to achieve this end. The adoption of a politically accommodating posture constrained the movement’s ability to advance the emancipatory aims tied to birth control and forced advocates to couch their demands for

reproductive rights in the benefits accrued through its adoption. Commenting on this strategic choice, Vanessa Murphree and Karla Gower contend that because the movement “sought to reach those in the middle and upper classes who could and would eventually use their influence to legalize birth control,” advocates frequently “focused on birth control justifications. . . . includ[ing] the reduction of poverty, maternal and infant mortality, child labor, tuberculosis, and birth defects.”¹⁸³ Part two takes up these very justifications in depth and explores the lasting implications of the movement’s rhetorical strategy of political accommodation for securing women’s reproductive rights.

Chapter 4: The Rhetoric of Control

In the early years of the movement birth control advocates went to great lengths to have their voices heard. In addition to the outright defiance of the Comstock Laws and other legal statutes barring the dissemination of birth control information, birth controllers made their case for contraception by forcing the public to literally face the reality of reckless reproduction. In October of 1915, Frederic H. Robinson, President of the Sociological Fund, took to the streets of New York City followed in tow by a group of men handpicked by Robinson. Selected not for their political prowess or their devotion to the movement, Robinson's followers belonged to the "bottom strata of life" and were given signs with captions such as: "I have no opportunity to educate or feed my children. They may become criminals" and "I cannot read this sign. By what right have I children."¹ The *Intelligencer* on October 30, 1915 suggested that Robinson's "horrible examples parade" was certainly a "novel publicity campaign in favor of birth control" and Victor Robinson of the Voluntary Parenthood League praised the parade for placing "the question of birth control [in] the path of society . . . [so] the man on the street could dodge the issue no longer."²

Delinquent men weren't the only ones on display. When Sanger was brought to trial in January 1917, she too took advantage of the opportunity to put a human face on the issue of birth control. Sanger vehemently protested her arrest for disseminating contraceptive information; however, it was Mrs. Rose Halpern, the "poorly clad woman with six children ranging in age from sixteen months to ten years," who stole the show. The *New York Times* explained on January 9, 1917 that Halpern, whose husband made a

meager seventeen dollars a week as a garment worker, had “come as a demonstration of the need of information on birth control among the poor.”³ Although these displays differed radically in both form and content their aims were identical - to establish the need for birth control by highlighting the all too real consequences of unrestrained procreation.

The ultimate aim of the mechanistic function of birth control was to give women the ability to regulate their reproduction. Irrespective of the personal justifications for seeking reproductive regulation, the deployment of contraceptive methods, especially its widespread adoption, resulted in limited offspring and smaller populations. Supplemented by “the notion that reproduction ought to be managed and directed by human rationality,” feminist political theorist Lealle Ruhl argues that the movement created “an instrumentalist view of pregnancy and child rearing.”⁴ As such, the espoused outcomes of decreased mortality, reduced public expenditures, and population stability are reliant on adopting the framework of managed reproduction in contrast to the preexisting naturalist paradigm that positioned reproduction outside the realm of human influence. In this framework, control functions as the prerequisite to choice by creating the reproductive options that make choice possible. Unconcerned with the secondary benefits of choice, such as individual development and relational satisfaction, the rhetoric of control seeks to justify birth control by illuminating the benefits of adopting the framework of managed reproduction wherein reproduction is closely regulated.

The movement's oft repeated definition of birth control as the conscious control of the birth rate by means that prevent the conception of human life indicates the

preeminence of management in operationalizing the right to contraception. Consistent with this definition, birth controllers argued that reproduction must be transformed from a haphazard occurrence to a planned life event. The ABCL explained in the 1922 draft of its Bylaws, “Instead of being a blind and haphazard consequence of uncontrolled instinct, motherhood must be made the responsible and self-directed means of human expression and regeneration.”⁵ Though some contraceptive measures existed in the early 1900s, these methods were not particularly effective and were almost completely unavailable to those who primarily suffered the consequences of constant childbearing. As a result, birth controllers argued that approaching reproduction from a managerial perspective eliminated “the vast misery and suffering attendant upon nature's method of holding the population in check,” and instead vested this control solely in the individual.⁶ Holding the population in check was applicable to both the individual via achievement of smaller families and society via the avoidance of unsustainable population growth. Sanger explicitly acknowledged these dual concerns in 1922 when she explained that reproductive regulation makes it “possible for everyone to have independence and personal dignity . . . and the nation may expect to promote for its population peace, justice, happiness and the International Brotherhood of the World.”⁷

In order to connect the mechanistic function of birth control to the espoused right to contraception, birth controllers had to establish a context for the application of this right. Articulated by the movement as the right to autonomously govern “both the regulation of the number of children and the methods of regulation,”⁸ legal scholar John A. Robertson explains that the movement’s discourse framed birth control as a negative

right that prohibits state interference concerning the procreation.⁹ Given the illegal nature of contraceptive instruction and devices during the first half of the movement, the focus is accordingly on justifying the practice of birth control as a means of spurring legalization.

As such, the following discussion of the rhetoric of control carries an implicit demand for contraceptive access as necessitated, and justified, by the potential benefits accrued through the rejection of naturalism in favor of the framework of managed reproduction. Within this framework, the rhetoric of control animates the discussion of women's reproductive rights in two key ways. First, the rhetoric of control assumes a collectivist orientation that makes reproduction subservient to the greater social good. The espoused benefits of family limitation obtain their argumentative force, not when localized within the family unit, but when adopted by society writ large. Death rates, poverty, and war are not solved through the individual adoption of reduced childbearing, but through the widespread adherence to a framework of managed reproduction. Control thus functions as a salient concept only when applied to women collectively as reproducers rather than in the context of one woman's inclination towards family limitation. Second, the rhetoric of control assumes that the right to contraception entails certain responsibilities. If society is to exercise its right to protect itself from the concerns attendant to population quality and quantity, then it is responsible for ensuring contraceptive access – legally and logistically. Similarly, if couples are to manage their reproduction effectively they must responsibly and reliably utilize contraception. Failure to meet either of these burdens jeopardizes the stability of both the family and society.

Control thus raises the stakes for both social actors and potential reproducers by making them responsible for achieving the espoused benefits of birth control.

Save the Mothers and Children

In the early 1900s childbearing was a risky venture. In 1915 six women died for every thousand live births and one-tenth of all children born would die before reaching one year of age. This reality was even bleaker for women of color, who faced a maternal mortality rate of ten for every thousand live births and who would bury almost twenty percent of infants before their first birthday. In its interpretation of these figures the United States Public Health Service suggested that these numbers serve as “an index of the plane of living or the cultural level of a society” and thus “presen[t] a challenging problem to the medical profession.”¹⁰ Keenly aware of the fate facing countless women and children across the country, advocates positioned birth control as a necessary mechanism to reduce infant and maternal mortality. Suggesting complications with labor and delivery were the primary culprits, physicians concerned with these high mortality rates sought to eradicate midwives and home births while birth controllers argued that the frequency and physical toll of multiple pregnancies was to blame and focused instead on increasing the use of restrictive methods and child spacing.

Though differing on the root cause, the movement’s focus on the connection between contraception and mortality was critical to justifying the practice of birth control to health officials. Historian Johanna Schoen argues, “In the early twentieth century, health professionals began to single out lower infant mortality rates as an index of regional achievement and pride [leading] state boards of health [to adopt] a variety of

measures to improve infant and maternal health.”¹¹ Positioning birth control as a mechanism to achieve these aims thus established its medical necessity, and paved the way for giving women control over their reproduction as a means of saving both their lives and their children’s.

Birth controllers initially established their claim by pointing to infanticide and abortion as existing threats to the survival of children. In their report for the BCCRB in 1930, the John Price Jones Corporation noted, “despite the law, religious canons, public opinion, and penalties ranging all the way from ostracism to death, women have for ages practiced infanticide” and will continue to do so as a result of “woman’s instinctive urge to freedom.” Though it is impossible to know the exact rates of infanticide in the early twentieth century, as these crimes were not regularly reported, its use as a referent was nonetheless powerful as it suggested that children were literally dying at the hands of their desperate parents. The John Price Jones Corporation further explained, “Infanticide tends to disappear as skill in producing abortions” spreads; suggesting that the only reason infanticide has decreased in prevalence was because abortion made the process possible prior to birth.¹²

In addition to pointing to the literal problem of infanticide, Sanger suggested in 1921 that unrestrained procreation, resulting in the death of a quarter of a million children, was no different than the practice of infanticide via exposure. She lamented:

The Western World which has long professed horror at the ancient Oriental practice of exposing unwanted infants for the purpose of their destruction has now been brought to a sharp realization that there was a justification of that action on the part of starving parents in a famine ridden country, whereas there is no moral

excuse for the richest country in the world to commit a quarter of a million children to preventable death. Is not our crime greater?¹³

By analogizing the preventable death of children in the US with the long condemned practice of infanticide, Sanger implies that the two are similarly problematic as both entail the willful destruction of life. Whether through infanticide, abortion, or sheer neglect advocates highlighted the existing threats to child life to underscore the inevitability of these deaths absent contraceptive information, suggesting, “Until mothers have adequate knowledge to space, limit, or control their offspring, the Children's Bureau will continue to find the death rate . . . unchanged.”¹⁴

Beyond the immediate threats of abortion and infanticide, birth controllers suggested that large families were conducive to suffering and ultimately death. Deploying a Darwinian argument, Sanger proclaimed in her 1916 *Chicago Address to Women*, “even nature tends toward birth control,” using famine, disease, and disaster to eliminate the weakest members of a population - which according to Sanger were those born into large and overburdened families. She continues, “The death rate of the seventh is 350 a thousand [and] the twelfth is 600 a thousand. So that when nature has its way and twelve children come . . . nearly 60 percent of these later ones die.”¹⁵ Rather than simply letting nature run its course, claiming the lives of millions in the process, the BCCRB explained that “they [sought] to eliminate the vast misery and suffering attendant upon nature's method of holding the population in check.”¹⁶

The suggestion that children in larger families were more vulnerable to nature's methods was borne out in the findings of a study conducted by The Children's Bureau of

the United States Department of Labor in 1925; the study concluded, “The death rate for infants is highest when they are born at short intervals. It was found that the infant death rate increases with the increase in the amount of congestion and overcrowding in the home.”¹⁷ In line with these findings, advocates suggested that when the standards of living in the home were not considered, children were “born in conditions that make cruelty inevitable.”¹⁸ *Current Opinion* deployed a similar argument in the June 1915 edition, stating: “A small family of children can have proper food and warm clothing where double the number would suffer from malnutrition and go always ragged.”¹⁹ Thus, because increasing the size of a family meant fewer resources to go around, cruelty and suffering became inevitable, absent contraceptive intervention.

Similarly, birth controllers advocated that increasing the amount of time between children, through contraceptive measures, improved their quality of life. If mothers are subjected to another pregnancy too soon after the birth of one child then “both the new born baby and the [fetus] still in the formative stage, suffer from malnutrition and are often permanently stunted for the duration of their lives.”²⁰ Thus, the practice of birth control promised to reduce both mortality and suffering by making it possible for families to space their children in accordance with their capacity to care for them. Ray Erwin Baber added numerical force to this argument, writing in *Forum and Century* in 1932, “Close spacing also means higher infant mortality. A recent study shows the death rate of infants born less than two years after the preceding child to be fifty percent higher than for those born after a longer interval.”²¹ The *Birth Control Review* revealed the ultimate benefit of child spacing in June 1921, proclaiming: “It was soon discovered that

a lower birth rate brought with it a lower death rate, especially a lower infant mortality rate. Fewer children were born, but more of them survived.”²² Although child spacing admittedly meant that fewer children were born, it also meant that those who were had a much greater likelihood of surviving.

The emphasis on survival rates resonated with demographers who were concerned with the overall stability of the population, as illustrated by American demographer and sociologist Kingsley Davis’s deployment of a similar version of this argument in the *New York Times* in 1957; Davis contended, “The old attitudes that encouraged prolific childbearing – necessary when death took most children before adulthood – thus persists even when high fertility no longer makes sense.”²³ Recognizing that society had outgrown the need for rapid reproduction, Davis echoed the movement’s sentiment that prioritizing the survival of fewer children over the birth of many improved the quality of life for all children. The reductions in death and suffering promised by birth controllers augmented other efforts at reducing infant mortality. In its review of twentieth century efforts to improve infant mortality, the Center for Disease Control explained that in the early twentieth century “efforts to reduce infant mortality focused on improving environmental and living conditions in urban areas”²⁴ As such, advocates justified the practice of birth control as an additional solution to the massive loss of infant and child life, leading the John Price Jones Corporation to declare: “The conclusion claimed by the friends of birth control that the use of contraceptives avoids a frightful toll of mortality, particularly of infants, which is the inevitable consequence of an unrestrained birth rate, seems to be borne out by the facts.”²⁵

The focus on infant mortality, however, often traded off with a concern for maternal mortality. Sanger proclaimed in 1916, “people, while awake to the claims of the unborn and even the unconceived, continue to be blind to the claims of the woman’s health.” She decried the fact that people focused solely on children and not the act that “eventually murders the woman who bears them.”²⁶ In an effort to operationalize their concern for maternal mortality within the existing discourse, advocates emphasized the connection between infant and maternal mortality by highlighting the importance of healthy mothers to healthy babies. An editorial comment in the July 1918 edition of the *Birth Control Review* declared:

Everyone is patriotically shouting 'save the babies.' [when] sober common sense suggests that this pest of ill-conditioned children could best be cured by a sane limitation of offspring by contraceptive methods . . . Those who work hardest to 'save the babies' look with coldness upon the least suggestion of saving mothers from hideously frequent births.²⁷

The health of mothers was relevant to infant mortality in two key ways: the transference of good health during pregnancy and the maintenance of health postpartum. Robert Morse Woodbury, writing on behalf of the Children’s Bureau in 1926, explained, “First in the underlying causes of these infant deaths was lack of health and physical vitality in the mother during pregnancy.”²⁸ Though numerous issues, including heart disease, tuberculosis, and venereal disease, impacted a woman’s health during pregnancy, birth controllers were primarily concerned about their inability to support future life after multiple pregnancies weakened their immune systems. Sanger explained in an article in the *Birth Control Review* in 1919, “The mother's health is more than likely to be wrecked and the later children are almost sure to fall short of that nervous and muscular health

which might otherwise have been theirs.”²⁹ The movement’s argument was simple: children born to women who were still recovering from a previous pregnancy, were in poor health, or suffer from chronic illness were unlikely to be born healthy because they have been deprived of the necessary nutrients and stability while in utero.

Additionally, the burdens placed on a woman’s bodies during pregnancy increase the likelihood that unhealthy women who become pregnant will die during, or shortly after, childbirth. The John Price Jones Corporation’s report for the BCCRB explained that in “1913 childbirth caused more deaths among women from 15 to 44 years of age than any other disease except tuberculosis.”³⁰ As tragic as these deaths were individually, they also resulted in increased infant mortality. Woodbury commented further, “Infants whose mothers die within one year following confinement have a mortality rate four times as high” as infants whose mother survives childbirth.³¹ Sanger coupled this stark numerical reality with a powerful reminder of its frequency when she lamented in a 1923 speech, “22,000 mothers [pass] out of life each year from causes incidental to pregnancy . . . this means that two mothers every hour . . . pass into the great beyond from causes that might be prevented.”³² Drawing on the relationship between the movement and physicians, Sanger portended, “the medical profession is allowed to legally relieve them of their pregnancy in order to save their lives; but they are sent back to their home . . . without advice, of how to prevent their getting into that condition again.”³³ The practice of birth control thus functioned as a mechanism to aid physicians in the fight against maternal mortality which, under this framework, thus prevented infant mortality as well.

Pregnancy and childbirth weren't the only threats to a woman's life as, sadly, many died while trying to avoid pregnancy altogether. Sanger lamented in 1916, "Abortion is the most common as well as one of the most serious disturbances of pregnancy. . . . It is roughly estimated that at least 250,000 abortions occur in the United States each year while 50,000 women die from their effects."³⁴ In addition to the lives claimed by illegal abortion in the early twentieth century, advocates highlighted the lasting effect of abortion on women's health, including damage to the uterus, sepsis, infection and shock, even sterility and barrenness. The illegal nature of abortion made the procedure risky and unsafe and also prevented women from seeking medical attention when complications arose, so that "the results of abortion are usually of far more serious effect on the woman's health than a full term child birth."³⁵ Widespread knowledge of these risks, however, didn't stop women from opting to abort rather than carry a child to term. The BCCRB's Committee on Public Progress explained in 1938, "Many women will risk not only their future health and welfare but their very lives rather than bring into the world an unwanted baby" or a baby they are unable to support.³⁶ Further compounding this problem, without the ability to control their reproduction, it was only a matter of time before women found themselves contemplating abortion yet again. The ABCL's Clinical Research Department reported in 1925 that patients frequently admitted to having had induced abortions, "varying from one to as many as 40 abortions in one particular case." They commented further, "It is not unusual to have women state that she has had 4, 5 or even 10 abortions performed."³⁷

Yet again, birth controllers linked this loss of life to the wellbeing of children. Sanger explained in an address to the Tucson Mothers Health Center in 1938 that of the women who sought abortion “90 percent are young married women, who leave families of small children behind them. They induce abortion because . . . In many cases they cannot feed the children they have and another is something they cannot face.”³⁸ In this way, abortion was positioned as the only available alternative to women whose families were already struggling and simultaneously as the cause of maternal mortality that left those same families without a mother. The practice of birth control then functioned as the only way to avoid both the hopelessness that drove a mother to abort, but also the procedure that might ultimately claim her life.

Birth control advocates believed that practicing contraceptive measures would reduce mortality across all demographics; however, they placed an additional emphasis on impoverished communities with high incidences of death. In his discussion of Sanger’s pamphlet *Family Limitation* in 1915, Judge William N. Gatens of the Circuit Court in Portland, Oregon argued, “The prevention of child mortality is, when boiled down, largely a problem in the prevention of poverty.”³⁹ In her 1927 speech before the World Population Council, Sanger provided numerical support for Gatens’s claim when she explained that of the 250,000 children annually who died before they turned one, “90 percent of these die from causes due to poverty and neglect” despite the fact that the government provided free milk, food, and medical care for those who were unable to afford it or were unemployed.⁴⁰ The ABCL reached a similar conclusion in their 1925 review of clinic patients, explaining, “the relation of births and of infant deaths” as well

as “the frequency of induced abortions” were directly related to income and were far more prevalent among the poorer classes.⁴¹ Given the expense of raising children, Sanger suggested, “Abortion becomes therefore less a problem of morality than of economic necessity.”⁴²

While economic impulses drove people to seek out abortion, the practice of birth control promised to not only alleviate these concerns but raise the standard of living for the entire family. A June 1935 Progress Report from the BCCRB proclaimed: “The physical health of mother, father, and children is improved by regulating the size of the family by means of spacing and planned pregnancies, which relieve the economic burden and allow a higher living standard.”⁴³ The suggestion that birth control could improve the standard of living amongst poor families resonated with many of the movement’s key stakeholders. An article jointly written by Dr. Antoinette Konikow, Dr. Evangeline W. Young, Reverend Monsignor M.J. Splaine, and social worker Mary K. O’Sullivan, demonstrates the wide appeal of this argument; writing for the *Boston Daily Globe* in 1915, they explained: “the man of limited income should have only as many children as he can properly feed and care for, and that, therefore, he should have information as to harmless and intelligent methods for controlling the size of his family.”⁴⁴ Impoverished families stood to gain the most from adopting the practice of birth control so it is not surprising that advocates tirelessly fought to ensure they had the same access to contraception through clinics and public health initiatives that their wealthier counterparts easily accessed via private doctors.

Taking into consideration all of the factors contributing to maternal and infant mortality, birth controllers devised simple guidelines for child spacing to ensure the practice of birth control would produce a reduction in mortality. Sanger laid out these guidelines in her 1940 address at the Community Church of Boston, stating:

The first consideration should and must be the woman's health; the second, the father's earning ability; the third, the standards of living for the parents and children; the fourth, which [could] well be the first – the quality of life to be passed on to the children.⁴⁵

Restricting reproduction to situations where all four conditions were met, argued birth controllers, mitigated the health and financial concerns of large families, removed the need for parents to resort to infanticide and abortion, and ensured that children were only conceived when they were wanted and could be cared for. *Los Angeles Times* columnist Fred Hogue reiterated Sanger's spacing recommendations and argued that adherence "Enables women to space their children, thus conserving their health and giving the greatest assurance that children will be born with a full endowment of health."⁴⁶

This insistence on spacing resonated with doctors who were deeply troubled by infant and maternal mortality, especially as a result of abortion, as evidenced by the 1940 statement of 15 New York City physicians pointing to the efficacy of birth control as a public health measure; the formal statement, printed in the *New York Times*, explained:

The medical profession today recognizes that the proper spacing of children reduces infant and maternal mortality and acts directly to raise the health level of the nation. As physicians, we acknowledge a responsibility to advise patients as to means of contraception which will make the spacing of children possible without risk to the health of the mother or child.⁴⁷

Casting birth control as a mechanism for reducing mortality rates precipitated the inclusion of contraceptive information and devices in public health policies, producing a notable decline in maternal and infant mortality rates. Historian James Reed explains, a “native-born white woman bore seven or eight children in the late eighteenth century, but . . . by the middle of the 1930s [was] the mother of two.” A fact that “Historians now attribute ... to restrictive practices - contraception, abortion, and abstention from coitus - rather than biological changes or shifts in the percentage of individuals who married.”⁴⁸ Despite improvements to infant and maternal health care resulting in decreased mortality, birth controllers remained adamant that contraceptive instruction was a necessary component of reducing mortality; Dr. Leona Baumgartner of the New York City Department of Health proclaimed in the *New York Times* in 1946 that “Although infant and maternal mortality rates were never as low in the United States as they are today . . . we are not putting into practice all the scientific knowledge we have acquired” and demanded that contraceptive instruction be included alongside other maternal health initiatives.

By the 1950s birth controllers had succeeded in convincing a majority of physicians and public health officials of the medical necessity for birth control in the fight against mortality, resulting in its inclusion in government funded maternity centers under the Social Security Act of 1935 and successive programs. The Centers for Disease Control suggested in 1999 that these developments greatly contributed to the 90% reduction in infant mortality and the 99% reduction in maternal mortality between 1915 and 1997.⁴⁹ These advancements, however, were not enough to close the contraceptive

gap between wealthy and impoverished women. Nicholas Eastman, Obstetrician in Chief at Johns Hopkins Hospital, lamented to the *New York Times* in 1958 that the poor “sick mother faces grave risks in any future pregnancy” because of her inability to get contraceptive information from her municipal hospital; Eastman concluded “if she had had sufficient money to go to a private practitioner for care she would have found countless specialists prepared to give her contraceptive instruction.”⁵⁰ In the face of legal restrictions barring the dissemination of contraceptive information absent pressing medical concern, many impoverished women remained ignorant of the practice of birth control until the Supreme Court’s 1965 decision in *Griswold v. Connecticut* finally settled the legal question of contraceptive instruction.

Despite the fact that birth control spared the lives of millions of women and children, opponents charged that the underlying premise of contraception was anti-life. Sanger acknowledged this belief stating, “Some of those who take their stand against birth control do so by the thought that we have no right to destroy potential life.”⁵¹ Advocates couldn’t deny that the practice of birth control prevented conception and thus life from occurring – that was their explicit aim after all – but they could counter that appeals to potential life were equally anti-life. Sanger protested, “For the supposed sake of the one or two of these myriad sperms which must naturally and inevitably die, they insist on the production of babies in rapid succession which are weakened by their proximity.”⁵² Sanger’s retort mitigated the opposition’s argument in two ways. First, by pointing out that *potential life* is really just sperm and ova that inevitably die in accordance with the natural cycles of men and women, Sanger suggested that practicing

birth control is no more a threat to potential life than everyday living. Second, Sanger illuminated the end result of prioritizing potential life - weaker babies - to demonstrate that doing so is worse for the sanctity of life.

In a similar vein, advocates frequently argued that the practice of birth control actually embodied a higher respect for human life than unrestrained reproduction. A March 1920 article in the *Birth Control Review* entitled “Wasting our Human Resources” argued “We have wasted [life] prodigally because we have had an unlimited supply. . . . When our numbers are cut down, these human resources will appear to us in their true light - as the most precious of all our possessions.”⁵³ Utilizing the principles of supply and demand, birth controllers suggested that unrestrained reproduction resulted in decreased respect for human life by reducing the value, or preciousness, of children as more came into existence. Advocates thus effectively challenged the labeling of contraception as anti-life by comparing the purported loss of life resulting from birth control with the actual loss of life from unrestrained reproduction.

Additionally, birth controllers proclaimed that their orientation to life began before conception and was thus even more respectful of potential life. The John Price Jones Corporation noted in 1930, “one of [contraception’s] most promising and recent developments is the control of conditions before birth” which demonstrate “not only a responsibility for the human lives that are, but for the new human lives that come to be.”⁵⁴ By enabling parents to prevent conception when they are unable to support new life, birth control places potential life on a pedestal and ensures that it is only brought to fruition when it can thrive. Sanger proclaimed in 1935 that shifting our orientation to life

“signals a new moral responsibility, a higher regard for life, not only after birth, but even before life has been conceived.”⁵⁵

Birth controllers also mitigated anti-life accusations by emphasizing the benevolent motivations of parents seeking contraceptive information. While opponents to birth control perpetuated the myth of the selfish woman who refused to have children, as explained in chapter three, the ABCL reported in 1925 that “few mothers who have borne no children were advised at our clinic. The greater majority had given birth to children varying in numbers from 1-12.”⁵⁶ Women seeking birth control were not simply trying to stave off motherhood for personal reasons, they were desperate to avoid miscarriage, abortion, and death as a result of another pregnancy. Sanger’s disavowal of the selfish woman in 1935 is illustrative:

To say that it is practiced for selfish motives is not true. The desire for birth control knowledge and its practice comes from a higher and much more permanent cause than that. It is due to increased respect for the sanctity of life and an increased regard for the welfare and education of children. Such parents are inspired by the hope that by having fewer children whom they can educate and properly care for, that they may help them escape the grinding poverty and hardships they themselves have endured due to the accident of birth.

Appealing to the colloquial idea that all parents wish to provide a better life for their children than they had, Sanger suggests that this motivation, not selfishness, is what drives individuals to practice birth control, thus demonstrating a higher regard for the sanctity of life. This attitude is not exclusive to good mothers either; Sanger argued in her 1917 prison journal, “Even the most inferior mother has too much mother-love to desire to bring into the world a child who will cause her grief instead of joy.”⁵⁷ Placing the practice of birth control within a framework of benevolent and responsible parenthood

allowed advocates to distance themselves from claims that birth control was anti-life by highlighting the respect for life that motivated people to become contraceptive users.

As was the case with maternal mortality, birth controllers connected this orientation to reproduction as a catalyst for increased quality of life. The BCCRB suggested in a 1931 press release, “during the present period of hard times and unemployment a rapidly increasing number of married couples are seeking information on how to regulate additions to their families through contraceptive measures” so as to maintain the standards of living in their homes. Especially in times of financial hardship, the ability to control one’s reproduction meant the difference between abject poverty and relative prosperity and was thus the lynchpin to quality of life. Though approaching reproduction from this standpoint may seem overly calculated, Sanger argued in her 1925 speech “The Business of Bearing Babies” that being calculated about one’s reproductive choices “means that we love [babies] more . . . we are not merely producing 'better babies', but the men and women of tomorrow - the Americans upon whom the whole future of our civilization depends.”⁵⁸ Connecting the practice of birth control to increased quality of life via increased respect for life helped frame birth control as a mechanism to ensure long term social prosperity.

Help the Poor

First introduced to the overwhelming need for contraception while working as a nurse in the tenements of New York City, Sanger and other birth controllers frequently targeted their efforts on poorer classes, not solely because of their mortality rates, but also because of concerns about quality of life, child labor, and dependency on social services.

It was Sanger's experience with these suffering mothers that prompted her to establish the first birth control clinic in Brooklyn as opposed to a more affluent part of the city, and based on the clinic's clientele, Sanger's choice seems appropriate. A report released by the Clinical Research Department of the ABCL in 1925 explained, "The patients applying to our clinic generally belong to the wage-earning class, and their families exist on meager incomes." Sanger's long held belief that wealthier women were able to get contraceptive information from private physicians was also supported by this report; the ABCL noted: "Only a small percentage of our patients come from the wealthier classes, and these are generally referred by their physicians who do not themselves prescribe contraceptive methods."⁵⁹ The need for birth control information amongst impoverished women also surfaced in the letters received by the ABCL. In her analysis of the 7309 letters received between March 1931 and April 1932, Alice C. Boughton explained that the majority of the letters came from women who identified themselves as poor; she noted, "The under-privileged letters were naturally much less self-assured; in fact, in many instances the writer was desperate."⁶⁰ While many have charged the birth control movement with having classist and discriminatory motivations, their focus on impoverished communities was precipitated by an overwhelming demand for contraception amongst women in the poorest classes.

Accompanying the desperate cries of poor women were numerous findings confirming their need for birth control. The ABCL's Annual Report in 1925 explained that over 70% of women seeking birth control belonged to families whose weekly income ranged from fifty dollars to as little as fifteen and that these low wages correlated to low

survival rates for children; they conclude: “A tabulation made of 65 consecutive cases in each group show a living child rate of 3.1 for those with less than \$20.00 and 1.8 for those over \$100.00.”⁶¹ The relationship between income and quality of life was statistically undeniable and motivated Sanger to bemoan in 1925, “Poverty is the great enemy of baby life. Poverty means lack of proper food, lack of proper hygienic sanitation. Poverty means an overcrowded home; poverty means more babies than the mother can look after and more than the harassed father can support.”⁶² In an attempt to align birth control with other anti-poverty initiatives, birth controllers frequently pointed to the relationship between localized poverty in large families and the societal implications of this poverty. In a 1923 speech in Connecticut Sanger elaborated on this relationship, stating, “large families and poverty go hand in hand . . . poverty, misery, ignorance, infant mortality, maternal mortality, slums, overcrowding, . . . child labor, unemployment; you find practically every problem that we are trying to solve.”⁶³ The consequences of compulsory parenthood amongst impoverished populations were dire, and by placing them front and center advocates effectively positioned the practice of birth control as a prerequisite to solving poverty.

Birth controllers were also sympathetic to the impact of poverty on the individual lives of women and children despite the popular mythology that one could simply pull themselves up by their bootstraps to overcome poverty. Sanger protested in 1939, “The argument is often used that poverty and hard work strengthen and toughen people; that some of our finest citizens have risen from such circumstances to be leaders of the nation. That is true only in a small minority of cases.”⁶⁴ Appeals to the bootstrap mythos were

frequently used to support the opposition argument that birth control threatened to eliminate genius from the population. However, American Civil Liberties Union co-founder Crystal Eastman suggested that genius is unlikely to arise from families plunged into deep poverty; writing for the *Birth Control Review* in 1918 Eastman argued:

We all know that it would be a different matter to be one of two children living on fifteen dollars a week, from being one of ten, on the same income . . . The slum environment breeds children that can withstand the conditions of the slums. They are selected because they can resist dirt and germs, and poor food. A genius may appear among them, but they are not selected for genius.⁶⁵

Two elements of Eastman's argument are noteworthy. First, Eastman draws a necessary distinction between supporting two children versus twelve children on a meager salary; it is not solely family size nor income but their confluence that eradicates the potential for genius. Second, Eastman coopts the opposition argument that strong children may eventually rise out of poverty by suggesting that this occurs not because the child is a genius, but because they are able to withstand the harsh environment of the slum. Thus, advocates effectively positioned the practice of birth control as a mechanism to mitigate the personal and societal consequences of poverty by focusing on the particularized relationship of poverty and large families.

Building on their spacing recommendation that couples consider a father's earning ability prior to conceiving children, advocates argued that children were particularly burdensome when they outpaced the family's income. Although recognizing the toll that children had on a mother's labor, noting that "the hours of labor of the mother with a large family of little children know no limit," particularly considering that the economic realities of the time often made men the sole breadwinner, advocates

localized their concerns on the father's earning ability.⁶⁶ Birth controllers were primarily concerned with the inability of a man's wage to keep pace with the addition of new children to the home. Sanger explained in a 1935 radio broadcast that when a "father's wages remain the same and babies continue to arrive . . . the father soon feels the burden which falls too heavily upon his already bent shoulders, even when he is fortunate enough to have an average paying job."⁶⁷ The November 1915 edition of *Current Opinion* explicitly connected child mortality to earning ability, arguing, "The real reason why there are 300,000 unnecessary deaths every year among our babies is that the fathers cannot make enough money to keep them alive."⁶⁸ Not only does the addition of children create more mouths to feed, house, and care for, but unless a father's wages increase proportionately with each new child, it becomes impossible to maintain the same standards of living for the family over time. Sanger lamented in 1917 that as new children arrive the father "is obliged to reduce the expense for rent and the pleasant little home that he could maintain until after the second child was born has been relinquished for a crowded and shabby dwelling in a tenement region."⁶⁹

Further compounding this problem, birth controllers argued that as the family grows the father's earning power shrinks as he becomes unable to bargain for higher wages. In the early 1900s strikes were a powerful mechanism for workers to attain increased wages; however birth controllers argued, "It is the man with a large family who is tied down by fear of losing his job. He is the last to fight for higher wages when a strike comes, and the first to crawl back at any price."⁷⁰ This situation was even more dire for men whose families were already poor, as they "must accept any wage that is

offered. His very need for more than his fellow work man, who is young and single, compels him to accept less - in the fear that he get nothing.”⁷¹ Without the ability to space pregnancies and plan accordingly, the ability to provide a consistently high quality of life for each successive child becomes an economic impossibility.

The continued addition of children diminished not only the father’s earning ability, but the overall strength of the labor pool as well. Ida Wright Mudgett explains in the *Birth Control Review* in July 1918, “surplus population determines the economic status of the wage-earning class . . . Where there are a large number of wage-earners competing for a limited supply of jobs, the wage scale is bound to be forced down to the limit of subsistence.”⁷² As swaths of children reach the eligible employment age and enter the labor pool, employers are able to reduce wages across the board in relation to the increased supply of laborers. Making matters worse the decrease in wages felt especially hard by large families precipitated the use of child labor as a means of supplanting their income. Sanger laments, “So runs the vicious circle – large families forcing more workers into the labor market, and more workers causing lower wages, which again increase the number of workers, through the forcing of women and children into the labor market.”⁷³ The desperation of large families and the capitalist aims of the market work concomitantly to ensure that this vicious cycle continues.

Despite their opposition to the principles of child labor, the *Birth Control Review* argued in 1918, “desperately poor parents need the extra wages that their little tots can earn and so they join hands with employers in opposing all legislation that would take these pennies away.”⁷⁴ Though parents were compelled to child labor by a need to

support their growing families, Mudgett argued that members of the privileged classes resisted legislative solutions to child labor as a means of retaining their privileged status; she continued, “The desire of the privileged classes (clerical or secular) to keep in subordination the masses, upon whose helplessness their special privileges and opportunities depend, is one reason why these classes are so vehement in their opposition to birth control.”⁷⁵ Labor organizer Mary Kenney O’Sullivan echoed Mudgett’s sentiments and argued that although the affluent practice birth control, they reject its use among the poor “because of an unwritten law that the children of the poor must be plentiful enough to feed the mills and the factories with young, cheap workers.”⁷⁶ In her plea for working class families to adopt the practice of birth control Sanger portended: “until [the limitation of families] is done, and done by the workers themselves, other remedies for low wages, long hours, and oppressive conditions are palliatives.”⁷⁷ By positioning family limitation as an integral part of boosting the power of the labor pool and eradicating the practice of child labor, birth control emerges as a viable solution for poverty on both the individual and societal level.

Additionally, birth control advocates argued that the financial burden of large families diminished their overall quality of life by reducing access to key services and preventing full development of all family members. W.W.Chung suggested in the December 1917 edition of the *Birth Control Review*, “The financial burden of a large family crowds out education, medical attention, insurance protection and weekly savings against emergencies.” Combined with the fact that these services become more necessary as a result of the decreased standards of living among large families, Chung laments,

means that a lack of services “multipl[ies] their ailments, reducing their strength and income and increasing their expenses” yet again.⁷⁸ In addition to exacerbating illness, a lack of education and medical care during a child’s formative years can have lasting consequences on their quality of life. Historian Lauren Rosewarne points out, “Children born to smaller families have been alleged to have higher IQs . . . tend to be taller and healthier, qualities attributable to better nutrition, and smaller families fair better in tests on the health of infants, children and women.”⁷⁹ These issues speak directly to the third and fourth considerations for child spacing laid out by birth controllers: the standards of living for the family and the quality of future children. Sanger proclaimed that when these considerations were adhered to “Mother love and father love can always be counted upon to be willing to undertake the labor of rearing children, if the burden is not greater than men or woman ought to bear.”⁸⁰ Therefore, advocates effectively positioned the practice of birth control as an opportunity to break this cycle by simultaneously improving their standard of living and financial situation via family limitation by highlighting the cyclical relationship between poverty and diminished quality of life.

Poverty and child labor were concerns not just for the families enduring tough times, but for society as a whole. Subsequently, advocates justified the practice of birth control on the grounds that its use would reduce, and even offset, the massive public and private expenditures devoted to anti-poverty and social welfare programs. Motivated by the widespread economic hardships of the Great Depression both the government and private organizations increased the funding and scope of their public assistance programs. Between 1933 and 1935 President Franklin Roosevelt rolled out a plethora of programs,

known colloquially as relief, aimed at enhancing the material stability of families through the provision of key items such as food, housing, and medical care. While these resources meant the difference between life and death for many, economists Price Fishback, Michel Haines, and Sawn Kantor suggest that it may have also enabled families to feel comfortable bringing new life into the world. They explain in their study of relief funds and fertility rates, “The presence of a stronger financial safety net might have contributed to families’ feeling more secure in returning to their long-range fertility plans.”⁸¹ Their conclusion seems to have been anticipated by birth control advocates who consistently pointed to higher fertility rates among families receiving relief as cause for alarm. Sanger pointed out in 1935 that “the official FERA figures for February 1935 show 4,485,000 families on general relief. It is in these four million families that the birth rate is the highest, that from 45% to 60% more babies are born than in families" not on relief.”⁸²

Birth controllers utilized high fertility rates amongst relief recipients to push for the inclusion of family planning services within federally funded programs. In a 1939 speech Sanger protested: “with millions being spent to feed, clothe and provide them with work, not one cent of Federal funds is to be allocated to provide contraceptive services to the people who need it most and who are reproducing, proportionately, the largest number of children.”⁸³ Additionally, because relief was not meant to be a permanent solution to a family's economic woes, birth controllers argued that relief “serves to prolong conditions of poverty and misery. It provides just enough to keep from actual starvation those who live, normally, almost submerged.”⁸⁴ Relying on the espoused connections between large families and poverty discussed earlier, advocates suggested

that unless contraceptive services were included in federal programs it would be impossible to break the cycle of poverty within families on relief, effectively nullifying the government's anti-poverty ambitions.

The most troubling part of this equation, for both birth controllers and the general public, was not just that people on relief were having more children than the wealthier classes, but the possibility that the provision of relief might actually encourage poor families to have more children. Historian Linda Gordon explains, "By 1935 'relief babies' had become a public scandal. Taypayers' money was not only being used to support the poor but to produce more of them - at least this was the implicit charge being made in a variety of political arenas."⁸⁵ Though not taken to the same extremes as the modern myth of the welfare queen - wherein women supposedly have more children solely to boost the amount of financial aid provided by the government - birth controllers suggested that the provision of relief enabled parents to live beyond their means and have children they were unable to adequately care for because their shortfalls would be augmented by relief services. Sanger's statement in her Lasker Award address is illustrative; she argued, "it is significant as well as profoundly symptomatic that parents are not held responsible for the birth, the development, or the survival of their children."⁸⁶ By providing health care, food, and other basic services, Sanger argued, the government made it possible for parents to abdicate their financial responsibilities for their children, and in doing so enabled the perpetuation of reckless reproduction.

This was not the first time such logic was deployed by the birth control movement; after all the ABCL's 1922 bylaws boldly proclaimed: "People who cannot

support their own offspring are encouraged by church and State to produce large families. . . . The burden of supporting these unwanted types has to be borne by the healthy elements of the nation.”⁸⁷ However, given the harsh economic realities of the 1930s, it was the first time this logic became truly salient. The Depression, Gordon further explains, “Gave the allegations the urgency they had not had before . . . the problem of relief babies threatened to hit people immediately, in the pocket book, and to hit everyone. Birth controllers seized upon the relief crisis with gusto.”⁸⁸ For the millions of Americans teetering on the edge of economic peril themselves, the mere suggestion that others might be abusing the system in a way that jeopardized their financial stability was a potent one. As the *Los Angeles Times* pointed out in 1933, “The Depression has proved a marvelous boost for the birth control idea, although the new adherents are mainly interested in it from the economic angle. Taxpayers have grown tired of supporting indigents with whole flocks of children.”⁸⁹

Beyond merely criticizing the government’s subsidization of large families via relief, advocates positioned the practice of birth control as a sound economic principle that would not only decrease dependency on social services but would also save money over the long term. Writing in *Forum and Century* in March 1935 Sanger called family planning an instrument of economic and social security; Sanger contended:

National planning for economic and social security can, in the long run, produce no real benefits unless such plans be based upon the cornerstone of family security through family planning. . . . As long as the New Deal and our paternalistic Administration refuse to recognize this truism, grandiose schemes for security may eventually turn into subsidies for the perpetuation of the irresponsible classes of society. . . . They are attempting to solve the problem of

economic security without due consideration for the basic human factors involved in that problem, which must be recognized.⁹⁰

In their attempt to convince social workers and public officials of the need for contraceptive instruction, birth controllers regularly emphasized the counterintuitive nature of programs aimed at helping families improve their social position without addressing what they perceived as the root cause - an imbalance between income and family size. In a 1923 Form Letter to Friends, the ABCL argued that addressing the “practical and feasible methods of decreasing dependency and delinquency” must be approached concomitantly with reducing “the burden of charities and taxation resultant from the support” of these classes.⁹¹ Additionally, reducing the burden on public sector services promised increased efficiency as well; *Current Opinion* suggested that smaller families meant that all people could “have medical attention when sick if clinics and hospitals are not swamped as at present.”⁹² Birth control was thus characterized as a necessary cost saving measure, reducing public relief expenditures as fewer children were born that might utilize these services.

Additionally, advocates articulated two specific avenues for cost savings made possible via the practice of birth control. First, birth controllers suggested that contraceptive use would drastically reduce the loss of productive time that costs the nation billions. Sanger explained, “The loss of the productive time . . . runs into the billions. And other sums of national wealth, equally staggering, are lost through the unnecessary deaths. The conservation of these lives . . . would pay off our national debt within a few years.”⁹³ By arguing that contraception improved the quality of life of its

users and reduced infant and maternal death rates, advocates also concluded that they could eliminate many of the costs associated with illness, suffering, and death.

Birth controllers also argued that contraceptive use would decrease the birth rate among people whose inability to care for their offspring resulted in children who suffered from disease, defect, and delinquency that frequently became burdens to the state. As explained at the 1927 World Population Conference in Geneva, “there is perhaps no country in the world where there has been greater philanthropic expenditure than that lavished on palliative measures in the United States. In 1923, \$8 billion were expended on disease, defect, delinquency, and dependency.”⁹⁴ The articulation of birth control through a cost-benefit analysis reverberated in the press’s discussion of contraception as demonstrated by Ray Erwin Baber’s 1932 article in *Forum and Century* entitled “Birth Control a Balance Sheet;” Baber contends, “Birth control is not the one solution of all economic problems, but it will do its full share in the struggle with standard of living, unemployment, child labor, and similar questions.”⁹⁵ Their argument was simple; decreasing the number of children born to what they considered unfit parents eliminated the need for publicly funded palliative measures.

The movement’s focus on unfit parents was admittedly steeped in classist and ablest sentiments. Linda Gordon contends, “This was a major factor behind birth control’s ultimate achievement of respectability. The depression - capitalism’s worst crisis to date - began the transformation of birth control into an official program for achieving economic improvement without redistribution.”⁹⁶ Equating birth control with sound economic policy was effective not just with government officials wishing to reduce public

expenditures but a broader audience as well; Dr. Alan Valentine, President of the University of Rochester explained to the *New York Times* in 1941, “The key to good government and economic security that would make this country an enduring national strength is planned parenthood.”⁹⁷ The effectiveness of this argument combined with the addition of contraceptive instruction to government funded programs expanded the economic utility of birth control to include major cost savings within existing government expenditures.

The notion that money was best spent on birth control as opposed to other social services remained salient over time. In his 1965 address to the United Nations, President Lyndon B. Johnson deployed this very logic to justify his renewed focus on reducing overpopulation and poverty, stating: we must “face forthrightly the multiplying problems of our multiplying populations . . . Let us act on the fact that less than \$5 invested in population control is worth \$100 invested in economic growth.”⁹⁸ Seeing an ally in President Johnson, birth controllers quickly incorporated his analysis into their plea for increased government funding of family planning services. Just two months later PPFA President Alan Guttmacher deployed Johnson’s own words in his request for an additional \$90,000,000 a year investment; Guttmacher argued that such an investment was “small compared to the current levels of public expenditure for other forms of medical care, welfare, and anti-poverty programs . . . particularly when we recognize President Johnson's axiom that \$5 invested in population control is worth \$100 in economic growth.”⁹⁹

Interestingly, opponents to expanded federal funding for birth control suggested that these cost savings would result in less money to fight against poverty and promote social justice. The *Washington Post* explained on October 12, 1969 that many religious groups were concerned that “because birth control programs mean that \$100 will not be collected as taxes and spent to overcome social injustice whenever \$5 can be collected to limit the number of people who suffer the same injustices.”¹⁰⁰ Despite religious opposition, birth controllers prevailed in securing higher levels of public funding for family planning by both Johnson and numerous presidents to come.

Though Johnson’s statement was largely axiomatic in nature his estimations were actually pretty spot on. The *New York Times* reported on February 26, 1990, “Taxpayers save \$4.40 for every public dollar spent [on] . . . publicly financed family planning services used by 4.5 million American women [that] prevent 1.2 million unintended pregnancies a year” that in turn reduce the need for other expenditures such as health care and food stamps. These reductions make birth control a compelling investment, the *Times* explained, because “in the fiscal year 1987 the \$412 million in public funds spent for family planning services save[d] taxpayers \$1.8 billion in short-term costs.”¹⁰¹

Transforming birth control into an economically sound policy decision allowed the movement to garner support from even people who would have otherwise opposed the practice of birth control. Socially conservative Republican President Richard Nixon boldly proclaimed in 1969, “It is my view that no American Woman should be denied access to family planning assistance because of her economic condition.”¹⁰² Compelled by both the prospect of overpopulation and a ballooning budget, Nixon and other social

conservatives endorsed the practice of birth control not out of ideological agreement with its aims but because it served as an effective mechanism to decrease public expenditures.

Prevent Overpopulation and Improve Quality

Although population was always a concern for the birth control movement, the concern manifested quite differently over time in relation to both the numerical and physical makeup of the population in the United States. Often pitted against one another as competing concerns, birth controllers focused mutually on what they called the quality and quantity of the population. Sanger's 1928 plea in the *Birth Control Review* illustrates these dual concerns; Sanger portended:

The population of the world is no longer a mere question of quantity, it involves quality as well. Civilization can no longer be estimated by mere numbers. More important, from our modern point of view, is the kind of population a country or a century produces.¹⁰³

For Sanger, like many in the birth control movement, the issues of quality and quantity functioned concomitantly, placing different but equally important challenges on policy makers wishing to address population concerns in order to achieve greater social stability and prosperity.

Birth controllers were particularly concerned with the intersection of population quantity and quality – referred to in the *Birth Control Review* as kinetic overpopulation; defined as the moment “when the rate at which new arrivals in a country (by birth or immigration) exceeds the rate at which additional subsistence can be provided for them,” birth controllers saw kinetic overpopulation as linked to factors that diminished the overall quality of the population such as poverty and disease.¹⁰⁴ The dual concerns of the

movement manifested themselves in relation to the pressing societal issues present at any given time and were, in many ways, inseparable from both the political climate and the existing knowledge of the scientific community. In the early 1900s when hereditary knowledge was limited and large disparities in health and wealth existed between the wage earning classes and their more affluent counterparts, the movement focused on impoverished communities whose elevated birth rate resulted in higher incidences of disease, delinquency, and mental illness. Believing many of these issues to be biologically rooted and thus transmissible, birth controllers held that contraception and family limitation would help eliminate these issues from the general population. As such, advocates positioned the practice of birth control as a tool of racial betterment.

In justifying birth control as a strategy of race improvement, birth controllers began from the premise that focusing solely on quantity produced an inaccurate picture of the population problem. Advocates argued that approaching the population problem solely from a framework of static overpopulation, or “the condition when the population of a country has increased up to its ultimate power of obtaining the necessary food supplies and subsistence,” delayed intervention by making the bright line for action so intangible.¹⁰⁵ Birth controllers further highlighted the need for a qualitative focus by pointing out the deficiencies in a strictly numerical approach, namely an avoidance of the lived realities of overpopulation. The *Birth Control Review* explained in 1923:

It is very easy to sit at one's desk and compute the population per square mile of the world's surface, the capita production of food and other necessities . . . It is much more difficult to take into account what a high birth rate actually implies, to visualize the people who have been mere numerals in the calculations, to take into

account the life and health and happiness of the men, women, and children who in the minds of the theorists have been merely figures and percentages.

Numerical calculations of population and resource distribution were of great importance to birth controllers, yet they were not illustrative of the real need for birth control as they failed to articulate the lived experiences of overpopulation that made birth control a necessity.

Additionally, birth controllers suggested that defaulting to considerations of quantity divorced the issue from its immediate context, making an emphasis on quality more fitting for reining in population problems. Sanger argued in the *Birth Control Review* 1928, “Leaving aside, as purely hypothetical and academic, all such questions as the ultimate saturation point in world population, and attacking this problem in its immediate and imperatively pressing aspects, we find ourselves here and now confronted with a tangibly definite qualitative overpopulation.”¹⁰⁶ Given the inability of a numerical approach focused largely on population quantity to accurately reflect the concerns of the movement, birth controllers suggested that questions of overpopulation should not be divorced from the notion of quality.

Similarly, birth controllers argued that focusing solely on quantity would not yield a higher quality population. In the early years of the movement, birth control opponents and eugenicists suggested that the quality of the population was best augmented by increasing birth rates among the affluent rather than through the provision of contraceptive instruction to the impoverished. Though this approach could temporarily elevate quality, explained Sanger, it takes into consideration “only proximate instead of

ultimate effects” and assumes that families will “be able to maintain their standards, no matter how many additional children are born. In other words, they expect quality to take care of itself.”¹⁰⁷ The emphasis on quality over quantity was compelling because it promised to improve the health and wellness of society as a whole by creating a framework for reproduction that ensured children were wanted and parents were capable. Reverend Waldo Adams Amos praised the movement’s focus on quality in his letter of support to Sanger in 1917; Amos proclaimed, “I am convinced that birth control will make for quality rather than quantity in the generations to come, and it is quality, physical, mental, and spiritual, that nature is groaning and travailing for.”¹⁰⁸ The focus on population quality meant targeting individuals believed to possess a hereditary disposition to insanity and feeble-mindedness as well as those individuals whose standards of living were not conducive to rearing healthy children. This focus augmented the argument that the practice of birth control would alleviate the burden placed on social services by reducing reproduction amongst people most likely to seek public assistance and helped bring both physicians and eugenicists into the birth control movement.

Eugenicists, also believing in a hereditary explanation for disease and delinquency, latched on to birth control as a necessary component to their program of negative eugenics. The John Price Jones Corporation explained in their 1930 report for the BCCRB, “birth control appears to be the one available scientific level for raising the level of the race . . . And it is that argument which has enlisted [among] its champions the members of the Eugenics movement.”¹⁰⁹ It is important to note that the use of the word *race* here is meant to signify the *human race* and not one race in particular. Though the

relationship between birth control and eugenics was exploited to serve the racialized agenda of population, as explored in chapter six, birth controllers adamantly rejected the racialized agenda of many within the eugenics movement. Notable birth control advocate Havelock Ellis boldly denounced the use of contraception for racist aims in his 1922 essay “Eugenics and the Uneducated” in *Forum*; Ellis proclaimed:

We must not only dismiss from eugenics the endeavor to foster one particular race of mankind under the impression that it is superior to all other races, we must also refrain from trying to cultivate, within the race, only one particular type of individual man as our exclusive ideal.¹¹⁰

Rather than focusing on any particular race, birth controllers sought to elevate the quality of the human race in its entirety, believing that “By spreading the knowledge of contraceptives . . . the present social evils of inadequate housing, poverty, and vice may at least to some degree be abolished.”¹¹¹ In this way, advocates saw birth control as complementary to the aims of eugenics as both were concerned with elevating the quality of the race through the elimination of the social ills that plagued large swaths of the population.

More than simply decreasing degeneracy, birth controllers argued that contraception aided eugenic aspirations by elevating the status of mothers and families. The *Birth Control Review* explained in 1919 that birth control “not only opens the way to the eugenicist, but it preserves his work” by “prepar[ing] the ground in a neutral fashion for the development of a higher standard of motherhood and of family life.”¹¹² By positioning birth control as an integral part of racial regeneration, the movement successfully courted eugenicists who were equally concerned with improving the quality

of the population. However, although both parties could agree on the premise of racial regeneration, they regularly differed on how best to achieve this goal. Sanger explained in 1919, “Like the advocates of birth control, the eugenicists, for instance are seeking a single end but they lay emphasis upon different methods.”¹¹³ The movement’s dual commitment to population quality and quantity resonates within these disagreements as birth controllers advocated for wide scale adoption of contraceptive measures – aimed at quantity, whereas eugenicists advocated simultaneously for limited and increased reproduction depending on one’s designation as fit or unfit – aimed at quality.

One key dispute between birth controllers and eugenicists was over positive eugenics, or the idea that persons deemed superior should have more children in order to raise the quality of the population. Denouncing the scheme of positive eugenics, Sanger proclaimed:

Eugenicists' emphasize the mating of healthy couples for the conscious purpose of producing healthy children . . . The eugenicist also believes that a woman should bear as many healthy children as possible as a duty to the state. We hold that the world is already over-populated. Eugenicists imply or insist that a woman's first duty is to the state; we contend that her duty to herself is her first duty to the state.¹¹⁴

For birth controllers health was a secondary concern to a woman’s ability to limit her production in accordance with her ability to provide for her children. Recalling the arguments advanced by the movement in support of maternal and infant health, birth controllers suggested that compulsory motherhood by even the healthiest of women would eventually take its toll on the health and wellbeing of both mother and child. Birth controllers thus argued that “the fruits of the most perfect eugenic marriage are likely to

be bad health in the mother and in the later children, if birth control is not utilized for the purpose of properly spacing the progeny.”¹¹⁵

Additionally, advocates argued that the framework of positive eugenics would eventually negate itself by encouraging women to reproduce beyond their financial limits. To this end, Sanger pointed out in 1917, “the majority of such parents even now have as many children as any rational eugenicist could ask them to do, were he in possession of all the facts of each case.”¹¹⁶ Eugenicists were equally skeptical of the movement’s rejection of positive eugenics. Notable eugenicist and President of the American Natural History Museum Henry Fairchild chided the movement for resisting positive eugenics, stating: “My doubts about the present propaganda and purpose of the birth control movement are that they are so largely negative and death-dealing rather than positive and birth encouraging.”¹¹⁷ Arguing that programs of positive eugenics were self-defeating, birth controllers highlighted the superiority of family planning practices to elevate the quality of the population without eventually sacrificing the health of women and children.

Birth controllers also took issue with the suggestion that desirable children were born only to superior parents. Sanger explained in the *Birth Control Review* in 1925, “it would seem impossible to predetermine those superior persons whose progeny would for certain give such promise,” adding that it was unlikely “those qualities desirable for racial perpetuation can be effectively transmitted from generation to generation by the simple expedient of merely increasing the size of the family.”¹¹⁸ Juxtaposing the practice of birth control with eugenics in terms of encouraged breeding amongst those deemed ideal reproducers, the *Los Angeles Times* posed the question: “Is there such a thing as an ideal

birth control couple?” They further explained, “the scope of the idea is far wider than mere eugenics. The mating of two perfect specimens seldom proves to be an ideal union.”¹¹⁹ Though both birth controllers and eugenicists approached population issues from a hereditarian framework, they differed in terms of the level of significance they attached to heredity. Havelock Ellis explained this difference, noting, “There are two ways in which we can work socially for the good of mankind: by acting on heredity and by acting on environment.”¹²⁰ Thus, while eugenicists held that biological factors were primarily responsible for the development of disease and feeble-mindedness, birth controllers believed that heredity was secondary to environmental factors such as poverty. This discrepancy meant that although birth controllers and eugenicists could find common ground on the issue of negative eugenics they remained divided on the effectiveness of positive eugenics.

In an attempt to denounce the belief that reproduction was most important amongst highly educated persons, Sanger portended at the annual meeting of the ABCL in 1939 “We have got to change the inference that the quality of our population depends upon the birth rate of college graduates.” Suggesting that appeals to positive eugenic schemes had falsely labeled individuals as unfit producers, Sanger explained, “There are just as sound qualities to be found in the Arizona cowboy, in the artisans, the mechanics, and artists - the qualities of initiative and capacity for clear thinking as a result of sound mind and sound bodies.”¹²¹ For birth control advocates who approached population quality from a more environmental perspective, encouraging college graduates to have

more children was an inadequate solution as it ignored both the economic reality of child rearing and the valuable qualities present in people from all walks of life.

Focusing on the influence of environmental factors on population quality produced yet another rupture between birth controllers and eugenicists over the importance of regulating the size of one's family. Paul Popenoe, editor of the *Journal of Heredity* for the American Genetic Association, explained this rupture in the *Birth Control Review* in 1917; Popenoe argued that birth controllers "should not make unfounded claims of the merit of small families and delayed parenthood. The quality of a child is determined much more by the character of his ancestry than by the number of brothers and sisters."¹²² Popenoe, like many eugenicists, felt that the movement's insistence on family size would produce an across the board reduction of reproduction resulting in a stationary population amongst even those deemed most fit for parenthood.

Rather than challenging Popenoe's claim directly, birth controllers reiterated their argument that even though fewer children were born, more of them survived to adulthood and thus a temporary lull in population growth was acceptable to achieve the long term gains in population quality. Sanger retorted in 1923: "the stationary population of the well to do is not an immediate problem. . . . They may have perhaps two, three or four children . . . [but] those children are brought up to full maturity."¹²³ Reiterating the connection between family size, poverty, and quality of life, birth controllers remained adamant that all persons space their reproduction in accordance with the health and wealth of the family - even those parents who eugenicists encouraged to have more children. The *Birth Control Review* proclaimed in 1919: "We who advocate Birth Control

. . . lay all our emphasis upon stopping . . . all reproduction when there is not economic means of providing proper care for those who are born in health.”¹²⁴ Emphasizing the economic necessity of birth control for all potential parents angered eugenicists who felt that contraception should only be utilized to decrease reproduction among the unfit, thus intensifying the disparities between the aims of the birth control movement and eugenicists.

Additionally, while eugenicists hoped to establish formal programs for determining who was and was not fit for reproduction, birth controllers remained committed to self-directed family planning. Sanger chastised eugenicists in the *Birth Control Review* in 1925 for “their tendency to place too much faith in external direction and quasi paternal direction of breeding” as well as their “bland indifference to the importance of liberated self-direction”; in contrast, Sanger explained, “the program of birth control is more constructive and more concrete.”¹²⁵ Unlike birth controllers who sought merely to provide people with contraceptive instruction, eugenicists attempted to create formal eugenic policies to curtail reproduction amongst the unfit, including compulsory sterilization laws. Cautioning against the eugenicist’s emphasis on legislative measures, Havelock Ellis warned, “It is common, indeed, but sometimes mischievous, and usually futile. We do not know enough to legislate on eugenic schemes.”¹²⁶ Harkening back to their concerns over positive eugenics, birth controllers questioned the efficacy of formal eugenic policies given the virtual impossibility of pinpointing what made someone a superior breeder.

Rejecting the external imposition of reproductive control, advocates suggested that the practice of birth control enabled parents to “exercise more and more intelligence, self-discipline and guidance of their own procreative powers” by giving them “a practical instrument [by] which all well-born children” are conceived.¹²⁷ Although, as explained in chapter six, birth controllers did express some reservations about the ability of persons with diminished mental capacity to properly use traditional contraceptive methods, birth controllers believed that most people were not only worthy of contraceptive instruction but were capable of applying it to their reproductive lives in accordance with their desire and ability to have and support children.

In the early years of the movement, birth controllers sought the support of eugenicists in an attempt to professionalize the movement and establish its social significance. Many eugenicists, intrigued by the applicability of birth control to the program of negative eugenics, jumped on board. However, as time passed the differences between birth controllers and eugenicists intensified and propelled the two groups to break many of their formal ties. Paul Popenoe’s denouncement of birth control as a eugenic measure is illustrative. He proclaimed:

To be eugenic, a measure must favor the reproductivity of the happier and more efficient parts of the population and discourage the increase of the less capable parts. It is necessary to conclude, therefore, that birth control as at present practices in the United States is the reverse of eugenic.¹²⁸

The schism between the two groups illuminates the movement’s dualistic focus on both the quality and quantity of the population. Whereas eugenicists were willing to do anything to elevate the quality of the population, including forbidding some from having

children while encouraging others to reproduce without hesitation, birth controllers recognized that quality could not be achieved simply by tampering with the quantity of children stemming from different subsets of the population.

Despite their insistence that population quality was more a pressing concern birth controllers raised one major issue with unchecked population growth - war. In the wake of WWI, birth controllers and demographers pointed to unchecked population growth as a precursor to war. Contextualized in terms of the economic impact of large populations, Sanger argued in 1925, “Economic conditions are [war’s] fundamental causes. And if we examine the economic conditions that breed war we find that over-population is reasonable for many of these.”¹²⁹ As the population continued growing, suggested birth controllers, so did the demands on a nation’s resources both in terms of space and material assets; these pressures provided an impetus for expansion and propelled governments towards war as a means of attaining both the geopolitical and geographical dominance necessary to satisfy the demands of their growing populations. Sanger elaborated on the relationship between overpopulation and war in 1939, stating, “They need room for expansion . . . more land for food. . . . They need natural resources . . . and they need markets in which they can sell and exchange their goods . . . this is one of the chief causes of the present conflict.”¹³⁰

The nature of the conflict in both World Wars provided fuel to their fire as nations such as Germany, Italy and Japan pointed to economic concerns due to overpopulation as they ramped up for war. In 1921 Prussian General Friedrich von Bernhardt boldly proclaimed: “Strong, healthy, flourishing nations increase in numbers. From a given

moment they require a continual expansion of their frontiers; they require new territory for the accommodation of their surplus population.”¹³¹ The *Boston Daily Globe* also pointed to Germany to illuminate the devastating consequences of unsustainable population growth, noting, “Germany, with her teeming population is slaying hundreds of thousands of the persons in neighboring countries so that she may secure for herself a sufficient area of the surface of the earth for the further increase of her own population.”¹³² Though the population problem in the United States had not yet reached the level of Germany or Italy, these countries served as a precautionary tale and thus a powerful motivator for adopting the practice of birth control.

Additionally, birth controllers suggested that an unchecked population was the byproduct of militarists and governments seeking merely to grow the size of their armies. “The citizen who calls for reckless and unlimited breeding,” argued Caroline Nelson, Secretary and Vice Chair of the Northern California Birth Control Committee, only wants “a large, ignorant, degraded population to be used in his interest.”¹³³ Birth control advocates augmented their argument by highlighting the demands for population growth made by prominent world leaders who eventually turned towards violence. In a speech in 1939 Sanger quoted Mussolini’s call for population growth in Italy to illustrate her point: “If Italy is to amount to anything she must enter into the second half of the century with a population of at least 60 million inhabitants. We must at a given moment be able to mobilize 5 million men.”¹³⁴

The use of the militarist demand for increased reproduction served two functions for the movement. First, by contextualizing the population problem in terms of the

genesis for WWI and WWII, birth controllers capitalized on the patriotic attitude that emphasized US superiority and positioned unchecked population growth as a defining characteristic of our enemies. Journalist and avid birth control supporter Anna Steese Richardson issued a patriotic call towards population quality in the *Birth Control Review* in 1918; Richardson portended: “American women will [not] yield to the hysterical slogan: 'Have Children!' We women of America are learning . . . In the face of war, we need quality not quantity, and quality in offspring is to be attained only through birth control.”¹³⁵ Second, by illuminating the justifications for large populations espoused by leaders such as Mussolini birth controllers called into question the motivations of those who beckoned for increased reproduction in the United States. Sanger’s 1933 statement illustrates this function; she warned, “Certainly for people who in spite of world conditions still believe in the possibility of peace on Earth and good will among men, it would be well to refrain from quoting this war appeal to increase the birth rate.”¹³⁶ Communication scholar Wesley Buerkle argues, “Sanger sets the task of national improvement before women by depicting the nation as the macroscopic family,” and thus characterizes “national and world salvation an extension of women’s typical domestic responsibilities.”¹³⁷

The argument that unrestrained reproduction propelled other nations into war combined with the suggestion that American women should prioritize quality over quantity created a compelling case for the adoption of contraceptive measures. Under this framework, birth control then became a viable solution to prevent future war by solving

its root cause of overpopulation. Making the comparison to modern medicine's ability to prevent illness and suffering, Sanger urged in 1915:

We have gone far in the field of preventative medicine, let us now have a little preventative politics and a system of thinking that will probe to the roots and heart of this human problem. We must induce men and women to strive for a better civilization . . . [and] awaken in them the demand for a free, self-disciplined life and consciously controlled birth rate and population.¹³⁸

Recognizing the various links between population growth and war allowed advocates to position the practice of birth control as a preventative measure that eliminated the possibility of the unchecked population growth that precipitated both World Wars.

Extending their recommendation that parents not have children they were unable to adequately care for to the governmental level, birth controllers argued that population growth must remain balanced with a nation's ability to sustain it. President of the Portland Birth Control League H.C. Dekker explained in 1918, "Nations must know how to confine population within the limits of their national agricultural fertility" or be willing to face "a world in which equilibrium between production and reproduction is brought about . . . by the primitive brutality of Nature rather than by intelligence."¹³⁹ As was done with infant and maternal death, birth controllers juxtaposed the practice of birth control with the unpredictable and often harsh alternative of letting nature take its course. In doing so, birth control functions as the best, if not the only, viable solution to the conflicts which inevitably arise when populations grow at an unsustainable rate.

Conflict, death, poverty and overpopulation dominated the public consciousness in the first half of the twentieth century. While it was true that unrestrained procreation exacerbated these problems, it was also strategic for the movement to characterize

compulsory motherhood as an accelerant. Vanessa Murphree and Karla Gower suggest that birth controllers “repeatedly tied [their] message to what was salient to the public and to members of Congress” as a means of popularizing the movement.¹⁴⁰ Appealing to these collective concerns, however, minimized the importance of the individual woman whose abortion related death or stillborn child mattered solely in the aggregate. The movement thus couched birth control in a collectivist and utilitarian paradigm that, over the course of the movement, enabled the framework of managed reproduction to be manipulated to serve the greater good. People, such as those in Robinson’s parade, lost their right to reproduce because their potential offspring threatened to burden society with degeneracy and delinquency. Fueling the attempts to constrain reproductive rights, explored further in chapter six, the rhetoric of control positioned family limitation as a means to an end – an end to the societal woes intensified by compulsory motherhood. Placing social stability as the end game of the battle for birth control won the movement popular and professional support, while simultaneously causing it to lose its focus on the lived experiences of women, like Rose Halpern, who were the catalyst for its creation. For a movement governed by a principle of political accommodation, the tension between generating acceptability and maintaining authenticity is inevitable, but is no less worrisome as it produces a somewhat irresolvable question: for whom, and for what aims, is control necessary?

If conflict, poverty and overpopulation were to be eradicated both society and the ignorant reproducers it had created would have to take responsibility for the problem of unrestrained reproduction. Yet, by fusing the concepts of control and responsibility, birth

controllers made the very reproductive rights framework they created contingent upon the ability to act responsibly. If only persons capable of reliably utilizing contraception could manage their reproduction, then only these persons could be trusted with the right to control. Could the participants in Robison's parade be expected to responsibly exercise control over their reproduction, and if not, was it then society's responsibility to prevent their reproduction through sterilization? Feeding into society's right to protect itself from the concerns attendant to population quality and quantity, responsibility then becomes situational as *valued* producers shoulder the responsibility of elevating population quality whereas *unvalued* producers shoulder the responsibility of reducing population quantity. Played out in the preceding discussion of relief babies, and again in relation to eugenics in chapter six, the suggestion that the right to control is beholden to responsibility transforms this right into a contingent one – exercisable only for those deemed capable. Situated within a collectivist paradigm aimed at achieving the espoused benefits of birth control on a societal level, the question posed above becomes even more complicated: for whom, and for what aims, is control necessary – and how is this right earned?

Chapter 5: The Rhetoric of Choice

You wined me and dined me
When I was your girl
Promised if I'd be your wife
You'd show me the world
But all I've seen of this old world
Is a bed and a doctor bill
I'm tearin' down your brooder house
'Cause now I've got the pill
All these years I've stayed at home
While you had all your fun
And every year that's gone by
Another baby's come
There's a gonna be some changes made
Right here on nursery hill
You've set this chicken your last time
'Cause now I've got the pill
From Loretta Lynn's "The Pill" – 1975

When famed country musician Loretta Lynn released her newest song, "The Pill," in 1975 she couldn't have anticipated the controversy it would spark. Though the pill had been legally available for a decade and a half at the time of the song's release, the song, *People Magazine* explained in 1975, brought Lynn harsh criticism from conservative religious figures and was banned by more than 60 radio stations across the country. Lynn defended the message of the song and proclaimed: "If I'd had the pill back when I was havin' babies I'd have taken 'em like popcorn. The pill is good for people. I wouldn't trade my kids for anyone's. But I wouldn't necessarily have had six and I sure would have spaced 'em better."¹ Lynn, who was also a grandmother at age 29, illuminated in her song the harsh realities women faced when robbed of reproductive choice. Lynn's song was scandalous not solely because it was the first country song to tackle the issue of contraception, but more than likely because of what the fictional woman of Lynn's song

was able to do with it; in the later stanzas her "old maternity dress" is exchanged for "hot pants and a few little fancy frills" which came in useful as she spent her nights "makin' up for all those years." The song's suggestion that the pill provided women increased sexual freedom may have actually been the real controversy. Lynn explained to the *Chicago Tribune*, "disk jockeys that refused to play 'The Pill', just don't like the idea of a woman being able to fool around, too."² The realistic portrayal of the burdens of constant childbearing combined with the stylized potentials made possible by the pill allowed Lynn's song to resonate with countless American women who, like Lynn, were eager to choose their reproductive destiny for the first time.

If the ultimate aim of the mechanistic function of birth control was to give women the ability to regulate their reproduction then the ultimate aim of the idealistic function of birth control was to make parenthood a choice. Resulting in what feminist political theorist Lealle Ruhl calls "the willed pregnancy," birth controllers sought to imbue reproduction with the ideas of responsibility, self-control, and, ultimately, freedom of choice.³ As such, the espoused benefits of individual development, relational satisfaction, and sexual liberation are reliant on adopting the framework of "the willed pregnancy" in contradistinction to the preexisting paradigm of naturalism that positioned reproduction outside the realm of human influence. In this framework, choice is dependent on control in so far as reproductive options exist only insofar as control is possible. However, moving beyond the physical implications of control, such as mortality and overpopulation, the rhetoric of choice seeks to justify birth control by illuminating

the benefits of adopting the framework of the “willed pregnancy” wherein parenthood is a choice rather than a consequence.

The movement’s hallmark phrase, *every child a wanted child*, is emblematic of the primacy of the willed pregnancy to achieving the full benefits of reproductive choice. Consistent with this plea, birth controllers argued that parenthood must be transformed from a role that is merely assumed upon conception into a conscious decision. The *Birth Control Review* argued in 1919 that giving couples reproductive choice ensured that when, and if, they decide to have children they do so from the perspective of “emphatically purposeful parentage” as opposed to assuming the parental role reluctantly and obligatorily.⁴ To be certain, not all unexpected children are unwanted and not all new parents are unprepared; however, without reproductive options no parent could be assured of preparation and no child could be guaranteed an inheritance of health or happiness. As a result, birth controllers argued that making parenthood a choice “restores self-direction, self-decision, [and] self-determination of the parents to advance the family, [and] recognizes the desire on the part of the husband and wife to build up a healthy, happy family; to recognize and accept responsibility” for their growing families.⁵ Self-direction and determination were not limited, however, to reproduction; rather, giving people say over their reproduction simultaneously gave them control over numerous other aspects of their life by making it possible to make decisions absent the confounding factor of a potential pregnancy. Sanger explicitly acknowledged the importance of voluntary parenthood to achieving these other aims in 1940, suggesting, “parenthood, not by chance or ignorance, but in full knowledge of their responsibility to

the child . . . [is] even more deeply and intimately concerned with each individual . . . to control, as best they may, their own destiny on earth.”⁶

In order to connect the mechanistic utility of birth control to these ideological outcomes, birth controllers had to establish a causal relationship between control and choice. Sociologist Kara Granzow explains that the discourse of the movement “assumed [a] direct correlation between control (over the body) and increased choice (in women’s lives,)” ultimately arguing that “to bring women’s reproduction under control was thus to promote women’s freedom.”⁷ Subsequently, this relationship suggests that one must practice reproductive control in order to accrue the individualized benefits of reproductive choice.

As such, the following discussion of the rhetoric of choice carries an implicit assumption that these arguments are applicable only to contraceptive users - both current and potential - who eschew the naturalist paradigm of reproduction in favor of the framework of the willed pregnancy. Within this framework, the rhetoric of choice animates the discussion of women’s reproductive rights in two key ways. First, although the rhetoric of control relied on a collectivist orientation, the rhetoric of choice is woman centric. The willed pregnancy as a governing principle matters less for men who, for the most part, already enjoy the benefits accrued through its adoption including education and employment. The very label itself assumes a female focus as males are incapable of pregnancy and are thus naturally insulated from much of its limiting potential. Despite the fact that males constitute half of the reproductive equation, choice thus emerges as a salient concept when particularized to women as opposed to the process of reproduction

generally. Second, the rhetoric of choice operationalizes reproductive rights within the confines of the family. While adhering to the framework of the willed pregnancy expanded opportunities for women, it simultaneously justified these opportunities in terms of their applicability to motherhood and family stability. Fully developed, educated, and sexually aware women were not just better people, they were better wives and mothers. Reproductive choice thus functioned to secure a higher quality of life and increased satisfaction not just for women, but for their current and future families as well.

Freedom for Women

One of the primary objectives of the birth control movement in its formative years was to elevate the status of motherhood. Writing from prison in 1917 Sanger proclaimed: “We hear so much of sacred motherhood. There are statues in plenty to kings, statesmen and generals who have led her sons off to the universal shambles of slaughter. But where are the monuments to motherhood?”⁸ Responding to the prominent social and cultural troupes that lauded motherhood as the highest aim for women, birth controllers argued that these myths were nothing more than hollow rhetoric - praising women for fulfilling their duties as mothers yet failing to assist them in these endeavors with meaningful policies that made motherhood not just feasible but enjoyable. Sanger noted further, “For centuries she has populated the earth in ignorance and without restraint, in vast numbers and with staggering rapidity. She has become not the mother of a nobler race but a mere breeding machine.”⁹ By refusing to provide women with the means to control their reproduction, argued advocates, policy makers denied women reproductive choice, reducing them to their reproductive capabilities.

Although somewhat hyperbolic, birth controllers analogized society's view of motherhood to "servility and sex slavery" and suggested that mothers have been "placed on the level of the nursemaid, permitted to care for man's offspring, allowed to compete with his animals as pack-horses whose honored destiny it was to suffer and serve."¹⁰

Reminiscent of the comparisons to slavery advanced in support of the right to contraception, these analogies suggested that society's treatment of mothers left them with the same level of control as a packhorse – which is to say none at all.

Contextualizing the need to raise the status of motherhood within the movement's focus on maternal mortality, in its 1923 Bylaws, Aims, and Principles the ABCL contended:

In addition to this grave evil we witness the appalling waste of women's health and women's lives by too frequent pregnancies. . . . It is essential that the function of motherhood be elevated to a position of dignity. And this is impossible as long as conception remains a matter of chance.¹¹

The ABCL makes two important rhetorical moves here. First, by linking the perception of mothers to existing concerns over maternal health, the ABCL suggested that society must reconceptualize motherhood if it wishes to effectively combat maternal mortality. Second, the ABCL explicitly labels the provision of reproductive choice as a prerequisite to achieving both an elevated view of motherhood and decreased maternal mortality. Building on the espoused relationship between motherhood and choice, the ABCL stated: "Instead of being a blind and haphazard consequence of uncontrolled instinct, motherhood must be made the responsible and self-directed means of human expression and regeneration."¹² By deploying the movement's popular "chance

versus choice” distinction the ABCL effectively positions birth control as the lynchpin to enacting reproductive choice and accruing the benefits of its application.

Concomitant with the aim of elevating the status of motherhood the movement sought to establish womanhood as a desirable end in and of itself. Birth controllers believed that increasing a woman’s ability to enact choice over her reproduction enabled her to fully develop as a mother, wife, and ultimately, as an individual. Stemming from the movement’s well established argument that birth control was not anti-life, advocates argued that women want children but also want the ability to blossom in their roles of woman, wife, and mother. Articulating the importance of both choice and family limitation to a woman’s ability to develop more fully, Sanger argued:

The woman of today wants something out of life for herself; she doesn't choose to be a drudge to motherhood. She wants to develop motherhood and womanhood so that she may be a better companion to her husband and a better guardian and playmate for her children. With two or three children she has this chance, rich or poor, is at her best, and none should be made to undergo such a state of things.¹³

The desire to grow and develop as individuals – to embrace the potentialities of womanhood – both before entering motherhood and after as they adjusted to their role as mothers was a constant theme within the letters received by the ABCL requesting contraceptive information. “This is all they ask - a chance to know their husbands . . . to be a real mother to their children . . . to be the real mothers that we want them to be.”¹⁴

By giving women the ability to choose their reproductive destiny, birth control made it possible for women to delay pregnancy until they were ready, thus transforming them into better mothers in the long run. Writer Jan Struther echoed this sentiment in the *New York Times* in 1941, proclaiming that birth control enables reproduction “without

impairing the mother's health or interfering with her and her husband's right to develop their own possibilities as human beings.”¹⁵ Arguing that birth control allows women to transform motherhood into a valuable part of one’s development the *Birth Control Review* deploys the metaphor of slavery yet again this time suggesting, “The potential mother is to be shown that maternity need not be slavery but the most effective avenue toward self-development and self-realization.”¹⁶

Connecting this development to the societal expectations of motherhood Sanger boldly questioned in 1923: “can any mother serve society when she died rearing another child? Can she serve society by having other children? I don't think so. I think that's the least we can do for these mothers.”¹⁷ Communication scholar Wesley Buerkle suggests of Sanger’s maternalistic rhetoric, “The assumption of an inevitable maternal desire reveals Sanger’s teleological vision of women as developing to the state of motherhood, which implies that a woman who has no such desire has yet to fully mature.”¹⁸ Through the juxtaposition of maternal development and maternal mortality, Sanger effectively positions self-directed reproduction as requisite to elevating motherhood on both an individual and societal level in service of the ultimate desire for responsible motherhood.

The physical consequences of premature child bearing were also important considerations for birth controllers. In addition to allowing women to develop in their roles as wife, mother, and woman, birth controllers argued that giving women control over their reproduction prevented arrested development in young girls. Sanger explained in 1917, “As soon as pregnancy begins the mother's own development is arrested. The child mother is therefore stunted in growth both in mind and body.” She suggested that

“Every breeder of animals understands this natural law, and keeps his young heifers or mares from breeding until they are grown and developed and ready for the strain.”¹⁹

Though opponents suggested that because women mature faster than men they were ready for child bearing at a much younger age, birth controllers argued that the type of maturity forced upon them through parenthood ultimately halts their development by eliminating the opportunity for education and other valuable life experiences. Sanger laments, “The American boys and girls who are given longer education and freedom from responsibility shed considerable light on the forced process which has for so long made women out of really immature girls.”²⁰ Thus, though physical development was an important consideration for birth controllers so too was the ability to develop via education - an opportunity made possible only when girls were given the means to enact choice over their reproduction.

The BCCRB detailed the benefits of full physical and psychological development in their June 1935 progress report, stating that voluntary parenthood enables “spiritual, physical, and emotional fulfillment” by making it possible “for persons to marry and lead a normal sex life while completing their education and professional training.”²¹

Reiterating the fact that allowing women to develop fully was not antithetical to motherhood, birth controllers argued that the children of these mothers were happier and healthier than those born to underdeveloped mothers; “by giving her time to develop, time to attend to one or two children and to bring them up as they should be brought up,” advocates suggested that women’s enactment of reproductive choice produced children “better fitted for life and probably in every way better equipped than the children of very

young girls.”²² Taking this reasoning one step further advocates suggested that a woman’s maternal desire actually deepened as she developed, meaning more *not* less children would eventually be born to fully developed women. Sanger proclaimed in 1923:

One of the reasons today why I believe we have small families, sometimes only one child in a family, is because that child has come too quickly into that woman's life. She has never had a chance to develop herself; she has been first a girl, then a mother. The wife in her, the woman in her has never had a chance to evolve. If she had waited for a time after her marriage, if there had been a chance to develop that maternal instinct in her, motherhood would have been a joy to her and not a dread and a fear.²³

Suggesting that women would eventually have more children if simply given the option to postpone reproduction in their formative years helped mitigate concerns over stationary population growth and race suicide leveraged by opponents.

Despite the fact that birth control advocates sought to elevate the status of motherhood in America, they did not believe that this was a woman’s sole purpose. Rather, birth controllers believed that reframing motherhood was the first step towards reconceptualizing womanhood as a whole. In a 1917 article the NBCL protested, “Birth control when based on the theory of voluntary motherhood becomes the new moral standard and social principle which shall be the foundation of a new glorified womanhood.”²⁴ Though many of the arguments advanced by the birth control movement hinged on the fact that providing contraceptive instruction did not reduce a woman’s desire to have children, by giving woman reproductive choice birth control allowed them to move beyond their primal role as a reproducer. Sanger boldly stated in 1933, “Childbearing and rearing are not the end aim of woman's existence. Nor do I consider

the first duty of the young married couple to be non-stop perpetuation of their kind.”²⁵ Shattering the long held assumption that woman’s primary obligation was motherhood enabled an ideological shift away from the view that women, constrained by constant childbearing, were the weaker sex. Sanger explained, “Long has woman been called the gentler and weaker half of human-kind [because] long has she borne the brunt of unwilling motherhood.”²⁶ Wesley Buerkle concludes, “Sanger discusses maternity in such a way that she recognizes the biological ability of childbearing unique to women but separates nature from the social meanings applied to motherhood, that maternity is woman’s destiny.”²⁷

Giving women the ability to choose their reproductive destiny via birth control expanded possibilities for women in spite of their biological burden of childbearing that Sanger suggested was the “the greatest handicap that woman has had to overcome in order to develop her talents and to express her individuality.”²⁸ For centuries, constant childbearing meant that women were dependent on their male partners for financial and physical assistance, leading journalist and advocate Lily Winner to conclude in 1918, “man has for centuries held his power over his mate through her own ignorance and dependence upon him, and consciously, as evolution wrought its inevitable awakening process, man has struggled to keep that power by nursing prejudice and superstition.”²⁹ Subsequently, birth controllers sought to challenge the existing power dynamics between men and women by reframing womanhood as separate from motherhood and giving women the ability to manage their biological burden in a way that enabled them to explore the full range of their identities as women.

In a similar vein, birth controllers argued that expanding women's reproductive options availed them of opportunities, such as education and employment, that were previously inaccessible due to constant childbearing. Building on the movement's popular premise that women shouldered an uneven biological burden in comparison to men, Sanger argued in 1933:

The woman who is constantly in the condition of pregnancy, or who is submerged in fears of pregnancy, can never be equal in economic or social efficiency to man. Even with great expectations of wealth and cars, she cannot keep step with him under these conditions.³⁰

Though men, especially of the working class, were also constrained by the demands of large families in terms of educational and employment options, women were left with no options, because without the ability to prevent conception women were unable to time their pregnancies in accordance with their educational and occupational aspirations. As was a common rhetorical strategy within the movement, birth controllers pointed to the most extreme alternatives as evidence of women's inability to compete socially and economically with men; they proclaimed that "the women with large families [are] In the grave yards or in the kitchens slaving to make an inadequate wage feed too many hungry babies."³¹

Advocates yet again relied on the argument that birth control was a prerequisite to woman's full emancipation to link reproductive choice with expanded opportunities for women, and aligned the movement with the ideological principles of empowerment and equality. The push for women to seek both educational and employment opportunities was not unique to the rhetoric of the birth control movement; rather, it was a by-product

of the changing social and political currents that had produced what historian Carroll Smith-Rosenberg calls the new woman. Rosenberg explains, “Education constituted the New Woman’s most salient characteristic . . . many young women saw in higher education an opportunity for intellectual self-fulfillment and for an autonomous role outside the patriarchal family.”³² Sanger, a new woman herself, capitalized on the droves of women venturing outside the home for the first time and positioned contraceptive access as necessary for women to thrive in the public domain.

The harsh economic realities of the Great Depression and the need to offset lost wages after WWI exacerbated the issue as women were thrust into the work force in order to support their families with no mechanism to keep their reproduction in check. Consistent with their focus on impoverished communities, advocates touted the benefits of birth control for women whose economic situations necessitated their employment outside the home. Sanger explained in 1923 that a “mother who had to go out and toil” in order to support her family “was exhausted and using up the capital of that child before it was born.”³³ Birth controllers simultaneously recognized the imperative for women to work outside the home and the consequences of doing so when unable to postpone pregnancy, and juxtaposed the economic demands of large families with the benefits to maternal and child health accrued when women are able to enact choice over their reproduction. Although most important for women who already had children, birth control also enabled women to enter the work force prior to becoming mothers, thus helping them to secure the financial stability necessary to support their future families.

Based on her analysis of mother letters received by the ABCL, Alice C. Boughton explained in the *Birth Control Review* in 1933 that many letters “came from newly married women, who, because of present conditions, were obliged to continue working to help establish a home. They wished to postpone rearing a family until in an economic position to do so.”³⁴ Though Boughton’s statement does carry the implicit assumption that women will leave their jobs, probably permanently, after the birth of their children it still recognizes both the economic power of women and the necessity of birth control to harness this power. The need for birth control became even more pressing during the war years as women entered the work force in droves. Lily Winner warned in the *Birth Control Review*: “Birth Control! That will be the greatest problem for the women” thrust into the workplace during the war.³⁵ If women were expected to fulfill their patriotic duty by taking up the jobs left behind by brave soldiers, advocates argued, then they must be given the means to control their reproduction. Sanger explained in the 1943 *Britannica Book of the Year*, “Absenteeism, due often to pregnancy or induced abortion, became an acute problem in many areas as millions of women went into work” and thus motivated law makers to reconsider their stance on birth control in relation to economic productivity.³⁶

The flood of women into the work force in during WWII also produced an ideological shift towards female employees. Historian Annie Rehill argues that although “Rosies who remained in the workforce were once again pushed into lower-ranking and lower-paying positions,” many chose to retain these positions as “the experience had given more women a taste of the independence afforded by working outside the

home—which smaller families would eventually enable on a widespread scale.”³⁷ Birth control was initially necessary to retain the economic productivity of women workers; yet, the resulting provision of reproductive choice to women ultimately enabled them to seek out employment opportunities at will and negated the well-established assumption that motherhood and employment were mutually exclusive. This sentiment reverberated in the discourse surrounding birth control as evidenced by journalist Rebecca Stiles Taylor’s 1942 proclamation in the African-American paper the *Chicago Defender*. Stiles proclaimed that “it is time that the world gave up the infantile attitude that a woman must choose between marriage and a career . . . there is no reason why she should surrender all personal proclivities” solely to raise children.³⁸ Birth control was critical to expanding women’s choices; Historian Lauren Rosewarne explains, “Being able to postpone pregnancies—alternatively to selectively space them” gave women the ability to “combine mothering and working.”³⁹ It is not surprising then that the proportion of women in the work force grew steadily post WWII despite the fact that many young women employed during the war abdicated their employment to start families as their husbands returned home. Historian Paula Fass points out, “In 1920, 9 percent of all mothers were working; in 1940, 15 percent; in 1973, 44 percent; and in 1985, 62 percent.”⁴⁰ In this way, birth control became more than just a mechanism to achieve family limitation, functioning also as a catalyst for a reevaluation of the available options for women beyond, and in addition to, motherhood.

As to be expected, the suggestion that women can and should harness birth control to pursue ventures outside the home was regularly met with hostility. Opponents

leveled two charges against the expansion of women into the public sphere. First, despite the movement's insistence that birth control didn't inhibit maternal desire, opponents charged that educational and employment opportunities would decrease a woman's willingness to pursue motherhood. Samuel J. Holmes, professor of zoology at the University of California, portended in the *New York Times* in 1921, "springing out of the social and economic results of the desires of the modern woman for a larger, more interesting and more independent life" is a devastating "loss of a vast wealth of material for motherhood of the best and most efficient type." Holmes points to the delayed marriages and smaller families of college educated women as evidence to this claim, suggesting that these changes directly related to "her growing economic independence and the wide range of activities from which she can now select her career."⁴¹ In addition to stunting the emancipation of women, arguments such as those put forward by Holmes only augmented the eugenicists demand that college educated people have more children to prevent a race suicide. *Los Angeles Times* columnist Marjorie Dorman boldly labeled women's colleges as "stronghold[s] of aged virginity" that have "made the baby unfashionable" and proclaimed that this situation is deplorable to the eugenicist who equates this trend with "the extinction of valuable stocks."⁴²

Furthermore, opponents also argued that even if educated working women did have children, they were unlikely to be good mothers as a result of their external obligations. Opponents to woman's entrance into the work force regularly espoused the mutual exclusivity of this endeavor with motherhood. Rebecca Stiles Taylor further laments:

They point out that the woman who tries to manage a home and an outside position, frequently does a poor job of both, therefore it is concluded that the only thing for her is to give up the outside job and go back in the home. That has always been her place. Why should she try to go beyond it and in this way the world stumbles along - men and women - trying to fit squares into circles.⁴³

Despite the fact that birth controllers asserted that contraception and child spacing allowed women to engage in child bearing in a way that ensured children were conceived only when they could receive the full benefits of health and parentage, opponents remained convinced that women could not successfully be both mothers and professionals.

As higher education became more commonplace amongst women, opponents shifted gears to focus almost exclusively on the negative consequences of employment to prospective mothers. The *Chicago Tribune* warned in 1969, "By taking careers too seriously, women may be in danger of losing the most precious and unique aspect of femininity – the ability to conceive and bear children." Pointing to increased rates of infertility, particularly among younger women, many of whom had at one point taken hormonal birth control, Dr. Perez-Pelaez (a gynecologist associated with the Fertility Institute at Michael Reese Hospital) suggested to the *Tribune*, "Women have to slow down . . . If they want to be mothers they have to be more realistic. They cannot be out earning money for a Cadillac if they want to raise a family."⁴⁴ Despite social pressures to maintain in the home, women continued to pursue educational and employment opportunities.

The advent of the hormonal birth control pill accelerated women's ascension into the work force by enabling women to embark on lengthy educational and professional

development tracks. Noting the coincidence of the pill's development with the emergence of second wave feminism and the civil rights movement, Hannah Seligson explains in *Forbes*, "While the political and social will to bring a critical mass of women into the workplace was certainly there . . . the pill gave women a tangible tool to level the playing field with men."⁴⁵ These newfound benefits of birth control were heralded in the popular press and expanded to include reduced public expenditures as a result of increased household income. Gitta Meir, consultant to the California Interagency on Family Planning, explained to the *Washington Post* that birth control allowed many women to "hit the academic trail" and "arrange their lives and plan ahead without worry over having to resort to public assistance [due to the] loss of the wife's income."⁴⁶ Carol Kleinman, advice columnist for the *Chicago Tribune*, touted the benefits of the pill in 1970 for both herself and her readers, proclaiming, "I have heard nothing but praise for the birth control pill from working women. They have told me it has been a great emancipator for them, and helps them plan their home lives and their work lives."⁴⁷ The movement's focus on expanded opportunities for women was a cornerstone of their rhetoric as highlighted by the Guttmacher Institute's 2013 report explaining that the "women's rights movements of the 1960s pointed to contraception as an important tool for social justice [arguing] that reliable contraception could help women complete their education and join the workplace as full partners with men."⁴⁸

As the legal status and accessibility of the pill expanded over time to include both single women and those under the age of 18, the choice to postpone pregnancy in order to pursue an advanced degree or professional training became a feasible one. In her

exploration of the relationship between contraceptive freedom and women in the work force, economist Martha J. Bailey suggests that the pill uniquely “mitigated the constraints imposed by fecundity on women's labor force participation” because it was controlled solely by the female, divorced from the sex act, and was far more effective than other available methods.⁴⁹ Bailey’s conclusion is echoed by fellow economists Claudia Golden and Lawrence F. Katz, who contend that “The pill directly lowered the costs of engaging in long-term career investments by giving women far greater certainty regarding the pregnancy consequences of sex.” Though diaphragms, condoms, and contraceptive instruction had given women a modicum of control over their reproduction, the fallibility of these devices combined with the fact that these methods were primarily utilized by married couples meant, as Goldin and Katz explain, “young women embarking on a lengthy professional education would have to pay the penalty of abstinence or cope with considerable uncertainty regarding pregnancy.”⁵⁰

Initially developed and distributed for use amongst married couples, the pill was quickly adopted by single women not solely because they wanted to prevent conception but because of the lifestyle choices it enabled. Narada Trout exclaimed in the *Los Angeles Times* in 1972 that the pill expanded potentialities for women as “The power to control birth was then in control of the female who was now better able to control her life.”⁵¹ Subsequently, the importance of the pill resided not in its ability to control reproduction - abstinence after all promised the same result - but in the expansion of reproductive options for women based on access to a more precise and less restrictive method of control.

Sexual and Marital Liberation

Though the advent of the pill is often credited with sparking the sexual revolution, in reality, advocates had long heralded the benefits of birth control to the sexual lives of its users. In contrast to continence and withdrawal, two prominent methods of preventing conception, the use of barrier methods and later hormonal interventions allowed couples to fully engage in sexual intercourse without the risk of pregnancy. As such, birth control uniquely enabled couples to engage in sex not just for procreation, but for recreation. Arguably one of the most important benefits of birth control, the ability to negate the reproductive function of sexual intercourse was also one of the most controversial. Famed feminist and birth controller Charlotte Perkins Gilman suggested in 1927, “It is mainly this phase of the birth control movement which brings upon it wide condemnation and the attempted suppression of its message. Yet the matter is of such vital importance to society that it commands growing attention.”⁵² In the face of this opposition, birth controllers connected the sexual benefits of birth control to increased marital satisfaction, decreased abortion, and improved quality of life. In this way, birth controllers attempted to counteract puritanical concerns by positioning the sexual health of couples as concomitant with relatively universal goals of the time.

Though there was little dispute over the desirability of reproductive sex, birth controllers faced heavy opposition at the suggestion that reproductive concerns could and should be separated from the sex act. The *Chicago Tribune* lamented in 2000, “It is the pill's severing of sex from reproduction that has aroused the most furious debate. The idea of people engaging in sex for pleasure, not children, has been the cornerstone of

opposition to any kind of birth control.”⁵³ Thus, building a case for non-procreative sex required birth controllers to establish a need for sex beyond reproduction. To do so, birth controllers argued that humans had an innate sexual desire that functioned separately from parental desires for children. Sanger explained at the 1922 International Neo-Malthusian and Birth Control Conference in London, “From the dawn of humanity, and even the dawn of civilization, we have recognized that there are two fundamental urges which have prodded mankind forward. These have been hunger and sex”; yet while society recognized the immediacy of the hunger urge the same could not be said for the sexual urge, prompting Sanger to conclude that it was time to “recognize it as fully fundamental and equally dynamic and fateful in its consequences as hunger.”⁵⁴

In presenting sex and hunger as analogous birth controllers hoped to counteract the taboo nature of sex by suggesting that the sex impulse was an innate human characteristic not an indecent urge experienced by morally questionable persons. The John Price Jones Corporation extended this analogy in 1930, explaining, “The sex impulse is one of the few dominant human urges. Along with hunger it is one urge which, in all normal people, demands satisfaction.”⁵⁵ Emphasizing the normality of the sex impulse was necessary to counteract the popularity of abstinence as a contraceptive mechanism because doing so laid the groundwork for birth controllers to advance the claim that contraception aided marital satisfaction by allowing couples to indulge, rather than deny, their mutual sexual desires.

Having established the sex impulse as an innate human urge akin to hunger, birth controllers drew a clear distinction between the desire for sex and the desire for children.

Sociologist and co-founder of PPFA Henry Pratt Fairchild argued, “Contraception enables man to differentiate between the two disparate desires for sexual pleasure and for offspring, and to pursue the realization of one or the other, or the two conjointly, as reason and emotion may dictate.”⁵⁶ Fairchild’s statement advances two important notions concerning human desire: first, that the desire for sexual pleasure and offspring are distinctly different impulses, and second, that although the two desires are not mutually exclusive, contraception uniquely enables individuals to pursue them both separately and in tandem. It is exactly this point that many opponents of birth control took issue with as evidenced by Anne Kennedy’s 1926 interview with P. J. Ward of the National Catholic Welfare Council; Ward explained the position of the Church towards non-procreative sex suggesting, “Birth control interferes with the plan of God, who intends that people who marry may do so for the purpose of procreation. . . . Marriage without the desire and responsibility to procreate, and not lived in strict continence, is adultery.”⁵⁷

Those who opposed birth control on religious grounds rejected Fairchild’s clarification of human desire, arguing instead that sex and reproduction are the aims of God to be enjoyed simultaneously or not at all. The John Price Jones Corporation concluded in 1930, “[Opponents] are unwilling evidently to distinguish the two 'disparate desires' or, perhaps more exactly, are unwilling to recognize the purely sexual urge as apart from the desire for children.”⁵⁸ Given the relative impossibility of convincing the Catholic Church to reverse its position on this issue, birth controllers opted instead to highlight the consequence of adopting this view of human desire; arguing that under this myopic view of human sexuality women were forced to choose between abstinence and

abortion - neither of which was likely to result in the fulfillment of God's decree to be fruitful and multiply.

Birth controllers also pointed to the impracticality of reducing the sexual act solely to its procreative function. Initially birth controllers suggested that people commonly feel the urge for children and for sex at different times; Sanger explained in a press release for the NCFLBC in 1931:

The wish for a child is frequently felt by men and women at moments when they are not aware of any sexual longing whatever. . . [while] the spontaneous physical and emotional urge for intercourse is nearly always unaccompanied by a wish that this particular act be the begetting of a child.⁵⁹

By suggesting that the two desires were frequently expressed individually, Sanger problematizes the suggestion that the only motivation for sexual intercourse is procreation. Taking this argument to its logical conclusion Sanger argued in 1923 that if sex takes place only for procreation then “the average normal people who can only afford to have two or three children . . . shall [have sex] but two or three times,” which Sanger concludes “is unduly harsh and unnecessary and is also a condition that cannot be lived up to by the average normal people.”⁶⁰ Though somewhat hyperbolic, Sanger's statement highlights the impracticality of restricting sexual intercourse solely to procreative aims; even those concerned that birth control promoted sexual licentiousness would be hard pressed to admit that married adults should only have sex a handful of times over the course of their lives.

Though a “desire to conceive” was an occasional motivator for sexual intimacy, birth controllers argued, “It's the exception, rather than the rule.”⁶¹ Additionally, birth

controllers suggested that the Catholic Church's position was inherently hypocritical as "even good Catholics are not always forbidden to perform the sexual act for other purposes than procreation."⁶² Advocates pointed to the Catholic Church's approval of non-procreative sex during the safe-period of a woman's cycle as well as in cases of barrenness, sterility, or menopause, to highlight the hypocrisy of the Church's position on birth control. They argued that condoning sex when procreation was impossible implicitly acknowledges a sexual impulse a part from the desire for offspring, because if the two were only jointly expressed there would be no desire for sex during these times. Thus, birth controllers effectively made a case for recognizing the sexual impulse a part from parental desires by highlighting the hypocritical and implausible nature of sex solely for procreation.

In addition to challenging its practicality birth controllers argued that constructing procreation as the primary aim of sexual intercourse perpetuated a problematic view of sex. Suggesting that viewing sex solely as a mechanism for reproduction reduced sexual intimacy to a shallow transaction, Sanger boldly questioned: "We call it prostitution when one sacrifices personal choice and love in the sexual relation, for monetary gain; why should it be less prostitution when the end is the propagation of the species?"⁶³ Sanger's analogy hedged against the opposition argument that removing the procreative function from sex would transform childbearing into a routinized process. Robert Brungs, professor of physics and theology at St. Louis University, suggested in the *Los Angeles Times* that with "the complete separation of human procreation from sexuality . . . human procreation will become human reproduction, hardly different from animal breeding

farms.”⁶⁴ Contrary to Brungs’ conclusion, birth controllers argued that this routinization stems not from the separation of sex and reproduction, but from the denial of non-procreative sex, as doing so suggests that sexual intimacy serves no other purpose than procreation.

In response to such criticisms, advocates sought to reframe procreation as the result rather than the purpose of the sex impulse. Sanger proclaimed in 1933:

The day has passed to consider that the sexual urge has procreation as its primary purpose. Rather this is the result and not the purpose of the urge. This frank and scientific attitude must be faced and accepted before we can go forward in any attempt to evaluate sex behavior.⁶⁵

Consistent with their argument that motherhood was a feature of womanhood rather than its ultimate aim, birth controllers argued that procreation was not the ultimate aim of the sex act. Advocates also turned the animal breeding analogy on its head by arguing that intimacy was a uniquely human process, arguing, “While for Nature and the animal kingdom the sex relation is only a means, for man and woman it is the first and most important part of the end.”⁶⁶ The movement’s positioning of the sex act as more than just a means to an end effectively called into question society’s devaluation of non-procreative sex and established a framework wherein acknowledging the sexual impulse was concomitant with preserving the sanctity of marriage.

Under this framework, birth controllers were able to position contraceptive use as preferable to abstinence and withdrawal as methods of family limitation because neither of these methods allowed couples to indulge their sexual desires consistently or completely. Extending their comparison to the innate human desire of hunger, Ida Wright

Mudgett contends in the *Birth Control Review* in 1918, “There are two fundamental functions inseparable from organic life; they are food desire and sex desire. . . . It is as profitable to ask the race to refuse expression to the former as to ask it to refuse expression to their latter desire.”⁶⁷ Consistent with their argument that engaging in sex solely for reproduction was impractical, birth controllers suggested that abstinence was equally infeasible as it asked people to deny their natural predisposition to sexual satisfaction.

Appealing to the naturalness of this desire also helped hedge back against the religious argument that contraception was a sin against nature because it prevented the natural process of procreation from taking place. The BCCRB deployed this logic in their formal response to the Catholic Church in 1931, stating:

The Pope maintains that any performance of the sexual act in a way which frustrates procreation is a sin against nature. Yet he allows virtuous continence which must be somewhat of a sin against nature since it frustrates the quieting of concupiscence which he admits is one purpose of marriage.⁶⁸

Yet again, birth controllers pointed to the hypocrisy of the Church’s stance on non-procreative sex to fuel their argument for contraception.

Similarly, advocates suggested that while abstinence may be practicable for clergy members who willingly commit to a life of celibacy, the same is not true for most couples. The John Price Jones Corporation explained, “While continence may be practicable among certain people of highly developed will power, it is expecting too much of the average person to carry out such a program over a long period of time.”⁶⁹ Abstinence was not only impractical for married couples; it was also detrimental to their

health. Sanger warned in 1917 that abstinence “offers no solution for the great problem of the too-large family because it is a course of conduct utterly impossible to enforce, and highly detrimental to health and happiness if it could be consistently adhered to.”⁷⁰

Though withdrawal technically enabled couples to engage in sexual intercourse, advocates considered it an equally problematic method of family limitation as it resulted in sexual frustration for both partners. The *Birth Control Review* cautioned in 1919: “The lack of sexual satisfaction aggravates nervous and hysterical troubles . . . This method, in the opinion of the best informed of modern birth control advocates is unscientific and dangerous.”⁷¹ By labeling abstinence and withdrawal as both unnatural and unsafe, advocates successfully positioned contraceptive use as a preferable method of family limitation.

Additionally, birth controllers argued that contraceptive use was critical to transforming the sexual act into a fulfilling experience for women and a satisfying element of the marital union. Birth control promised to alter the current sexual order in a way that transformed sex into a fulfilling experience for women. Havelock Ellis explained in the *Birth Control Review* in 1918, “the sexual order thus established . . . had an unnatural and repressive influence on the erotic aspect of woman's sexual life. It fostered the reproductive side of woman's sexual life, but it rendered difficult for her the satisfaction of the [sex] instinct.”⁷² Unlike men who faced little immediate risk from sexual intercourse, absent birth control women were forced to risk unwanted pregnancy in order to attain sexual gratification. As a result, women were stuck in a catch-22

wherein, as Sanger contends, “virginity or motherhood were the only two states of respectable womanhood.”⁷³

Drawing the explicit connection to man’s ability to reap the full benefits of their sexuality, Ellis concluded that birth control places women on “the same human level as men” by giving them “the right to the joy and exaltation of sex, to the uplifting of the soul” possible only through “the intimate approach and union of two human beings.”⁷⁴ Mimicking Havelock Ellis’ articulation of sexual rights for women, columnist Jane Russell suggested in the *New York Times* in 1981 that the pill preserves “the right to sexuality” for women by extending the privilege long held by males “to make sexual decisions without the fear of pregnancy in the equation.”⁷⁵ The creation of a sexual identity for women akin to that of men would be a lasting legacy of the birth control movement, receiving an added boost by hormonal contraceptives that gave women sole control over their reproduction. Former President of Planned Parenthood Gloria Feldt’s proclamation in the *Chicago Tribune* in 2000 is illustrative; Feldt exclaims, “Birth control in general, and the pill in particular, is the most profound advance in social justice and gender equity ever in history” because it uniquely facilitated “the acknowledgment of female sexual pleasure, [and] more egalitarian relationships with men.”⁷⁶ Giving women reproductive options finally made it possible for them to choose a sexual identity for themselves other than virgin or motherhood, and in doing so made it possible for women to develop their sexual identities without fear of pregnancy.

Complementing women’s new found sexual identity birth controllers argued that contraceptive use transformed the sexual relationship of married couples by enabling

partners to reap the full physical benefits of their union. Henry Pratt Fairchild explained in 1930 that birth control “permits the union in legitimate marriage of two persons who are sincerely attracted to each other and opens the way to all the benefits of that general fulfillment of personality that is associated with affectionate home life.”⁷⁷ Although other methods of family limitation allowed couples to engage in sexual intercourse, their questionable efficacy meant that they couldn’t remove the biggest barrier to sexual satisfaction - fear. A reliable contraceptive device coupled with accurate medical instruction, on the other hand, “takes away fear and releases the joy and love energy in both man and woman, giving greater power to be gained from each to the other.”⁷⁸

The movement’s focus on improving the sexual relations of married couples resonated in popular discussions of birth control as evidenced by *Forum’s* 1929 proclamation that “Fundamental to a true marriage is complete biological fulfillment. Man and wife should have physical delight in each other and that in order to do so they “should seek to safeguard themselves against overwhelming offspring.”⁷⁹ Contextualizing sexual satisfaction in terms of improving the marital relationship was necessary to counteract the puritanical views of sex characteristic of early twentieth century America and popularize the idea that sexual fulfillment was as equally important as procreation. Ellen Chesler, Sanger’s primary biographer, explained to the *New York Times* in 1992 that Sanger “pursued a strategy of political accommodating to make [birth control] widely available” because she “had to deal with a society that was often conservative and always deeply divided about women's rights and reproductive freedom.”⁸⁰ And it seems to have worked as the *New York Times* reported in 1966 that

framing contraceptive use as an aid to the marital relation “helped remove the fetters from discussions of sex . . . lead[ing] to healthier and better informed attitudes toward all aspects of sex.”⁸¹

Pursuant to this end, birth controllers also linked the removal of fear from the sexual equation to earlier and happier marriages as well. Though opponents, particularly those concerned with women pursuing avenues outside the home, argued that giving women reproductive choice would cause them to delay or avoid marriage altogether, birth controllers suggested that just the opposite was true. Sanger explained in the *Birth Control Review* in 1918, “The ever ascending standard and cost of living, combined with the low wage of the young men today, tend toward the postponement of marriage.”⁸² Advocates, working from the belief that abstinence was neither advisable nor practicable, argued that without an effective method of preventing pregnancy people were more apt to delay marriage until they were also ready for children. Citing the financial barriers of unexpected and unrestrained child bearing, William F. Ogburn, Professor of Sociology at Columbia University, suggested, “many who now hesitate through fear of burdens greater than their means warrant would marry were the fear removed.”⁸³ Although many opponents blamed women for postponing marriage, birth controllers insisted that the fear of unwanted pregnancies also compelled men to shirk marriage at a young age, suggesting, “The fear of a large family restrains thousands of young salaried men from entering into marriage today.”⁸⁴

Giving couples control over their reproduction thus enabled them to enter into marriage at a point in their lives when the prospect of an unwanted pregnancy would

have halted such a decision. The salience of this argument is demonstrated by Harvard biologist Edward M. East's 1925 proclamation in the *New York Times*; East exclaimed, "freedom from involuntary parenthood will do a great deal toward making marriage more of an idealistic co-partnership. . . . [and] As a result, we may also expect earlier marriages."⁸⁵ Additionally, advocates suggested that the same sexual freedoms that compelled people to marry earlier also preserved the sanctity of those marriages. A 1935 progress report from the BCCRB proclaimed: "Marriage is made possible at an earlier age when fear of unwanted pregnancies is removed, thus preventing promiscuity, prostitution, and venereal disease."⁸⁶ Linking contraceptive use to earlier marriages went a long way towards mitigating concerns over moral licentiousness and establishing the importance of birth control to attain marital bliss.

Birth controllers also suggested that freeing couples from the fear of pregnancy enabled them to strengthen their relationship prior to bringing children into the home. In a 1923 speech Sanger touted the benefits of birth control for young couples, explaining that if "finer companionship in the home after marriage" is desired then "no young couple should have parenthood thrust upon them" without the chance to "buil[d] up the home in preparation, as a nest for the coming of the children that are wanted."⁸⁷ Akin to their espousal of maternal development, advocates heralded the opportunity for relational development made possible through the removal of fear and the postponement of children. This argument appeased social conservatives worried about the denigration of the monogamous relationship in a world of unrestrained sexuality. Ethicist and

co-founder of the New York Society for Ethical Culture, Algernon D. Black, praised birth control's influence on marriages in 1932, stating:

The spiritual significance of birth control lies in the possibilities it affords of improving human life. Although the good life cannot be crystallized into words it may not be irrelevant to say that it must include a freedom accompanied by a sense of social responsibility; and it must be a life in which human beings further their mutual development through their relations with one another.⁸⁸

Though many of the benefits accrued by married couples via contraceptive use are intangible, as Black suggested, birth controllers argued that one major benefit of relational development was actually an increased desire and capacity to have large families. Sanger explained in 1923 that by giving couples a chance to "know each other, to play together, to read together, to develop their love lives" creates "a finer, and a stronger bond between them" that ultimately "intensif[ies] the desire for maternity."⁸⁹ Sanger leveraged this sentiment in her 1940 address at the Community Church of Boston to suggest that birth control facilitates the development of large families so cherished by the Catholic Church. She contended, "parenthood is often more satisfactory after a brief waiting period. . . . The foundation for happy marriages and large wanted families . . . [are] arguments [that] have been brilliantly stated by Catholic leaders in support of the so-called rhythm method."⁹⁰ Reinforcing the notion advanced in favor of child spacing, birth controllers argued that couples were likely to have more children when they were given the option to postpone pregnancy until their marriage is able to spiritually support the addition of children.

In a similar vein, advocates argued that giving couples reproductive freedom could diminish the fear of pregnancy that frequently produced marital dissatisfaction

culminating in divorce. Jessie A. Rene pleaded in the *Birth Control Review* in 1918 that birth control allowed couples to avoid the "consuming wasteful mental anxiety, and bring instead peace within the marriage bond."⁹¹ Extending their position that birth control enabled both partners to reap the full benefits of their marriage via unfettered intimacy advocates argued that contraceptive use "eliminates the element of fear which is so frequently the cause of marital unhappiness."⁹² This argument appeased those concerned with growing divorce rates in the U.S. as evidenced by Judge J.C. Ruppenthal's 1918 letter to the *Birth Control Review*; Ruppenthal concludes, "'My very thorough inquiry in divorce cases leads me to conclude that quite an amount of domestic infelicity come by reason of the ills that flow from uninvited motherhood. . . . Because of wrought-up nervous conditions in apprehension of possible pregnancy."⁹³

The creation of the pill made these benefits even more tangible by giving couples a more effective mechanism to prevent unwanted pregnancies. Writing for the *New York Times* in 1966 Jane E. Brody explains, "it has revolutionized family planning and relieved a traditional source of family tension: the fear of having unwanted children. With the pill, newlyweds are confident that their first child will not catch them emotionally and financially unprepared."⁹⁴ By emphasizing birth control's ability to solve marital disruptions that commonly prompted divorce, advocates successfully nested the sexual benefits of birth control within the accepted framework of preserving the marital union.

Finally, advocates positioned birth control as a preferable option by suggesting that contraceptive information removed the element of fear that drove women to pursue abortions or bear unwanted children. A joint report of the BCCRB and NCFLBC in 1930

explained, “For the pregnant woman, terror-stricken at the prospect of another child, the abortionist is the only recourse and, if she be ignorant of the use of contraceptives, the same prospect faces her in the future.”⁹⁵ Even when women chose not to pursue an abortion in the wake of an unwanted pregnancy, the fear associated with the prospect of added children was likely to disrupt the stability of the family. Sanger explained, “Babies who are brought into the world by mothers afraid of childbirth and fathers who resent offspring face many more than the ordinary perils of life. They inherit a legacy of fear [surrounded by] nervous and emotional discord.”⁹⁶

Deploying the popular sentiment that all children should be wanted, birth controllers suggested that children born into an environment of fear were not only unwanted, but were also likely to suffer emotional and spiritual neglect on the part of their overburdened parents. In contrast to a life of fear, birth controllers proclaimed, “The physical health of mother, father, and children is improved by regulating the size of the family by means of spacing and planned pregnancies,” ultimately resulting in “improved mental health, better marital adjustment, and more perfect family harmony.”⁹⁷

Juxtaposing reproductive freedom with the undesirable outcomes of either unwanted children or abortion allowed birth controllers to reiterate their emphasis on quality of life in a way that positioned the removal of fear from the sexual relationship as concomitant with the larger social aim of ensuring a high quality of life for all offspring. In this way, sex and child bearing were stripped of fear as couples were empowered to take advantage of their reproductive options – shifting pregnancy from a dreaded accident to a welcomed and willed event.

The Morality of Birth Control

Removing fear from the equation and providing couples with reproductive options brought about a necessary reframing of parenthood from a consequence to a choice. Harkening back to the movement's insistence on children by choice not chance, birth controllers argued that contraceptive use allowed parents to consciously enter into parenthood rather than having it thrust upon them due to a lack of preventative measures. Sanger contends in her 1925 speech "The Business of Bearing Babies" that "To courageous, ambitious young husbands and wives today, parenthood is a problem that cannot be left to chance. Childbearing is too costly a venture - both in precious lives and in money, to be indulged in carelessly, incessantly, [and] continuously."⁹⁸ Subsequently, advocates argued that birth control was the means "by which parenthood is taken out of the sphere of accident," thus transforming parenthood into "a matter of conscious knowledge, of deeper satisfaction, of ready and eager acceptance of responsibility."⁹⁹ Because birth control mitigated the risk of an unwanted pregnancy, it gave couples and women specifically, choice over their reproductive lives - allowing them to choose parenthood on their own terms rather than at the whims of nature.

Yet, it was this very notion that made birth control vulnerable to attack on the grounds that making sex inconsequential would precipitate immorality. The John Price Jones Corporation articulated this opposition argument in its report for the BCCRB in 1930, explaining that many believe "the main check on sex immorality is the fear of consequences in the shape of an illegitimate child."¹⁰⁰ This counterargument was so potent that it was oft cited as the justification for denying contraception, as illustrated by

Massachusetts state law which forbade contraceptives on the grounds that it had a state interest in regulating illicit sex. Though struck down by the Supreme Court in *Eisenstadt v. Baird* in 1972, the belief that pregnancy functioned as a punishment and thus deterrent for engaging in premarital or extramarital sex was pervasive in the early years of the movement. Speaking in Massachusetts in 1940, Sanger lambasted the state's deference to morals as an impediment toward improving societal welfare; she proclaimed:

Vaccination against smallpox, immunization, the germ theory of disease, the use of anesthesia, the cell theory of life - all these were opposed once in the name of morality. These instances seem incredible to us now; yet once again today we are faced with the same distortion of fundamental morals to impede the progress of human welfare.¹⁰¹

Pointing to the overwrought and inaccurate use of morality to suppress scientific knowledge, birth controllers drew a parallel between contraception and other well established practices as a means of asserting the futility of restricting contraceptives on moral grounds. The *Birth Control Review* advanced a similar argument in 1923, arguing that to suggest birth control increases immorality is as unreasonable as it would be "to assert that there have been increases in prostitution and the white slave trade since medical science has been able to do something towards lessening the frightful ravages of venereal disease."¹⁰² The comparison to fighting venereal diseases was fruitful as it extended the medicalization argument to the realm of sexuality and morals and suggested that simply making sex less risky didn't automatically encourage risky sex.

In addition to comparing contraceptive use to similar medical interventions, birth controllers argued that sexual morality was an issue of personal choice that functioned irrespective of one's knowledge of contraceptive measures. Writing for the *Bombay*

Chronicle in 1935 Sanger explained, “knowledge does not cause immorality . . . We are not truthful because there [are] jails and other methods of punishment. We are not moral because of the fear of venereal disease, or of pregnancy.”¹⁰³ Though akin to the logic that spurred the adoption of prohibition, birth controllers considered external attempts to preserve moral standards pointless as these restrictive moves didn’t actually prompt individuals to act morally. Writing in the *Birth Control Review* in 1924 Sanger proclaimed, “We desire to remove fear of consequences as a motive for what is falsely called moral conduct. True morality was never the result of fear.”¹⁰⁴ Even if the fear of pregnancy did prevent individuals from engaging in immoral acts, birth controllers “pointed out that there cannot be much to say for the inherent righteousness of those who are restrained from an immoral act merely by fear of the consequences.”¹⁰⁵

The distinction between forced and self-directed morality remained constant in the movement’s rhetoric over time as new contraceptive technology further separated sex and reproduction. Dr. Roger Shum, Dean of Instruction at Union Theological Seminary, echoed this sentiment in the *New York Times* in 1966, suggesting, “There is no virtue in morality if we are pure only because we fear being caught . . . a morality based on fear is no morality at all.” Speaking specifically to concerns that the pill would usher in an abandonment of sexual morality, Shum countered, “the existence of the pill will force many persons to search for a higher standard of sexual morality.”¹⁰⁶ By framing sexual morality as choice, birth controllers reiterated their position that reproductive freedom did not entail an abdication of responsibility but rather called for a more conscious understanding of the sexual relationship divorced from its reproductive function. The

Birth Control Review proclaimed in 1923, “Contraceptives call for foresight and demand a sense of responsibility - qualities that tend toward the maintenance of a higher rather than a lower standard of morality.”¹⁰⁷

In a similar vein, birth controllers pointed to the transience of moral standards over time and argued that contraceptive use enabled more important moral gains. Denouncing the Connecticut state laws banning contraceptive instruction on moral grounds, Sanger explained in her 1923 speech in Hartford: “Morality today has been immorality a hundred years ago and immorality today is likely to be morality a hundred years from now.” Sanger further chastised opponents when she proclaimed, “it is an insult to suggest that our women will become promiscuous if they have not the fear of the result to keep them moral.”¹⁰⁸ And she wasn’t the only one to perceive these concerns as insulting to women. The John Price Jones Corporation also took issue with the emergence of this moral panic in relation to women’s reproductive freedom, suggesting in 1930 that condoms were “purchasable at almost every corner drug store. But we do not appear to be overwhelmed by a wave of sex immorality.”¹⁰⁹ Building on the comparison to condoms, birth controllers argued that contraceptive instruction would complement the efforts to reduce venereal disease that had promulgated the distribution of condoms.

In addition to diseases prevention birth controllers argued that condoms carried the added benefit of ensuring marital bliss. Dr. S. Adolphus Knopf explained in the *Birth Control Review*, “The benefit derived from a diminution of venereal diseases [and] a greater number of happy and successful marriages among the younger people . . . would more than outweigh the isolated instances of sexual intercourse prior to marriage.”¹¹⁰

Knopf's statement makes two important rhetorical moves. First, Knopf frames contraception as a viable solution to the existing moral dilemmas of venereal disease and divorce, thus connecting birth control to larger societal concerns. Second, Knopf deploys comparative analysis to suggest that solving these existing moral dilemmas is worth the potential increase in illicit sex. Such comparisons were common amongst birth controllers who argued that "from a social standpoint it is certainly true that any increase in immorality would be more than offset by the decrease in the burden of illegitimacy."¹¹¹ Combining this argument with their belief that all children should be wanted, Claude T. Smith proposed in the *Birth Control Review* in 1918 that "it would be far better for a few more girls to become immoral without any illegitimate children being born, than for a large number of fatherless children to be born yearly and countless girls driven to a life of prostitution."¹¹² Thus, advocates attempted to counteract the notion that removing the major consequence from the sexual equation encouraged sexual immorality by highlighting both the transitory nature of morality and the utility of contraceptive use to achieving other important moral gains.

Moralists and conservatives also opposed the ability to prevent conception on the grounds that doing so disrupted a natural human process. Dr. William J. Robinson, sexologist and editor of the *American Journal of Urology and Sexology*, explained this counterargument in the *Birth Control Review* in 1918 explaining, "The adjective 'unnatural' is doing fine service in the hands of our conservative and reactionary friends." Frustrated by the opposition's reliance on this trope, Robinson pleads, "Why is it unnatural? Because it is artificial, because none of the lower animals do it, because we

never did it when we were savages, when we lived in a state of nature.”¹¹³

Demonstrating its regularity within the rhetoric of religious opponents to birth control, Justice Breitbart of the New York City Court of Appeals cautioned in 1948 that raising the cost of rent for couples with large families would “foster and encourage birth control, which is a violation of the law of God and nature.”¹¹⁴ Isolating the Catholic Church as the main source of this argument, Sanger explained in 1931, “The Pope maintains that any performance of the sexual act in a way which frustrates procreation is a sin against nature.” However, in an attempt to highlight the illogical nature of such a claim Sanger portended, “that to say sin against nature is only a manner of speaking. All of us, the Pope included, are habitually defeating the ways of nature; the advance of civilization has been achieved largely by triumphing over nature.”¹¹⁵

Rather than reframing birth control as natural, advocates conceded that contraception intervened with the natural reproductive process and that this was no different than any other device which gave humans control over the natural environment. Acknowledging the unnaturalness of contraception, the BCCRB proclaimed:

The advocates of birth control admit this willingly but inquire, what of it? So are devices to improve the eyesight, the hearing, or the teeth. So also are clothes, shows and hats. So, too, is cooking and shaving, houses, radios, automobiles. . . . By its very nature every attempt to adjust man to an environment radically different from that [of] the early world must be “unnatural.”¹¹⁶

Through a comparison between contraception and uncontested inventions such as clothing and cooking, birth controllers effectively demonstrated the frivolity of the opposition’s concern with preserving the natural means of reproduction.

Advocates expanded this analogy by suggesting that birth control, like most human interventions in the natural world, enabled people to more fruitfully engage with the spiritual realm of life by giving them control over it. The comparison to other technological interventions also gave advocates a platform to argue for an increased emphasis on contraceptive development. Sanger warned in 1933, “before we congratulate ourselves too complacently upon all these achievements of modern science” we must ask ourselves why “countless millions are born in conditions of disease, ignorance and misery.”¹¹⁷ Writing in the *Birth Control Review* in 1917 Havelock Ellis explains, “We at no point enter the spiritual save through the material. . . . Eye-glasses and contraceptives alike are a portal to the spiritual world for many who, without them, would find that world largely a closed book.”¹¹⁸ Just as glasses gave people the ability to conquer their natural deficiencies, giving them the power of sight, birth control gave people the ability to conquer the reproductive process, giving them the power of choice.

Choice was a powerful concept for women in the twentieth century. Having recently secured the right to vote, own property, and obtain a divorce women clamored for a greater level of say over their own lives; the birth control movement promised women the opportunity to choose their reproductive destiny and , in doing so, determine the course of their lives with greater freedom than ever before. Extending reproductive choice thus functioned to give women access to the male dominated public sphere by neutralizing the risks of sexual activity that, socially and biologically, disproportionately burdened women; it was women like Loretta Lynn, and not their husbands, who needed an escape route from the brooder house. Though men do have a stake in the provision of

reproductive choice, its actualization is contingent on women's adherence to the framework of the willed pregnancy insofar as males only accrue the benefits of improved marital relations and personal development if their female partners choose to exercise their reproductive rights.

The female centric focus of the rhetoric of choice, however, intensified the belief that birth control was a woman's responsibility; if women wanted to obtain the benefits associated with reproductive choice then they needed to take control of their reproduction. While undoubtedly empowering for women, such a focus also stifled discussion of male birth control and reinforced the disease model wherein pregnancy was a problem to be cured, ultimately sanctioning the medicalization of birth control as a viable means of giving women sole control over their reproduction. Deference to the medical model, as explored in chapter three, ultimately transformed birth control into a medical intervention that while giving women access to more reliable contraceptives, simultaneously undercut the emancipatory aims of the movement; forcing women to often make the difficult choice between their health and their ambitions.

Giving women reproductive choice also enabled them to explore the full depth of their identities. However, even as birth controllers challenged the assumption that motherhood was a woman's primary role they reinforced the belief that it was her most important by operationalizing birth control within the confines of the family. The movement's emphasis on motherhood's naturalness and its inevitability meant that even if women took advantage of the newfound opportunities created by birth control, they would eventually return to their role as mothers. Embracing womanhood expanded

options for women to include education and employment, and these opportunities allowed women to develop more fully as women, yes, but more importantly, as wives and mothers.

The movement's consistent overtures to the motherhood trope as an effective counterargument inadvertently elevated the status of motherhood to such a prominent position in the discourse that no other role, no matter how venerable, could rise to its level. Thus while birth control separated sex and reproduction, it intensified the connection between reproduction and motherhood as it implied that children, and thus motherhood, were a willed choice. The fictional woman in Lynn's song could no longer blame ignorance for her boring life and overgrown brood; rather her family ballooned and her potential shrank because she chose not to prevent conception. Played out in the preceding discussion of working mothers, and again in relation to impoverished mothers in chapter six, the suggestion that birth control exists primarily within a familial context potentially places womanhood and motherhood at odds with one another; forcing women to often make the difficult choice between children or careers.

Chapter 6: The Rhetoric of Constraint

I regard birth control (conception control) as one of the greatest discoveries of mankind. It will have an influence on human affairs as great as the discovery of fire, the invention of printing, or the application of electricity to communication and industry. Its spread can be delayed by obstacles, but its onward march cannot be prevented, and in time it will change the entire course of history.¹

Birth control is inevitable. It is not a theory to be accepted or a rejected in principle, but a fact already accepted in practice. The question is not whether man will use it, but how he will use it. It can no more be stopped than the rising tide.²

Although the framework of reproductive rights espoused by the birth control movement functions primarily at the individual level by giving people the regulatory means to make parenthood a choice, this framework cannot be divorced from its social context. The inclusion of stakeholders outside of the movement, such as doctors, eugenicists, and state actors, illuminates the embeddedness of the movement within the social context. Because actualizing the right to contraception was contingent on its legalization and popularization, the birth control movement was forced to operate within the confines of the social context that necessitated outreach to groups with the requisite political power and social capital to establish the acceptability of birth control. Sanger's primary biographer, Ellen Chesler, explains that Sanger "adopted a strategy of political accommodation and tried to secure herself against the potential public censure of her ideas by aligning herself with individuals of recognized social and professional standing."³ However, in doing so, the movement granted these groups legitimacy in both the discussion and practice of birth control, effectively placing the movement in a double bind between pursuing its desired, but radical, vision of women's emancipation at the risk of isolating supporters or watering down their vision to gain powerful allies.

The schism between Sanger and Mary Ware Dennett over the aims and strategic choices of the movement are illustrative. Though united in their belief that women desperately needed both control and choice over their reproduction, Sanger and Dennett differed radically in their approach to securing reproductive rights. As mentioned in chapter two while Sanger sought the medicalization of birth control and advocated for amending the Comstock Laws to allow doctors to provide medical instruction without penalty, Dennett sought a full repeal of the Comstock Laws and resisted the notion that birth control was primarily a medical issue. Historian Gene Burns explains that “Dennett consistently distrusted professionalism and was suspicious about the compromise of principles,” causing her to approach “chang[ing] the law on contraception [as] embedded within a broader conception of society and politics.”⁴ Though Sanger espoused birth control's potential to reshape social and political norms, Burns suggests that for Sanger “these other changes were indeed consequences, not prerequisites, of the use of birth control”; whereas for Dennett the medicalization of birth control was pointless “if one accepted the political and cultural notions of freedom and privacy” solely to provide contraceptive access.⁵ Ultimately, Sanger's softening of the movement's once radical demands in deference to existing social and political norms proved far more strategically viable, but may have come at a price.

As borne out in the preceding analysis of the rhetoric of control and choice, Sanger's strategy of political accommodation popularized the movement while simultaneously giving stakeholders, other than women, a credible voice in discussions of managed reproduction and voluntary parenthood. By prioritizing the involvement of

doctors, connecting to eugenic and demographic population concerns, and relying on state actors to facilitate contraceptive use, birth controllers positioned reproductive rights as concomitant with the interests of these stakeholders. Director of the ABCL Ira S. Wile emphasized the importance of continued cooperation with these groups in his 1938 memo concerning the potential merger of various birth control organizations. Wile suggested that it was critical throughout the merger that groups continue “cooperation with existent organizations concerned with collateral problems such as population, eugenics, family organization, social psychology and the like.”⁶

However, many of the very stakeholders who initially gave the movement an audience would later use their allied position to stifle its emancipatory aims through the imposition of constraints – both ideological and literal – that supported their “collateral” agendas. Vanessa Murphree and Karla Gower reach a similar conclusion in their rhetorical analysis of the *Birth Control Review*, suggesting, “The irony is that while appealing to eugenics and neo-Malthusian arguments did indeed help achieve legislative success for the birth control movement, it was at the sacrifice of women’s rights to reproductive freedom.”⁷ Additionally, because courting these external stakeholders required birth controllers to soften their more radical emancipatory aims, the movement often prioritized the acceptability of birth control within existing social and political norms rather than challenging these norms to liberate women from their restrictive grasp. Political theorist Rosalind Petchesky laments, “women make their own reproductive choices, but they do not make them just as they please; they do not make them under conditions they create but under conditions and constraints they, as mere individuals, are

powerless to change.”⁸ Thus, while birth controllers sought to give women control and choice over their reproduction, they also gave external stakeholders a say in what this looked like, making the actualization of the reproductive rights framework articulated by the movement vulnerable to the imposition of constraints by these very stakeholders.

Since control and choice are nested in the limited social context that created them, it appears then, that control and choice are on a crash course with constraint. As reproductive choice expands in relation to the introduction and availability of mechanisms of control, policies seeking to constrain these choices emerge to suit the needs of those concerned with the unfettered application of control and the unrestrained level of choice given to women. Although specific to abortion, Sandra Day O'Connor's dissenting opinion in *Akron v. Akron Center for Reproductive Health* illustrates the tension between reproductive rights and the imposition of external constraints.⁹ Commenting on the framework established in *Roe v. Wade* that articulated the right to abort in relation to the viability of the fetus, O'Connor conceded that as medical technology simultaneously accelerates the point of viability and decreases high-risk pregnancies, “The Roe framework, then, is clearly on a collision course with itself.”¹⁰

Medical advancements gave women more say over their reproductive lives, but the involvement of doctors and the utilization of state actors to secure abortion rights meant that their opinions mattered, subsequently making the application of abortion rights subject to their scrutiny. Similarly, including external stakeholders in the discourse of the birth control movement means that the execution of control and choice are beholden to the desires of these stakeholders. Kara Granzow concludes, “Constraint on

human action is the consequence of our engagement in multiple social contracts toward the production of social order. It is in the active pursuit of social order that constraints on behavior are established.”¹¹ Thus, while Sanger's approach was more politically profitable than Dennett's, its endorsement of the existing social context and divestment of agency into external actors meant that the social order produced by the birth control movement places control and choice on a collision course with constraint.

As such, the following discussion of the rhetoric of constraint demonstrates the limits of advocating for control and choice without major challenges to the existing social context and alongside participants who sought to limit the full application of both. Through interweaving the prior issues of choice and control within the context of the movement's strategy of political accommodation, my purpose is to illuminate the complicity of the movement's rhetorical choices in the very creation of constraints on women's reproductive and sexual freedom. In seeking to professionalize and popularize the movement, birth controllers assumed a position of deference to the desires of others, allowing external stakeholders to repurpose the movement's reproductive rights framework to suit their needs. The conclusion suggests that this analysis of the movement's rhetoric should be read as a cautionary tale, moving beyond the constraints of the status quo and articulating a pathway for future scholarship and advocacy.

Doctor's Orders, Women's Loss

Initially, doctors were undoubtedly critical to securing the right to contraception; however, their involvement in the movement impedes a woman's full control over her reproduction in several ways. As explained in chapter two, bringing doctors on board was

necessary to set birth control apart from quack medicine, professionalize the movement, and expand contraceptive instruction into clinics and public health initiatives, but at what cost? Although the BCFA/PPFA'S clinic initiatives thrived across the U.S. they did so under the watchful eye of the medical community as per the requirement that only doctors, and later pharmacists, could dispense contraceptive information and devices. Thus, while giving doctors the right to provide contraception made it accessible to countless women, it also robbed other qualified individuals of the right to be involved. The belief that only traditional doctors can provide contraception and family planning services continues to plague the birth control movement today. In 2012 an attempt to slash federal funding to the PPFA gained widespread support as many questioned the validity of the organization as a health care provider despite the fact that PPFA clinics serve more than 1.1 million people annually for a variety of health issues.¹² Although funding remains intact, the controversy validates Ware's concern and suggests that the involvement of doctors may come at the expense of invalidating others as reputable on the subject of birth control. Considering that both the original clinics created by the BCFA and those currently run by PPFA seek to provide contraception to those with limited access to private physicians, the movement's reliance on the medical community may inadvertently handicap their efforts to extend contraception to all women.

Additionally, in constructing doctors' right to include contraceptive instruction in their patient care, the rhetoric of the movement acquiesced to the application of the medical model that analogized pregnancy with disease and suggested that women needed to be cured of unwanted pregnancy. Though birth controllers fought to expand the

context of Justice Crane's 1918 ruling that allowed doctors to provide contraception for the prevention of disease, they failed to challenge the assumption that pregnancy was something to be cured. In fact, the movement's rhetoric often advanced this analogy, suggesting that birth control was a necessary check on the spread of transmissible diseases, and that by eliminating pregnancy one could cure other health concerns. Initially a viable frame when women were dying in droves due to abortion, disease, and risky childbirth, the movement's initial focus on the health effects of unchecked childbearing, as explored in chapter four, empowered the medical community to actively participate in the birth control movement as they too had a vested interest in decreasing mortality and increasing the health of the nation. Although elevating public concern over unrestrained reproduction, positioning birth control as a disease to be cured inadvertently placed the locus of control in the hands of doctors who were given sole power to discern if and when a woman's health justified contraceptive intervention.

By making the medical community the gatekeepers of birth control, choice will always be constrained by a doctor's decision calculus in terms of who gets access, what method they are provided, and for what purposes they utilize contraception. It was precisely this claim that motivated liberal feminists to reject the highly medicalized methods of reproductive control popularized in the 1960s and 1970s. Barbara Seaman's 1969 book, *The Doctor's Case Against the Pill*, sought to highlight the failures of the FDA and physicians who pushed the oral contraceptive on millions of women with little regard to their unique situations or the potential side effects of hormonal contraception. Seaman argued that the overzealous adoption of the pill by the medical community

represented "a basic violation of civil rights where men who are not at risk from reproduction, control women who are."¹³

The insistence on the medical community's expertise in the area of reproductive control isolated women from the conversation about what they wanted from contraception and resulted in a return to non-medicalized methods despite their relatively lower levels of effectiveness. Philip J. Hilts explained in the *New York Times* in 1990, "the fear of harm to women remained a theme over the years [so that] feminists now advocate the use of diaphragms or cervical caps."¹⁴ Though the Supreme Court's successive decisions gave women the right to choose contraception to control their reproduction, because women are only able to choose from available mechanisms of control, their choices remain beholden to the doctors that prescribe contraceptives, the pharmaceutical companies that create them and the regulatory bodies that approve their use.

Embedding reproduction within the medical model also gives the state tremendous power to impose restrictions and regulations on contraceptive use. The Supreme Court's ruling in *Carey v. Population Services International* upheld the right of the state to regulate the sale and advertisement of contraceptives, arguing that the state had a vested interest in protecting its citizens from potentially dangerous products. White and Blackmun reached a similar conclusion in *Eisenstadt v. Baird*, arguing, "Requiring a prescription to obtain potentially dangerous contraceptive material may place a substantial burden upon the right recognized in *Griswold*, but that burden is justified by a strong state interest."¹⁵ Taken at face value, the court's insistence on state regulatory

mechanisms and a doctor's involvement to curtail dangerous contraceptives is rather benevolent. However, attempts to impose additional restrictions on abortion providers beginning in 2013 should be read as a warning of what restrictive measures are made possible when pregnancy is situated within the disease model. Cecile Richards, the current President of PPFA, explains that laws are emerging at the state level that "appear to be a part of a national strategy to subject doctors who provide abortion to medically unnecessary restrictions under the guise of improving patient safety."¹⁶ The authority given to doctors and state actors over the regulation of reproductive technology means that a woman's ability to exercise full control and choice over her reproduction is, and will always be, susceptible to the interference of these stakeholders under the guise of protecting public health.

Additionally, although doctors were the primary stakeholders in the medical community in the early 1900s, as the medical community grew to include public health providers, hospitals, and insurance companies more barriers to the full enactment of freedom of choice emerged, facilitated by the protection of state actors who had long been the arbiters of reproductive rights in this country. While resistance to the Affordable Care Act's contraceptive mandate is the most recent example of such barriers, the fight to secure insurance coverage for contraception actually began in the late 1990s when legislation was proposed in numerous states and at the federal level to require all insurance companies to cover the cost of prescription birth control. Motivated by the large discrepancies between men and women for out-of-pocket health care expenses due to the exorbitant cost of contraception, Connecticut Senator Adela M. Eads pleaded to the

New York Times in 1998, “It is time to treat the medical needs of women and men equally.”¹⁷ Eads defended the economics of the bill and argued that providing insurance coverage would reduce the annual cost of contraception from almost \$1000 to a much more manageable \$422. The discourse surrounding the proposed mandate repeatedly heralded the health benefits of birth control and argued “contraceptives are the most widely used prescription medications for women and represent a rudimentary health care need.” These claims, however, were not enough, as the *Atlanta Journal Constitution* explains in 1999, to overcome the opposition argument that the mandate would force people “to subsidize a measure that violates their religious principles.”¹⁸

Opponents to the ACA's contraceptive mandate sang a similar tune in 2013 when they launched a lawsuit seeking to invalidate the mandate on the grounds that companies should not be forced to violate their religious beliefs to give their employees unlimited contraceptive coverage. What's interesting here though is not the court's eventual siding with corporations in its 5-4 decision, but rather the nature of the original complaint launched by Hobby Lobby and other companies seeking an exemption; though the ACA mandated coverage for all 20 of the FDA's approved contraceptive measures, Hobby Lobby only opposed 4 of them - the ones they believed functioned as abortifacients - including emergency contraception and IUD's. The court held that although contraception was necessary to avoid the health problems of unintended pregnancies, prohibiting these types of contraception did not create an undue burden to women seeking to regulate their reproduction as other non-abortive methods exist to achieve the same ends. Sara Boonin of *Ms. Magazine* chastised the court for suggesting that these

methods were not equally relevant to women's health. Boonin contends, "Since Griswold, the right to contraception has served as the foundation for the court's treatment of women's reproductive health." However in this decision "the court thought it palatable to relegate women's contraceptive access to a special-interest category rather than a basic health-care necessity."¹⁹ The decades long battle for insurance coverage suggests that when birth control is seen as a medical intervention, rather than an emancipatory measure, it becomes susceptible to what external stakeholders define as medically necessary.

Though corporations took aim at the mechanisms of birth control they found objectionable, their concern with how women control their reproduction points not to a dispute over the mechanistic function of birth control; rather, their objection stems from an ideological resistance to birth control in so far as they are opposed to expanding women's choice at the expense of fetal life and not the general principle of managed reproduction. As such, this dispute highlights the inevitable collision between control and choice specifically manifested by empowering the medical community to weigh in on women's reproductive rights and points to a startling conclusion about the nature of choice in a medicalized context: as long as regulatory options exist that meet women's most basic health needs, women cannot be assured of the freedom to choose the method of control best suited to their non-medical needs. Ultimately, as Heather Munro Prescott suggests, there is a "tension between a disease model intended to cure unwanted pregnancy and a reproductive rights framework aimed at increasing women's birth control choices,"²⁰ because as long as society gives doctors and state actors a blank

check to protect the health of women, restrictions on contraceptive access will undoubtedly follow.

Poor Women, Poor Choices

Much like the focus on doctors, the movement's initial emphasis on poor families and women of color has become a double edged sword. At the outset of the birth control movement Sanger and other activists consistently targeted their efforts towards poor women. As explained in chapter four, Sanger's preoccupation with the poor stemmed not only from her experiences as a nurse working in the poverty stricken districts of New York but from the countless letters she received from women citing financial strain as a primary motivation for preventing conception. In her 1928 collection of letters, *Motherhood in Bondage*, Sanger featured the correspondence of 21 women under the heading "The Pinch of Poverty"; one woman writes, "Oh, it is hard on poor women to be in my shape. It is just one baby after another. I can't stand it much longer and work like I do . . . I pray you to help me."²¹ Though securing access to birth control information for all women was a priority for the movement, it was quickly evident that women in the upper and middle classes were able to secure contraceptive information either from private physicians or the black market. Andrea Tone suggests that while the "birth control trade was highly stratified, accommodating a broad spectrum of budgets," the average New York worker would have spent upwards of one day's pay to purchase a reusable contraceptive douching syringe.²²

An examination of the birth rate relative to income level is telling. Larry Jones and Michele Tertilt, economists at the National Bureau of Economic Research, explain

that while fertility rates fell amongst those in both the top and bottom half of the income distribution between the years of 1898 and 1908, they fell twice as much for those in top half.²³ Higher infant and maternal mortality rates among the impoverished also motivated early birth controllers to focus their efforts on predominately poor populations. Although these groups demonstrated the highest level of need, Linda Gordon suggests that while focusing on “the relation between birth rates and economic status” birth controllers articulated this relationship “in terms of influences on each individual, not in terms of systemic relations.”²⁴ Thus, despite the movement’s socialist roots, birth controllers failed to explore the need for contraception among the poor in the larger societal context of income inequality and systemic poverty, opting instead to focus on how managed reproduction enabled couples to overcome their impoverished state.

As the movement progressed, disparities between access to contraceptive information for the rich and poor became a pronounced feature of its rhetoric. Sanger proclaimed in 1933 that it was time to “give the poor mother the rights that the well to do mother has had for the past generation . . . to obtain special scientific knowledge through the source of the medical profession.”²⁵ Wealthy women were not publicly clamoring for contraceptive information, and well to do husbands were not burdened by the need to provide for a growing household on meager wages. Although the economic realities of the Great Depression aided the movement in garnering support from labor unions and social workers concerned with underemployment and ballooning welfare programs, it also reinforced the movement’s focus on the individual as the source of the problem.

The concern over relief babies prompted outcry over couples who continued to reproduce while unable to financially support their growing families, leading to what Linda Gordon calls “the ‘blame the victim’ sociology.” Gordon suggests, “Viewing individuals as the problem was a way for social workers and bureaucrats to retain control of the service programs they offered.”²⁶ Framing birth control as a personal problem helped accelerate the inclusion of contraception into public assistance programs; however, it simultaneously limited the scope of these programs to solving overpopulation among the poor in hopes that doing so would reduce poverty across the board. The problem with this approach is illustrated by Bishop Thomas Gallagher’s 1966 condemnation of the Johnson Administration’s inclusion of contraception in federal anti-poverty efforts; Gallagher explains in the *Los Angeles Times*, “We have the specter of the government offering below minimum relief to the poor with one hand while the other hand is filled with contraceptives.”²⁷ Although Gallagher backed Johnson’s general anti-poverty initiative, he suggested that by coupling birth control with minimal federal assistance, impoverished communities were denied the resources truly needed to improve their economic standing and were coerced into accepting birth control as their only way out of poverty.

Further compounding this problem, the movement’s focus on impoverished communities inadvertently transformed parenthood into a privilege and reproduction into an economic transaction. Rejecting the naturalist framework of reproduction, Sanger explicitly acknowledged this privilege in 1923 when she proclaimed: “I would like to see parenthood a privilege, instead of an accident, as it is today.”²⁸ Hoping to emphasize the

importance of spacing and planning, birth controllers repeatedly advised couples to have children "in consideration of the husband's earning powers and of the standards of living that the parents wish to maintain" and even went as far as to say that "the father should have a right to say how many he can support."²⁹ Providing fathers with the right to limit their offspring to an economically sustainable number, although well intentioned, implied that, for the wealthy, parenthood is an unfettered right, while for the poor it is a privilege to be gained alongside affluence.

While there is certainly no fault in asking whether or not a child can be afforded, reducing the reproductive act to an economic question turns women into producers whose reproductive labor can be bought once her husband is economically able. Communication scholar Wesley Buerkle argues that the transformation of reproduction into an economic equation "places women's healthy bodies at the control of their husbands' business-like decision about the family. The supremacy of women's interests expressed elsewhere by Sanger goes mute in these examples as women must show deference for men's decisions."³⁰ Historian Rickie Solinger articulates the lasting consequence of this rhetorical framing for the birth control movement; she argues, "By the end of the 1970s, many Americans had redefined the right to reproduce as an economic right [wherein] women who earned enough at work (or who had husbands who did) were the ones who earned *the right to choose motherhood* [emphasis original]."³¹ A disturbing commonality exists between Sollinger's observation and Sanger's original objective - in both cases women's reproductive rights are ultimately constrained not by availability but by

economic accessibility. In 1914 the affluent earned the right to limit their reproduction whereas by 1970 they had earned the right not to.

Although birth controllers had won women the right to control their reproduction, they ultimately failed to secure the unfettered freedom to choose because, as Ruth Dixon-Mueller suggests, "freedom to choose is also contingent upon the state's fulfillment of certain social and economic rights that make genuine choice possible."³² The movement's consistent overtures towards the poor transformed the fight for birth control into a class issue, but failed to provide a solution to the problems of economic inequality that perpetuated this classicism. Thus, while contraceptive access allowed poor women to control their reproduction, their dire economic conditions constrained their ability to enact genuine choice over the matter.

Understanding that one's economic status was frequently a confounding factor in deciding if and when to have children, the movement and its opponents introduced various economic proposals over time to entice people to alter their reproduction. Though rarely addressed in the historical surveys of the birth control movement, the idea that people could be induced into having more or less children via a system of bonuses and taxes is a regular occurrence in the rhetoric of the movement. Initially, birth controllers suggested that bonuses could be given to people to incentivize smaller families. Sanger proposed in 1925, "The day is here when the government of the United States should award bonuses to discourage large families . . . [utilizing] the millions upon millions of dollars which are now expended in the care and maintenance of those who in all kindness should never have been brought into this world."³³ Leveraging their argument that

impoverished couples were more likely to have large families, birth controllers suggested that by providing them with an additional economic incentive poor parents would opt to regulate their reproduction in exchange for financial compensation.

Similarly, Sanger argued, “the money now spent on keeping alive the insane, the feeble-minded and defective” could instead be given to dysgenic individuals who undergo voluntary sterilization in the form of a U.S. government pension for life. The *New York Times* applauded this proposal, stating, “Paying [parents] to refrain from further parenthood [would] not only be a profitable investment, but the salvation of American civilization.”³⁴ These schemes remained popular over time and received a new label by Stanford biologist Paul Ehrlich in 1969 - involuntary control; rather than giving people bonuses, Ehrlich proposed “that American tax laws be changed to discourage reproduction by the imposition of luxury taxes on diapers and baby food and the elimination of tax deductions for children.”³⁵ Ehrlich, like Sanger, believed that the economic benefit of having smaller families would motivate couples to regulate their reproduction and opt for fewer children.

Birth controllers weren't the only ones to propose economic schemes related to reproduction; rather, those seeking to increase the birth rate also established a system of bonuses and taxes to encourage large families. In 1931 the state of Minnesota proposed offering married couples a bonus of \$100 for every child born “to discourage the practice of birth control and sterilization,”³⁶ and in 1934 the state of California hoped to encourage “young married couples to have more children by increasing their incomes in accordance with the size of the family which they produce.”³⁷ In addition to encouraging

couples to have more children, other proposals emerged to reward parents for having healthy children. The *New York Times* reported in 1932 that members of the International Congress of Eugenics supported “A monthly \$50 bonus by the state to parents of good heredity when their third child reaches the age of 5.”³⁸ Birth control opponents coupled these bonuses with taxation schemes also aimed at discouraging smaller families. The *New York Times* reported in 1937 that the Eugenics Research Association was pushing for “taxes on the childless for the benefit of large families and tax relief to self-supported would be parents.”³⁹

Just as birth controllers suggested that the money collected from their tax schemes could be more fruitfully redistributed, opponents advanced an identical claim and hoped to coerce childless couples to reproduce to avoid heavy taxation. Although none of these schemes came to fruition, their existence demonstrates the potential limits to freedom of choice when reproduction is placed in an economic context. By suggesting that couples would and should shape their reproductive decisions based on the relative profitability of their choice, advocates transformed reproduction into an economic transaction wherein children were commodities that a couple can or cannot afford.

Racial Betterment, Racist Motives

Just as economic status constrains the full execution of women's reproductive rights so does the question of race. The movement's early focus on minority and immigrant populations went hand in hand with its emphasis on the poor and was primarily an issue of access. When she opened the Brownsville Clinic in 1916 Sanger printed handbills in English, Yiddish, and Italian hoping to reach the primarily immigrant

populations that occupied the poor neighborhoods of New York with a demonstrable lack of contraceptive access. Similarly, when the BCCRB established its Harlem Branch in 1929 it did so with the explicit aim of providing contraception to black women who lacked access to even the most basic contraceptive information. Sanger lamented in an article for *Women United* in 1949, “information about, and access to, birth control methods is denied to whole segments of our society. We have only to look at the maternal and infant death rates of Negro mothers and babies in this country to see that this is true.”⁴⁰

Focusing on the racial disparities in contraceptive access helped the movement gain key allies within the black community, including noted civil rights activist W.E.B. Du Bois’s 1932 demand that the time had come to spread “among negroes an intelligent and clearly recognized concept of proper birth control, so that the young people can marry, have companionship and natural health, and yet not have children until they are able to take care of them.”⁴¹ Spurred by Du Bois's endorsement as well as the work of the BCCRB's Negro Project both the Public Health Committee of the National Negro Insurance Association and the National Medical Association of Negro Physicians offered their endorsement for the birth control movement.

At the same time, however, this focus on minority populations fueled race based assumptions that some groups were more fit to reproduce than others. Rooted in the perfectionism movement of the 1830s, many early birth control advocates “believed that individual improvement acquired through an improved environment could be transmitted to offspring, just as corrupt social relations would produce physically and mentally

deformed individuals”;⁴² however, as scientific understanding of genetics and heredity advanced in the 1920s less emphasis was placed on social and environmental factors. Sanger's characterization of birth control as an emancipatory mechanism for the entire human race was soon co-opted by eugenicists who pinpointed minority populations as the source of unrelenting reproduction that threatened the health and prosperity of the nation. Linda Gordon suggests that these eugenicists "sought to reproduce the entire American population in the image of those who dominated it politically and economically."⁴³

Ignorant of the structural inequalities that perpetuated poverty, disease, and malnutrition amongst minority populations, eugenicists pointed to low educational attainment, a high incidence of birth defects, and delinquency as evidence that reproduction should be curtailed amongst these groups. Eugenicists simultaneously sought to elevate the quality of the population by encouraging those of the best stocks to have more children, labeling those who failed to do so as participants in race suicide. The labels utilized by eugenicists to describe their ideal system of selective breeding are illustrative; positive eugenics encouraged increased reproduction amongst those deemed fit whereas negative eugenics encouraged decreased reproduction amongst individuals considered unfit. The use of positive and negative indicate not just the resultant changes in the population that accompany each approach, but also demarcate who is a worthy reproducer. The racialized assumptions built into the eugenicists' scheme of social improvement highlight the tension between control and choice as their framework suggests that although all women should have the ability to control their reproduction, only some should be encouraged to do so.

In advancing their scheme of negative eugenics against minority populations, eugenicists capitalized on the birth control movement's focus on black populations. Although Sanger suggested, "Birth control, of course, is not the sole reason" that "The death rate of Negro mothers is three times as high as that of whites," recognizing other factors such as reduced access to prenatal care, eugenicists regularly dismissed these factors and positioned the growing black population as a threat. Guy Irving Birch, Director of the American Eugenics Society, boldly proclaimed the need for negative eugenics to "prevent the American people from being replaced by alien or Negro stock."⁴⁴ The overtly racist aims of the eugenicists were unsettling to birth controllers and accelerated the separation of the two groups described in chapter four. Yet, this separation didn't stop eugenicists from advocating for contraception, primarily sterilization, for minority groups as a method of racial betterment. Angela Davis explains that eugenicists utilized their association to the birth control movement to push for sterilization policies in southern states, which operated largely under the radar until 1973 when Minnie Lee and Mary Alice Relf exposed an Alabama health clinic for sterilizing the black teenage girls without their consent.⁴⁵ The Relf sisters' disclosure prompted a firestorm over sterilization that unearthed the prevalence of this practice, revealing that thousands of sterilizations had been performed in the U.S. since the 1930s in the name of public health and racial betterment.

It is not surprising then that when many black activists heard of this widespread sterilization abuse they turned against birth controllers despite their previous alliance.

The *New York Times* reported in 1973 that many black activists see "efforts to persuade

black women to use contraceptives . . . [as] aimed at achieving a black genocide.”⁴⁶ Once supportive of the birth control movement as evidenced by Martin Luther King Jr.’s 1966 proclamation that “For the Negro, therefore, intelligent guides of family planning are a profoundly important ingredient in his quest for security and a decent life,”⁴⁷ the eugenicists’ cooptation of the movement’s focus on African American populations to serve its racist ends understandably turned many black supporters away. In making sense of this complicated relationship, Linda Gordon laments, “Had they had a deeper understanding of the racism, sexism, or class privilege embedded in alleged meritocracy, they might have been less comfortable with eugenic ideas. But eugenic ideas were useful. Eugenics gave them support they never got from the left.”⁴⁸ Pursuing a strategically beneficial relationship with eugenicists in the 1920s gave birth controllers a captive audience, but also granted eugenicists a voice in the social and political discourse surrounding contraception. Ultimately, this alliance gave eugenicists the power to corrupt the birth control agenda to suit its racist ambitions - a move which stripped women of color of both control and choice.

Somewhat ironically, eugenicists were concerned with the disappearance of one race - whites - who, they claimed, would perpetuate a race suicide if given unfettered access to contraception. Sanger explained in 1923, “the objection is that if women had information to prevent conception . . . the race will die out.”⁴⁹ As explained in chapter four, eugenicists were primarily concerned with women’s expanded participation outside the home, suggesting that while college educated women were the most ideal reproducers their newfound freedom may actually encourage them to reject motherhood. Though birth

controllers heralded smaller families as more conducive to survival of the children, eugenicists argued that these smaller families were desirable only amongst dysgenic populations and would result in an eventual elimination of the best elements of the race. Denouncing this theory, Gertrude M. Williams proclaimed in the *Birth Control Review* in 1918, "There is no danger that the race will die off. Parental instinct is too strong and sure for that."⁵⁰

Although birth controllers were correct, as the white race clearly has not eliminated itself, their reliance on the parental instinct as a justification reinforced the naturalist belief that the ultimate aim of motherhood and marriage was reproduction. Linda Gordon explains, "race-suicide theorists forced feminists to address the issue of whether women ought to devote themselves exclusively to child-raising. . . . [and] the desire for respectability led them to lean on the 'motherhood' refrain."⁵¹ Wesley Buerkle points out that this reliance on this refrain was not isolated to the rhetoric combatting race suicide; he laments, "In Sanger's own career we see just such a trend: claiming women's right to possess their body and sexuality before turning to a rhetoric of motherhood in which birth control serves the family before the woman."⁵² Considering that race suicide concerns emerged in response to women's pursuit of new roles - an espoused benefit of reproductive choice - the movement's reliance on the motherhood refrain represents a missed opportunity to challenge the ideological commitments that had elevated motherhood to an exclusive position in the social order.

The staying power of these racial disparities cannot be overstated. Historian Heather Munro Prescott argues that beginning in the 1970s "women of color resisted

externally imposed policies to limit their fertility while asserting their rights to bodily self-determination. For women of color, reproductive freedom meant not only the legal right to abortion and contraception, but also the freedom to have children."⁵³ While women of color struggled to gain legitimacy as reproducers, white women fought to legitimate their choice not to reproduce at all. Although women had entered the workforce in droves during WWII, the post war culture ushered in a return of the domestic ideal that "insisted that reproduction was white women's most valuable gift to the family, the community, and the nation."⁵⁴ Despite the fact that the movement attempted to distance itself from the racially motivated aims of eugenicists, it failed to do so in a way that pushed back against the rhetorical and political efforts of the eugenics movement. As a result, the ability for women to freely choose their reproductive destinies continues to be hindered by the implicit assumption that some women are more worthy reproducers than others.

Unfit, Unworthy

Sadly, race and class weren't the only limiters of one's reproductive worth established by birth controllers; mental and physical fitness were also key factors in determining the desirability of one's reproduction. Sanger explained in the *Birth Control Review* in 1918, "There should be no children when mother or father suffers from [diseases] . . . or mental disorders," citing "the danger to mothers and offspring of having children" under such conditions, including miscarriage, birth defects, insanity, and feeble-mindedness.⁵⁵ The movement's suggestion that one's mental and physical health undermined their fitness for parenthood resonated with eugenicists who believed that

dysgenic members of the population should not be allowed to reproduce. One key difference emerged between the movement's treatment of poor parents and dysgenic parents - permanence; although parents living in poverty could improve their social position by delaying childbearing until economically feasible, no amount of waiting could bring an adequate level of health to those suffering from incurable diseases or feeble-mindedness. Subsequently, sterilization was heralded by both birth controllers and eugenicists as a permanent contraceptive option that would reduce the prevalence of hereditary deficiency in the population over time.

Although eugenicists lauded the benefits of sterilization as a viable long term solution to population quality, birth controllers were initially wary about advocating for sterilization policies, fearful that doing so might lead to its widespread adoption rather than for targeted use amongst the unfit. Comparing the first draft of the ABCL's bylaws to the final version is illustrative. While the first draft included a section under its stated aims advocating for "sterilization of the insane and feeble-minded and the encouragement of this operation upon those afflicted with inherited or transmissible diseases," by the time the ABCL released the final version, this section, and all references to sterilization, were completely removed.⁵⁶ The minutes of the ABCL's National Council Meeting in 1924 shed light on this removal:

In regard to sterilization the consensus of opinion was strongly against adopting a bill to legalize sterilization as part of the birth control program. Dr. Little opposed on biological grounds, holding that knowledge of effects or partial sterilization was too scanty to form a basis for legislation. Others held that the advocacy of a bill for sterilization would complicate the birth control work. A motion was then passed that the National Council advises that the ABCL do not at present endorse a sterilization bill.

The reticence to endorse a sterilization bill manifested in the operation of the BCCRB clinics affiliated with the ABCL, who opted to provide patients only with temporary and harmless methods of birth control, reserving sterilization for only the most extreme cases. The BCCRB explained in a 1935 progress report, “Sterilization is not a method prescribed in birth control clinics. Occasionally patients with a severe incurable medical condition voluntarily request sterilization. In these cases sterilization is approved only when the usual clinic birth control methods cannot be used.”⁵⁷ Even as Sanger herself became more open to the idea of sterilization, she resisted its application beyond the context of the unfit, stating, “We do not think sterilization advisable for healthy people for they may change their minds about having children . . . However, if there is taint of insanity or epilepsy in either husband's or wife's ancestry, sterilization is advisable.”⁵⁸

By 1927, eugenicists had succeeded in legalizing the sterilization of the unfit in 10 states; however, the BCCRB remained cautious, suggesting in 1930 that “sterilization as an ordinary measure of family limitation is far too drastic. . . . It is not a solution of the problem in general.”⁵⁹ Additionally, hopeful that if given contraceptive instruction couples would successfully regulate their own reproduction, birth controllers refused to endorse measures that gave other parties say over who should be sterilized. Sanger protested, “It can be a voluntary measure requiring no legislation. It should not be forced but should be encouraged. It must not be considered a punishment but rather a measure of safeguarding the community.”⁶⁰ Despite the fact that birth controllers were hesitant to

endorse either the widespread or forced use of sterilization as a method of contraception, their articulation of sterilization as a mechanism to safeguard the community meant that sterilization remained a viable option to prevent the reproduction of many.

Specifically, birth controllers continued to advocate for sterilization amongst populations unable to use temporary methods and those with major health problems. Reiterating that birth control was intended to make parenthood a byproduct of conscientious and responsible planning, Sanger explained, “The regular methods of contraception are used easily by parents whose intelligence and responsibility are adequate to its application but sterilization is a better method in cases where the person's mentality is not adequate for the usual technique.”⁶¹ Fearful that those with diminished mental capacity would be unable to reliably practice traditional contraceptive methods, birth controllers advocated sterilization as a preferable option, particularly because it did not impinge on one's overall quality of life. Sanger noted in the *Birth Control Review* in 1924, “The operation itself will cause no change in physical, mental, or emotional life, nor will it deprive either man or women of the normal expression of their sex lives.”⁶² Consistent with their assertion that managed reproduction enabled men and women to seek higher levels of relational and sexual satisfaction, birth controllers recommended sterilization as concomitant with these aims.

Further appealing to their mantra of responsible parentage, advocates suggested that even if people could reliably practice birth control they would face great difficulty in raising their child if they became pregnant. They suggested, “We do know that mentally retarded parents cannot bring up their children in the way that will produce valuable

citizens, not without a great deal more help than is often available.”⁶³ Sterilization thus functioned as a viable mechanism of contraception in so far as it prevented the birth of unwanted, and likely dysgenic babies, while simultaneously allowing couples to enjoy the same benefits of full development provided to regular contraceptive users. Birth controllers also connected their push for sterilization to their common argument that parents want to provide the highest quality of life to their children by suggesting that “men and women of mental or physical maladjustment would not want to bring children into the world with their handicaps if they knew how to prevent it.”⁶⁴ While consistent with their argument that birth control stemmed from a greater respect for human life, contextualizing sterilization within this framework makes women’s reproductive rights beholden to their ability to produce healthy children, and suggests that unhealthy women should sacrifice their right to reproduce for the health of their offspring and the nation.

The movement’s articulation of a societal right to birth control as a precautionary mechanism also motivated birth controllers to consider sterilization for a different group of people - criminals. The origins of this advocacy are two fold; first, because birth control is considered a negative right, proponents of sterilizing criminals argued that just as convicted felons lose their right to vote, habitual criminals forego their right to make reproductive decisions without state interference. Second, once again appealing to their insistence on responsible parentage, birth controllers argued that because habitual criminals were in most cases incapable of reform they were equally incapable of handling the responsibility of family planning and/or eventual child rearing.⁶⁵ In fact, involuntary sterilization for criminals was frequently compared to required vaccinations as both

measures infringed on individual choice in the name of protecting societal interests. The *Chicago Tribune* proclaimed in 1923, “the constitutionality of the law which would provide for sterilizations . . . is based on the same legal principles as those involved in statutes compelling vaccination.”⁶⁶

Further contextualizing this legal rationale in terms of state interests, Dr. W.A. Evans explained to the *Chicago Daily Tribune* in 1926 “the tendency of the courts is very strongly toward the position that sterilization is not a cruel, inhumane punishment . . . and that [it] is a proper exercise of the right of society to protect itself.”⁶⁷ By 1951, 27 states had passed legislation “to provide the cost of sterilization at government expense” for habitual criminals, with many of these states, including Oklahoma and California, giving states the right “to perform vasectomies upon habitual criminals” as part of their required sentence.⁶⁸ Although Oklahoma’s sterilization law would be overturned by the U.S. Supreme Court just seven years later, California’s sterilization policy remained on the books until September 2014 and was only revoked after a state audit revealed that close to 40 women had been forced or coerced into sterilization in recent years.⁶⁹ Although articulating society’s stake in the adoption of contraceptive measures helped popularize the movement, because it positioned women’s reproduction as a method of societal improvement, it simultaneously enabled external stakeholders to deploy sterilization policies that violated the movement’s insistence on voluntary measures in the name of protecting society from degeneracy.

Despite the fact that birth controllers advocated for the application of sterilization in a relatively limited context, the creation of sterilization policies had lasting

consequences on the perceived desirability of sterilization. Haunted by the specter of Nazi sterilization programs, many Americans remained reticent about domestic sterilization programs - a sentiment perpetuated by the discriminatory practice of forced sterilization in southern states and prison systems around the country. Sanger admitted in 1951, "The word has acquired some unpleasant connotations," suggesting, "Most of the debate on sterilization as a method for improving the quality of the people, the eugenic debate, has been on the level of prejudice and preconceived opinions."⁷⁰ Though Sanger would continue to advocate sterilization for individuals in need of a more foolproof contraceptive method, birth controllers all but abandoned their public advocacy for sterilization, especially in light of the development of the pill and IUD which promised much higher efficacy levels.

When birth controllers did broach the issue, they opted to discuss the process in technical terms using *vasectomy* and *tubal ligation* instead of *sterilization*. Joan Behrmann explains in the *Boston Globe* in 1976, "The word sterilization still carries such heavy taboos, such as shadows of Hitler's Germany, or of the helpless mental patients in unenlightened institutions, that is almost never use by the prospective patient."⁷¹ Amongst mounting accusations of forced or coerced sterilization at public health clinics, doctors became wary about performing sterilizations even when patients specifically requested the operation. Dr. Nathan Kase of the Yale School of Medicine explains, "Not every doctor is comfortable with the idea" of sterilizing women at their request.⁷² Thus, while sterilization remains one of the most effective and popular methods of contraception, the legacy of abusive sterilization policies haunts the modern discourse

surrounding birth control in ways that constrain a woman's ability to freely choose the best method of contraception for her.

Understanding and Overcoming Constraint

Haunted by the specter of empowered voices, the birth control movement of my generation walks a fine line between testing the political will of those who gave the movement its first audience and now demand a say, and fighting for the unfettered ability to enact the reproductive rights for those whose voices first called out for birth control. Ironically, it was the birth control movement's very own articulation of a collective societal right to contraception that facilitates the restriction of reproductive rights for countless women. Though well intentioned, defending a societal right to protect itself from unrestricted reproduction contains an implicit trade off with the universal exercise of the previously established right of individuals to control their own reproduction by suggesting that there may be a limit to this right. The *Los Angeles Times* highlighted this tension in 1935 suggesting that the use of birth control to improve the quality of the population would undoubtedly require the "relinquishment of the right to procreate"; however, because the "propagation of the unfit constitutes a biological hazard to which no state is bound to stand committed," the *Times* concludes that such a violation of individual rights is necessary to preserve the greater good.⁷³ Sanger also acknowledged the tension between individual and societal rights in her 1938 address at the Conference on Conservation of Human Resources, explaining, "The rights of the individual could be well safeguarded but in no case should the rights of society, of which he or she is a member, be disregarded."⁷⁴

In attempting to resolve the conflict, Sanger suggested that even if societal rights were occasionally prioritized over individual rights, because protecting the welfare of society will in turn preserve the quality of life for the individual, situationally limiting the right to procreate is justifiable. Sanger explicitly acknowledged the link between smaller families and societal welfare in 1925 when she argued in an editorial in the *Birth Control Review*, “smaller families by the instrument of qualitative control, offers an instrument of liberation to overburdened humanity.”⁷⁵ Even if a society as a whole reaps the benefits of population control, prioritizing societal welfare over individual autonomy allows the limitation of reproductive rights of the poor, non-white, and non-able bodied in the name of the greater good and reduces the well to do white woman into a breeding machine.

Interestingly, Sanger and other birth controllers frequently characterized reproductive rights as universal. For example, a 1932 document prepared by Sanger for the National Committee on Federal Legislation for Birth Control proclaimed: “Birth control information should be the right of every adult man and woman . . . It should be the woman's right to have knowledge, not because she is sick, diseased, or poor, but because as a women whose body must be used in the creating and incubation of new life, she should be given the right of choice and time consistent with her desires.”⁷⁶ Despite these proclamations, birth controllers consistently used the very conditions they said should not matter - health, wealth, and race - as justifications for increased contraceptive access. While doing so certainly brought attention to the disproportionate suffering of impoverished and minority women and highlighted the need for contraception amongst these populations and not just wealthy women, it also created racist, classist, and ablist

assumptions that continue to constrain the full enactment of control and choice over one's reproduction.

Toward the Future

It is impossible to know how the trajectory of the movement would have changed under Dennett's more radical framework, but what is known is that Sanger's strategy of political accommodation produced great results with grave consequences. While it allowed the voice of millions of women to be heard, it also stifled the reproductive choices of countless others. Women were empowered to take control over their reproductive destiny, but only insofar as doing so aligned with larger societal goals. Women were given the means to manage their reproduction so long as they did so within an externally generated template of acceptability.

For scholars of rhetoric and social movements the preceding analysis can be read as a cautionary tale – simultaneously highlighting both the promise and peril of political accommodation to achieve emancipatory aims. Although abandoning radical tactics and embracing conservative ideologies made the movement more palatable and won over key allies, it also prevented advocates from demanding the social change truly needed to actualize the aims of the movement. The birth control movement is neither the first nor the last social movement to soften its demands in the name of progress, but it does provide a foundation for understanding this strategy and its long term ramifications. Feminist rhetorical scholars in particular, troubled by the ways in which systems of power are rhetorically reproduced and reinscribed, ought to pay special attention to the use of conservative rhetoric deployed in service of emancipatory aims – not solely

because it has the potential to reify oppression, but because it may hold the secret to reversing it.

It would be easy to assume that the Supreme Court's rulings on the right to contraception were final. Unfortunately, the continued attacks on reproductive rights across the board demonstrate the need to be on high alert. Moving forward, it is critical that the movement heed Prescott's advice when she cautions, "as experts and activists continue to strategize on how to make birth control products available to all women, it is imperative that the language of rights and reproductive choice remain at the forefront of these deliberations."⁷⁷ It is only by placing reproductive rights center stage that the movement can work towards resolving the issues that continue to constrain the full exercise of choice and control over one's reproduction.

In his 1969 profile piece on Alan Guttmacher, then current President of Planned Parenthood-World Population, *New York Times* columnist David Dempsey suggested that the birth control movement was at a crossroads as the birth rate in many countries continued to grow despite access to contraception. Dempsey praised Guttmacher for his commitment to self-directed methods of population control, stating, "If 'Freedom to Choose,' Planned Parenthood's theme for 1969, has left some supporters of the movement unhappy, it nevertheless expresses Alan Guttmacher's faith in people. Given the facts and an opportunity to act, he believes, they will choose wisely."⁷⁸ Though Guttmacher revealed that he has been bombarded with requests for PPFA to take an official position on the ideal family size, he refused to do so, instead pointing critics to the organization's theme for the year. Dempsey's profile concludes: "[Alan Guttmacher]

is now gambling that in the precious world of human birth, planning and freedom are not incompatible.”⁷⁹ Forty-five years later, Guttmacher’s gamble remains unresolved.

Notes

Notes for Chapter 1

1. Margaret Sanger Papers, 229968. Documents from the Margaret Sanger Papers microfilm collection are cited by document reference number and appear only in the footnotes. All documents come from Margaret Sanger Papers Microfilm Edition: Smith College Collections Series.

2. Margaret Sanger Papers, 228424.

3. Liptak, "Court Limits," A1.

4. Foucault, *Power/Knowledge*, 83.

5. Pocock, "Historiography as Political," 2.

6. Bone, "When Publics Colide," 17.

7. Sanger, *My Fight*, 84.

8. McGee, "The 'Ideograph'," 10.

9. McGee, "The 'Ideograph'," 15.

10. Margaret Sanger Papers, 229968.

11. Gordon suggests that Voluntary Motherhood was the first name given to feminist demands for birth control in the U.S. via women who saw forced motherhood and child-raising as oppressive. Gordon, "Voluntary Motherhood," 7.

12. In 1879 Connecticut became the first state to pass legislation modeled after the Comstock Act of 1873; though other states followed suit, Connecticut's law remained the most far-reaching concerning the censure of contraceptive information

13. Stewart, "Championing the Rights," 103.

14. Peeples, "Downwind," 250.

11. Doxtader, "The Rhetorical Question," 373.

12. Doxtader, "The Rhetorical Question," 372.

13. Hauser, "The Moral Vernacular," 460.

14. Ibid.

15. Lagerwey, "Nursing, social context," 251.

16. Margaret Sanger Papers, 225931.

Notes for Chapter 2

1. Sanger, *My Fight*, 52–53.

2. Ibid., 54.

3. Ibid.

4. Ibid., 56.

5. Gordon, *Moral Property*, vi.

6. Mauss, "On Being Strangled," 192–195.

7. Burns, *The Moral Veto*, 105.

8. Sanger, *An Autobiography*, 108; Sanger, *My Fight*, 83.

9. Sanger, *An Autobiography*, 108.

10. Sanger, *My Fight*, 84.

11. McLaren, *A History of Contraception*, 217.

12. McCann, *Birth Control Politics*, 36. The first edition of *Family Limitation* explicitly framed birth control as necessary to both class struggle and women's liberation.
13. Gordon, *Moral Property*, 139–50.
14. Burns, *The Moral Veto*, 40. Gene Burns describes the Comstock Laws as having a “chilling effect on the accessibility and discussion of contraception.”
15. McLaren, *A History of Contraception*, 218. Sanger's focus on lower-class women was also influenced by British birth controller Marie Stopes, who founded the Society for Constructive Birth Control and Racial Progress in 1921 to pressure government officials to provide clinical services to the impoverished.
16. Sanger, “Suppression,” 1. When referencing articles from *The Woman Rebel* Sanger is listed as the author unless otherwise specified due to the lack of author identification for individual articles.
17. Reed, *From Private Vice*, 95; Burns, *The Moral Veto*, 62.
18. Gordon, *Moral Property*, 151.
19. *Ibid.*, 153.
20. McCann, *Birth Control Politics*, 42; Reed, *From Private Vice*, 98. Although Sanger would provide Dennett with a list of subscribers to *The Woman Rebel* in hopes of forging a partnership, Dennett and the NBCL refused to endorse Sanger's tactics; Sanger and Dennett would continue to battle for leadership of the birth control movement into the 1930's.
21. Gordon, *Moral Property*, 157. When the Brownsville Clinic opened, successful clinics had already been established across the country in places as disparate as Ann Arbor, Michigan and Cleveland, Ohio. The Brownsville Clinic differed from these other clinics in two key ways. First, whereas other clinics primarily dispensed only secondhand information, the Brownsville Clinic provided women copies of Sanger's pamphlet *What Every Girl Should Know* which was of course a violation of Comstock Laws. Second, although other clinics often operated secretly the Brownsville Clinic was heavily publicized by Sanger, making it impossible to ignore.
22. Gordon, *Moral Property*, 157.
23. Reed, *From Private Vice*, 107.
24. Gordon, *Moral Property*, 177. The first edition of the *Birth Control Review* featured articles by Sanger, Havelock Ellis, Blossom, as well as a working bibliography on birth control. Sanger called into question the purpose of the Comstock Laws and encouraged readers to break the law if it means spreading the word about birth control. Sanger, “Shall We Break.”
25. *Ibid.*, 178.
26. Gordon, *Moral Property*, 162. Catt's endorsement of continence and abstinence also made it difficult for her to endorse birth control, for if couples could embrace self-restraint in these ways there would be no need for contraceptives. James Reed discusses the tensions between birth controllers and feminists at length, noting that “a certain uneasiness [existed] among many women reformers in dealing with sex.” Reed, *From Private Vice*, 131.

27. Gordon, *Moral Property*, 167; McCann, *Birth Control Politics*, 26. McCann explains that between 1920 and 1930 Sanger and the ABCCL made repeated requests for support from the NWP but were refused on the grounds that birth control was too controversial and would erode their focus on the Equal Rights Amendment.
28. Burns, *The Moral Veto*, 57.
29. Gordon, *Moral Property*, 172.
30. Ibid., 203.
31. Ibid., 204.
32. Ibid., 207.
33. Shapiro, *Population Control Politics*, 44; Gordon, *Moral Property*, 106.
34. Gordon, *Moral Property*, 119.
35. Reed, *From Private Vice*, 144.
36. McCann, *Birth Control Politics*, 60. Influenced by her encounters with Johannes Rutgers, who had successfully trained nurses and midwives to work in clinics across Holland, Sanger believed that increased partnering between birth controllers and medical professionals would result in a similar training model in the U.S.
37. Burns, *The Moral Veto*, 81; Gordon, *Moral Property*, 178.
38. Reed, *From Private Vice*, 167.
39. Gordon, *Moral Property*, 181.
40. Reed, *From Private Vice*, 115. Expanding the justification for prescribing contraceptives to include both social and economic need also provided the CRB with increased flexibility in terms of the kinds of contraception they prescribed. Bocker explained in her report on the CRB'S progress in 1924 that she had tried over ten different contraceptive regimens to suit the diverse needs of her female patients. Bocker, *Birth Control Methods*, 1.
41. McLaren, *A History of Contraception*, 232. Beyond the sheer amount of patients seen, the reports generated by the CRB helped sway the medical community in favor of birth control by demonstrating the consequences of women's attempts at abortion and the physical impairments associated with frequent childbirth.
42. Gordon, *Moral Property*, 182. McCann, *Birth Control Politics*, 94. The AMA refused to endorse the clinic movement and reaffirmed its position that contraceptives should only be prescribed when medically necessary.
43. McCann, *Birth Control Politics*, 91. The medical community's resistance to birth control clinics was emblematic of its desire to maintain authority over health matters more generally; the AMA also resisted efforts to establish private clinics via the federally funded Children's Bureau.
44. Gordon, *Moral Property*, 208.
45. Reed, *From Private Vice*, 120.
46. McCann, *Birth Control Politics*, 183; Reed, *From Private Vice*, 175. Rose Holz argues that the implementation of Dickinson's standards served two purposes: to persuade the medical community of birth control's legitimacy and to convince them that clinics were a viable mechanism for its distribution. Holz, "Nurse Gordon," 114.

47. McCann, *Birth Control Politics*, 68; Shapiro, *Population Control Politics*, 43.
48. Gordon, *Moral Property*, 183.
49. Ibid., 191.
50. Ibid., 200–201.
51. Ibid., 195.
52. Ibid., 47–50.
53. McCann, *Birth Control Politics*, 41.
54. The American Genetic Association started out as the Eugenics Section of the American Breeders Association and became its own organization only as eugenic thinking became more predominant in the academy. Gordon, *Moral Property*, 191.
55. Gordon, *Moral Property*, 203.
56. Ibid., 194.
57. Hernandez, “Of Inferior Stock,” 522–523.
58. Gordon, *Moral Property*, 215; McCann, *Birth Control Politics*, 111.
59. Reed, *From Private Vice*, 135.
60. Gordon, *Moral Property*, 211.
61. McLaren, *A History of Contraception*, 235. Gene Burns also notes this conservative turn, explaining that “by the 1930’s the dominant birth control rhetoric explicitly or implicitly blamed poverty.” Burns, *The Moral Veto*, 93.
62. Gordon, *Moral Property*, 220.
63. Ibid., 213.
64. Reed, *From Private Vice*, 254. Starting in the 1960’s these clinics would be funded by the Office for Economic Opportunity and would be a vital part of the campaign to sterilize welfare recipients in the 1970’s. Littlewood, *Politics of Population Control*, 45.
65. Gordon, *Moral Property*, 235.
66. McCann, *Birth Control Politics*, 140.
67. Gordon, *Moral Property*, 216.
68. Ibid., 223; Reed, *From Private Vice*, 240.
69. McCann, *Birth Control Politics*, 72. For a thorough treatment of the birth control black market see Tone, *Devices and Desires*.
70. Gordon, *Moral Property*, 226.
71. Ibid., 232.
72. Ibid.
72. Margaret Sanger Papers, 227219.
74. Reed, *From Private Vice*, 265; McLaren, *A History of Contraception*, 392.
75. Gordon, *Moral Property*, 244; Reed, *From Private Vice*, 240. The shifting strategy of the PPFA also meant that freedom of speech and repealing the Comstock Laws were no longer serious priorities for the birth control movement as evidenced by PPFA’s unwillingness to defend *Consumer Reports* in their fight against the U.S. Post Office.
76. McCann, *Birth Control Politics*, 175.
77. Gordon, *Moral Property*, 250.
78. Ibid., 279.

79. Reed, *From Private Vice*, 371.
80. Gordon, *Moral Property*, 242.
81. Ibid., 254.
81. Eisenmann, "Educating the Female," 133.
83. Shapiro, *Population Control Politics*, 9.
84. Gordon, *Moral Property*, 257.
85. Shapiro, *Population Control Politics*, 67.
86. Gordon, *Moral Property*, 282.
87. Ibid., 237.
88. Reed, *From Private Vice*, 359.
89. Gordon, *Moral Property*, 286.
90. Gordon, *Moral Property*, 289. Agnes McLaren argues that it was the pill which finally won over the medical community; by offering up a biochemical and hormonal contraceptive, birth controllers "appealed to doctors' idea of 'real' medical science and complemented their view of the necessity of scientific experts' managing births. McLaren, *A History of Contraception*, 240.
91. Littlewood, *Politics of Population Control*, 51. Changes to the Aid to Families with Dependent Children program meant that by 1972 the federal government would put up anywhere between seven and nine dollars for every one dollar allocated by the states to family planning.
92. Reed, *From Private Vice*, 379.
93. Littlewood, *Politics of Population Control*, 48.
93. Burns, *The Moral Veto*, 222.
95. Gordon, *Moral Property*, 128.
96. Reed, *From Private Vice*, 365.
97. Tone, *Devices and Desires*, 59.
98. Gordon, *Moral Property*, 334.
99. Gordon, *Moral Property*, 343. During the 1970's sterilization was the fastest growing method of contraception, increasing from 200,000 cases in 1970 to 700,000 in 1980; for a more comprehensive look at sterilization policy and practice in the U.S. see Shapiro, *Population Control Politics*.
98. Shapiro, *Population Control Politics*, 87-90.
101. Gordon, *Moral Property*, 323.
102. Ibid., 300.
103. Shapiro, *Population Control Politics*, 182.
104. Gordon, *Moral Property*, 306.
105. Ibid., 336; Zorea, *Health and Medical Issues*, 110.
106. Gordon, *Moral Property*, 350.
107. Zorea, *Health and Medical Issues*, 90.
108. Ibid., 91.
109. Watzman, "Contraceptives Remain Most Controversial Health Care Provision," para. 3.

108. Liptak, "Court Limits," A1.
111. Sanger, *My Fight*, 356.

Notes for Chapter 3

1. *Griswold v. Connecticut*, 381 U.S. 496 (S.C. US 1965), Justia.
2. *Eisenstadt v. Baird*, 405 U.S. 454 (S.C. US 1972), Justia.
3. *Carey v. Population Services International*, 431 U.S. 686 (S.C. US 1977), Justia.
4. *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 852-897 (S.C. US 1977), Justia. The latter half of O'Connor's quotation was altered to reference all prior cases dealing with reproductive rights and not just *Roe v. Wade*; however, because O'Connor was discussing these cases in relation to *Roe* the alteration does not change her intent.
5. Tone, *Devices and Desires*, 67-68.
6. Advertisements in popular magazines such as *McCall's* and *Redbook* touted Lysol's power as a germicide, helping make it the most popular female contraceptive by the late 1930's. Tone, *Devices and Desires*, 158.
7. Sanger, *My Fight*, 57.
8. Engelman, *A History*, 32.
9. *Ibid.*, 41.
10. "Bars Magazine," 19; "Bars Magazine," 1; "Can't Carry," 1.
11. Margaret Sanger Papers, 229968.
12. Engelman explains that William Sanger's arrest and trial generated far more publicity than Margaret Sanger's initial indictment likely because he was more easily portrayed as a victim in the press - "an unwitting accomplice entrapped by the crafty vice crusader." Engelman, *A History*, 50
13. "To Fight in Court," 8.
14. Engelman, *A History*, 49.
15. Margaret Sanger Papers, 236589.
16. Sanger, "The Fight Against," 248.
17. Murphree and Gower, "Mission Accomplished," 8
18. "Birth-Control and Aid," 4.
19. "Birth Control and Free Speech," 507.
20. Margaret Sanger Papers, 236505.
21. Margaret Sanger Papers, 228424.
22. Sanger, "Birth Control and Women's Health," 8.
22. Murphree and Gower, "Making Birth Control," 216
24. "Social Aspects," 423.
25. Margaret Sanger Papers, 238222.
26. Dennett, "Voluntary Parenthood," 12.
27. Sanger, "Meeting the Need," 14.
28. Sanger, "The Morality of Birth Control."
28. Murphree and Gower, "Making Birth Control," 226

30. "Hayes Denounces," 1.
31. Gordon, *Woman's Body*, 26.
32. "Birth Control Clinic," 21.
33. "Birth Control Bill," 8.
34. "Social Aspects," 424.
35. Gordon, *Moral Property*, 179.
36. "Sex Teaching," 5.
37. E.M., "Birth Control Now," 17.
38. Gardner, "Urges Doctors," 10.
39. "Birth Control Held," 7.
40. "Birth Control Gets Approval," 1.
41. Dennett, "Voluntary Parenthood," 12.
42. Margaret Sanger Papers, 238229.
43. Gordon, *Moral Property*, 226.
44. Ibid., 13.
45. May, *American and the Pill*, 17.
46. Margaret Sanger Papers, 236585.
47. Burch, "Causes of Future Wars," 24.
48. Donaldson, "Eugenics," 59.
49. Cox, "The Problem of Population," 525–26.
50. Sanger, "Will Birth Control," 23.
51. East, "Tabu," 703.
52. "Birth Control Debated," 16.
53. Browning, "The Better Half," G8; Phillips, "Planned Parenthood," K1.
54. "Is Birth Control," 6.
55. Sanger, "Birth Control Steps," 1.
56. Kennedy, "Is Birth Control Right?" 14–15.
57. "Mrs. Sanger May," 17.
58. Whitaker, "The Birth Controllers," II4.
59. Buerkle, "From Women's Liberation," 30.
60. "Birth Control Held," 7.
61. "Is Birth Control," 6.
62. "Mrs. Martin Was," 49.
63. Sanger, "Sexual Adjustment," 1.
64. Reynolds, *Women Advocates*, 58.
65. Baber, "Birth Control," 295.
66. "Physicians Split," 25.
67. Sanger, "Has Suffrage Reached," 3.
68. Peebles, "Downwind," 252.
69. Sanger, "Woman's Error," 1.
70. Margaret Sanger Papers, 236127.
71. Winner, "Woman Rebellious," 3.

72. "Ellen Key," E8.
73. Margaret Sanger Papers, 236141.
74. "Editorial Comment," 16.
75. Debs, "Freedom is the Goal," 7.
76. Sanger, "Woman's Error," 1.
77. Sanger, "The Fight Against," 248.
78. Margaret Sanger Papers, 236141; Margaret Sanger Papers, 236168.
79. Hogue, "Social Eugenics," E31.
80. Peeples, "Downwind," 252.
81. Margaret Sanger Papers, 236132.
82. Margaret Sanger Papers, 224706.
83. Margaret Sanger Papers 236505.
84. Adams, "Woman's Future," SM8.
85. Margaret Sanger Papers, 226268.
86. Buerkle, "From Women's Liberation," 29-30.
87. Roberts, "Birth Control," 7.
88. Margaret Sanger Papers, 226268.
89. Margaret Sanger Papers, 236191.
90. Mayhall, "The Rhetorics of Slavery," 494.
91. Ashley, "Editorial Comment," 2.
92. A Young Mother, "Choosing One's Children," 587.
93. "Big Meeting Moves," 4.
94. Gordon, *Moral Property*, 106.
95. "Doctors Divided," 22.
96. Margaret Sanger Papers, 229968.
97. "Differ on Birth Control," 4.
98. Dennett was fearful that a doctors-only bill would create a medical monopoly on contraception that would effectively prevent nurses, midwives, and other trained experts from providing birth control to their patients. Sanger agreed with Dennett that other qualified persons should be able to dispense contraception; however, she was convinced that politicians were more willing to change laws in favor of broadening medical care than to change obscenity laws. Kennedy, *Birth Control in America*, 220-21.
99. Murphree and Gower, "Making Birth Control," 226.
100. Margaret Sanger Papers, 236353.
101. Ibid.
102. Margaret Sanger Papers, 228424.
103. "Doctors Condemn," 3.
104. "Medical Council Decries," 13.
105. "Sees Good," 11.
106. "Editorial Comment," 16.
107. "123 Leaders Back," 15.
108. Margaret Sanger Papers, 229665.

109. "Physicians Split," 25.
110. Laurences, "Birth Control is Accepted," 1.
111. "Birth Control Women," 9.
112. Sanger, "The Tragedy," 5.
113. Clark, "The Rights of Children," 405.
114. "Says Birth Control," 17.
115. O'Sullivan, "Sickness and Death," 46.
116. "Asks League to Aid," 9.
117. Margaret Sanger Papers, 222765.
118. Sanger, *My Fight*, 55.
119. Margaret Sanger Papers, 223063.
120. "Appeal Now," 11.
121. "Rights of the Child," 11.
122. Edgren, "The Spiritual Aspect," 6.
123. "Is Birth Control," 6.
124. Clark, "The Rights of Children," 411.
125. Margaret Sanger Papers, 236465.
126. "Congregational Group Approves," 3.
127. "New Marriage Plan," 2.
128. Parkhurst, "Children Wanted," 93.
129. Margaret Sanger Papers, 236706.
130. Murphree and Gower, "Mission Accomplished," 13.
131. Sanger, "Birth Control," 11.
132. Cox, "Condemning Birth Control," 18.
133. Sanger, "Birth Control," 7.
134. Margaret Sanger Papers, 236585.
135. Margaret Sanger Papers, 225229.
136. "New Society," 5.
137. Sanger, "Facing the New Year," 3.
138. Margaret Sanger Papers, 240655.
139. Margaret Sanger Papers, 236134.
140. Murphree and Gower, "Making Birth Control," 226.
141. Margaret Sanger Papers, 234098.
142. Margaret Sanger Papers, 222762.
143. Margaret Sanger Papers, 225977.
144. "Planned Parenthood," E1.
145. Margaret Sanger Papers, 239205.
146. "Parenthood Fund Rises," 45.
147. Margaret Sanger Papers, 203405.
148. Ibid.
149. Margaret Sanger Papers, 234098.
150. Margaret Sanger Papers, 227217.

151. Dixon-Muller, *Population Policy*, 41–42.
152. Margaret Sanger Papers, 240484.
153. “Birth-Control Drive,” 15.
154. Margaret Sanger Papers, 211027.
155. “Fertility Clinic,” 15.
156. Hogue, “Social Eugenics,” 27.
157. Gordon, *Moral Property*, 197–203.
158. “Doctors in Survey,” 28.
159. Gallup, “Majority Favor Service,” 2.
160. “Birth Control in Rise,” 25.
161. Asbell, *The Pill*, 171.
162. Gordon, *Moral Property*, 288.
163. Olson, *Historical Dictionary*, 411.
164. “Birth Control Pill,” 4.
165. May, *American and the Pill*, 119.
166. Gordon, *Woman’s Body*, 426.
167. Reed, *From Private Vice*, 376.
168. Tone, *Devices and Desires*, 240.
169. May, *American and the Pill*, 5.
170. *Griswold v. Connecticut*, 381 U.S. 485 (S.C. US 1965), Justia.
171. *Ibid.*
172. *Ibid.*
173. *Ibid.*
174. *Eisenstadt v. Baird*, 405 U.S. 453 (S.C. US 1972), Justia.
175. *Carey v. Population Services International*, 431 U.S. 697 (S.C. US 1977), Justia.
176. *Ibid.*
177. Population Council, “Declaration on Population,” 3.
178. Dixon-Muller, *Population Policy*, 12.
179. Staggenborg, *The Pro-Choice Movement*, 110.
180. “Q & A with Eleanor Smeal,” 2.
181. “NOW Hopes,” A2.
182. Gordon, *Moral Property*, 297.
183. Murphree and Gower, “Making Birth Control,” 219-24.

Notes for Chapter 4

1. Robinson, *Pioneers of Birth Control*, 77.
2. “‘Horrible Examples’,” 1; Robinson, *Pioneers of Birth Control*, 77–78.
3. “Mrs. Sanger’s Aid,” 11.
4. Ruhl, “Dilemmas of the Will,” 647.
5. Margaret Sanger Papers, 222421.
6. Margaret Sanger Papers, 229968.
7. Margaret Sanger Papers, 226793.

8. Margaret Sanger Papers, 236585.
9. Robertson, *Children of Choice*, 23.
10. Linder and Grove, *Vital Statistics Rates*, 49.
11. Schoen, *Choice & Coercion*, 26.
12. Margaret Sanger Papers, 229968.
13. Margaret Sanger Papers, 213371.
14. Margaret Sanger Papers, 236022.
15. Margaret Sanger Papers, 236132.
16. Margaret Sanger Papers, 229968.
17. Margaret Sanger Papers, 236120.
18. Margaret Sanger Papers, 236134.
19. "Social Aspects," 424.
20. Margaret Sanger Papers, 236170.
21. Baber, "Birth Control," 297.
22. Sanger, "Past, Present, Future," 5.
23. Davis, "Analysis of the Population," 227.
24. Center For Disease Control, "Achievements in Public Health," 850.
25. Margaret Sanger Papers, 229968.
26. Margaret Sanger Papers, 236132.
27. "Editorial Comment," 9.
28. Woodbury, *Maternal Mortality*, 24.
29. Sanger, "Birth Control," 11.
30. Margaret Sanger Papers, 229968.
31. Woodbury, *Maternal Mortality*, 26.
32. Margaret Sanger Papers, 236021.
33. Ibid.
34. Margaret Sanger Papers, 236132.
35. Ibid.
36. Margaret Sanger Papers, 227560.
37. Margaret Sanger Papers, 232979.
38. Margaret Sanger Papers, 236022.
39. "The Battle Over," 340.
40. Margaret Sanger Papers, 236134.
41. Margaret Sanger Papers, 223089.
42. Margaret Sanger Papers, 236390.
43. Margaret Sanger Papers, 229659.
44. Young, et al., "Do the Poor," 46.
45. Margaret Sanger Papers, 226564.
46. Hogue, "Social Eugenics," 119.
47. "Support Birth Control," 13.
48. Fass, "Birth Control," 98.
49. Center For Disease Control, "Achievements in Public Health," 849.

50. Nicholas J. Eastman, "Policy on City," 24.
51. Margaret Sanger Papers, 236132.
52. Ibid.
53. Sanger, "Wasting Our Human," 12.
54. Margaret Sanger Papers, 229968.
55. Margaret Sanger Papers, 236141.
56. Margaret Sanger Papers, 232979.
57. Margaret Sanger Papers, 224706.
58. Margaret Sanger Papers, 236170.
59. Margaret Sanger Papers, 236089.
60. Boughton, "What 7309 Mothers," 10.
61. Margaret Sanger Papers, 232979.
62. Margaret Sanger Papers, 236170.
63. Margaret Sanger Papers, 236021.
64. Margaret Sanger Papers, 223091.
65. Crystal Eastman, "Birth Control," 3.
66. Margaret Sanger Papers, 224706.
67. Margaret Sanger Papers, 239180.
68. "The Battle Over," 340.
69. Margaret Sanger Papers, 224706.
70. Margaret Sanger Papers, 236191.
71. Margaret Sanger Papers, 201364.
72. Mudgett, "The Crying Need," 7.
73. Margaret Sanger Papers, 224706.
74. "Editorial Comment," 9.
75. Mudgett, "The Crying Need," 9.
76. O'Sullivan, "Sickness and Death," 46.
77. Margaret Sanger Papers, 224706.
78. Chung, "Why Men Starve," 12.
79. Rosewarne, "Contraception and Everyday Family Life in America," para. 14.
80. Margaret Sanger Papers, 224706."
81. Fishback, Haines, and Kantor, "Births, Deaths, and New Deal," 3.
82. Margaret Sanger Papers, 236523.
83. Margaret Sanger Papers, 223091.
84. Margaret Sanger Papers, 236022.
85. Gordon, *Moral Property*, 213.
86. Margaret Sanger Papers, 236716.
87. Margaret Sanger Papers, 222421.
88. Gordon, *Moral Property*, 213.
89. Gardner, "Margaret Sanger Tells," H3.
90. Sanger, "National Security and Birth Control," 141.
91. Margaret Sanger Papers, 224704.

92. "Social Aspects," 424.
93. Sanger, "Wasting Our Human," 12.
94. Margaret Sanger Papers, 236134.
95. Baber, "Birth Control," 296.
96. Gordon, *Moral Property*, 240–1.
97. "U.S. Security Seen," 12.
98. Johnson, "Address in San Francisco," para. 44.
99. "Seek Federal Control," 10.
100. "O'Boyle Calls," 19.
101. "Public Aid For," B9.
102. Kilpatrick, "Nixon Proposes Wide," A1.
103. Sanger, "The Need For," 227.
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Appendix A: Commonly Used Abbreviations

ABCL – American Birth Control League

ACA – Affordable Care Act

AMA – American Medical Association

BCCRB – Birth Control Clinical Research Bureau

BCFA – Birth Control Federation of America

CMH – Committee on Maternal Health

FDA – Food and Drug Administration

FSL – Free Speech league

IUD – Intrauterine Device

IPFF – International Planned Parenthood Federation

IWW –Industrial Workers of the World

NBCL – National Birth Control League

NCFLBC – National Committee for Federal Legislation on Birth Control

NCLC – National Child Labor Committee

NYBCL – New York Birth Control League

NOW – National Organization for Women

PPFA – Planned Parenthood Federation of America

SP – Socialist Party

VPL – Voluntary Parenthood League

Appendix B: Timeline Of Major Events

Date	Event
1873	Congress passes the Comstock Act barring contraceptives, abortifacients, and information regarding these devices from the U.S. mail.
1879	Connecticut becomes the first state to pass its own version of the Comstock Act; the law would remain on the books until 1965 when it was overturned by the Supreme Court in <i>Griswold v. Connecticut</i> .
June 1914	Margaret Sanger coins the phrase <i>birth control</i> in the fourth edition of <i>The Woman Rebel</i> .
Aug. 1914	Margaret Sanger is indicted on nine charges of violating the Comstock Laws for the distribution of her <i>Family Limitation</i> pamphlet.
1915	Mary Ware Dennett forms the National Birth Control League.
Sep. 1915	William Sanger is tried for violating the Comstock Laws for his continued distribution of Sanger's <i>Family Limitation</i> pamphlet.
1916	Margaret Sanger and Frederick Blossom begin publishing the <i>Birth Control Review</i> .
Oct. 1916	Margaret Sanger and her sister, Ethyl Byrne, open the Brownsville Clinic and are shut down within a week.
Dec. 1916	In opposition to the National Birth Control League, Sanger forms the New York Birth Control League.
1917	Sanger and Byrne are tried and sentenced to 30 days in prison; Byrne immediately begins a hunger strike, capturing the media's attention.
1919	Mary Ware Dennett transforms the National Birth Control League into the Voluntary Parenthood League.
1920	Women gain the right to vote through the passage of the 19 th Amendment.

1921	Margaret Sanger and Frederick Blossom form the America Birth Control League.
Nov. 1921	The first American Birth Control Conference is hosted in New York City, NY.
1923	Robert Latou Dickinson forms the Committee on Maternal Health.
1923	Margaret Sanger creates the Clinical Research Bureau.
1926	The American Eugenics Society is formed.
1927	The U.S. Supreme Court upholds involuntary sterilization for the mentally unfit in <i>Buck v. Bell</i> .
1928	Margaret Sanger resigns as President of America Birth Control League.
1929	Margaret Sanger forms the National Committee on Federal Legislation of Birth Control.
Apr. 1929	The Brownsville Clinic is raided for the second time, though no charges were pressed against Sanger or the clinic.
1931	The Roman Catholic Church makes its first official statement labeling birth control a sin.
1935	The America Birth Control League protests at Carnegie Hall to demand that contraceptive information be provide to all federal relief recipients.
1936	<i>U.S. v. One Package of Japanese Pessaries</i> upholds the right of doctors to receive and dispense contraceptives through the mail.
1937	The American Medical Association endorses contraceptives as part of normal medical care for women.
1937	North Carolina becomes the first state to offer birth control via public health programs.
1937	Birth control is legalized in Puerto Rico.

1938	The America Birth Control League and the Clinical Research Bureau merge to form the Birth Control Federation of America.
1941	Eleanor Roosevelt hosts the first Population Summit at the White House.
1942	The Birth Control Federation of America officially changes its name to the Planned Parenthood Federation of America.
1946	Margaret Sanger forms the International Committee on Planned Parenthood.
1951	Margaret Sanger, with the help of Katharine McCormick begins funding Gregory Pincus's efforts to develop a contraceptive pill.
1952	The International Committee on Planned Parenthood becomes the International Planned Parenthood Federation.
1954-1956	Gregory Pincus reports initial success with hormonal birth control and begins clinical trials in Puerto Rico.
1957	The Food and Drug Administration approves Enovid for treatment of menstrual disorders.
1958	The New York City Hospitals Commission lists its ban on contraceptives.
1960	The Food and Drug Administration approves Enovid for use as a contraceptive.
1963	Betty Friedan publishes the <i>Feminine Mystique</i> .
1965	The U.S. Supreme Court upholds the right of married couples to access and use contraception in <i>Griswold v. Connecticut</i> .
1966	President Lyndon B. Johnson passes the Social Security Amendments of 1967, providing the first federal funding for family planning services.
1967	The National Association for the Advancement of Colored Persons accuses Planned Parenthood of committing "black genocide" through its population control policies.

1970	President Richard Nixon creates the first federal program devoted to contraception with the passage of Title X of the Public Health Service Act.
1970	The Food and Drug Administration begins requiring informational inserts in all packages of birth control sold in the U.S..
1972	The U.S. Supreme Court extends contraceptive access to single persons in <i>Eisenstadt v. Baird</i> .
1973	The U.S. Supreme Court upholds the right of women to undergo an abortion before quickening in <i>Roe v. Wade</i> .
1977	The U.S. Supreme Court further extends contraceptive access to minors in <i>Carey v. Population Services International</i> .
1987	President Ronald Reagan restricts Title X funds to only those programs providing patients with information about natural family planning methods.
1990	The Food and Drug Administration approves the first subdermal long acting contraceptive.
1992	The Food and Drug Administration approves the first injectable long-acting contraceptive.
1999	The Food and Drug Administration approves the first emergency contraceptive.
2002	President George Bush creates the first federally funded abstinence only sex-education program.
2006	The Food and Drug Administration approves over the counter sale of emergency contraceptives for women 18 years and older.
2009	President George Bush adds contraceptives to the Federal Statutory Health Care Provider Conscience Protections.
2009	President Barack Obama removes contraceptives from the Federal Statutory Health Care Provider Conscience Protections.

- 2010** The Patient Protection and Affordable Care Act passes, guaranteeing insurance coverage of contraception.
- 2014** The U.S. Supreme Court upholds a religious exemption to the Affordable Care Act for companies in *Burwell v. Hobby Lobby Stores Inc.*.



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