

**Censored Pain: A Look into Irene Vilar's Memoirs and the Birth Control Trials of 1956**

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During the 1950s, the first large scale human trials of the oral contraceptive took place on the island of Puerto Rico. Throughout these trials, low-income Puerto Rican women<sup>1</sup>, in most cases not aware of what they were being subjected to as a result of the painfully omnipresent language barriers, were used as guinea pigs in the development of what would later become the first female oral contraceptive called Enovid. Founder of Planned Parenthood Margaret Sanger, biologists Gregory Pincus and M.C. Chang, gynecologist John Rock, eugenicist Clarence Gamble and "suffragist" Katherine McCormick targeted Puerto Rico under the pretense of conveniently shorts flight between the U.S. mainland and the island. Beyond this false reasoning, Sanger, Pincus, Rock and Gamble were motivated by their racist, misogynistic, ableist and classist ideologies, the lack of laws regarding birth control and their beliefs that Puerto Rico's high level of poverty and overcrowding made it the perfect destination to carry out global population control methods. As a result of these trials, a large group of Puerto Rican women were left with life changing health issues and severe post-traumatic stress disorder. During the testing period, three women passed away. Nevertheless, their deaths were described as purely "coincidental" and the survivors were left to cope with the repercussions all by themselves. The colonized bodies of these Puerto Rican women were exploited and used for white privileged women to gain access to ultimately safe and healthy alternatives to the existing female contraception. Although these events are rarely included or given the significance that they deserve in U.S. official historical documentation and media, the physical and psychological scars that were left on the Puerto Rican community, more specifically the poor female Puerto Rican community, will always be a reminder of the pain and suffering that they, and those around them, were forced to endure.

The purpose of this paper will be to study and analyze literature connected to these events and what it tells us about the topics of gender, race, class, their "intersectionality" and the discourse from both the survivors and the minds behind these trials. This will be done by placing Irene Vilar's memoirs *Impossible Motherhood: Testimony of an Abortion Addict* and *The Ladies' Gallery: A Memoir of Family Secrets* in a dialogue with *Second Sex* by Simone de Beauvoir, *The Feminine Mystique* by Betty Friedan and Kimberlé Crenshaw's essays "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics" and "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." By providing an in-depth analysis of the real-life testimonies of survivors and their families that have been documented throughout the years, this paper seeks to gain a better understanding of the physical and psychological trauma that the bodies and psyches of these Puerto Rican women were subjected to and the never-healing scars that exist to this day.

To first provide some general background on these experiments, in the year 1916, nurse and "activist" Margaret Sanger founded the first birth control clinic, now known as Planned Parenthood, in the United States. During this time, Sanger, who supported and advocated for eugenics--a fact documented on Planned Parenthood's official information page-- maintained her focus on preventing women who suffered from mental illnesses, were physically differently abled or found themselves in extreme levels of poverty from being able to procreate. After meeting with biologist Gregory Pincus, Sanger quickly shifted her focus on finding a way to provide white women in the United States with an inexpensive option that could prevent pregnancy. Having previously experimented on animals such as rabbits and rats, Gregory Pincus and American gynecologist John Rock decided that their next step would be to test this oral

contraceptive on human beings, more specifically, women. However, both Pincus and Rock were aware that it would be impossible, because of what the experimentation entailed, to complete a large-scale human trial in the U.S. mainland without risking going to jail. Nonetheless, in keeping with racist and classist ideologies the trials also conveniently served as an excellent method for population control, Margaret Sanger awarded Gregory Pincus, John Rock and M.C. Chang with grants that would help them conduct these trials in Puerto Rico, while heiress Katherine McCormick positioned herself as the funder and head of the research process.

During this time, many low-income Puerto Rican women on the island found themselves traumatized following "La Operación," a mass sterilization process that women across the island had been subjected to and is estimated to have affected over one third of the childbearing population on the island. For this reason, there was a desperate need for an effective method of birth control that wasn't as invasive or permanent. Ignoring evident language barriers and lack of translators, the 1,500 women recruited to be tested on during the trials were told only told that the Enovid pill would help them prevent pregnancy. "'We all jumped on it quickly and didn't look back,' Mestre, 60, recalled. 'Women were told this was medicine that would keep them from having children they couldn't support'" (*Chicago Tribune*). The women were never informed that this was, ultimately, a medical experiment and that their safety was not guaranteed. They also were never given the full scope of the painful and possibly life-threatening effects this pill could have on their bodies or on their mental health or the fact that the pill contained an exaggerated level of hormones that had never been tested before. The doctors, however, never released this information as way as to not risk losing participation from the women they had recruited.

Nevertheless, the danger this oral contraceptive could expose a group of human beings to, seems now to have been, in many aspects, unquestionable. The pill, called Enovid, contained twenty times higher levels of hormones than regular birth control pills today. "Rock selected a high dose of Enovid, the company's brand name for their synthetic oral progesterone, to ensure that no pregnancies would occur while test subjects were on the drug" ("The Puerto Rico Pill Trials"). Immediately after the trials commenced, patients reported suffering from side effects such as blood clots, nausea, severe headaches, anxiety and depression. Still, Pincus and Rock insisted in continuing with the trials and articulated that they considered the reported side effects to be tolerable, minimal and the women that had stepped forward with, as "unreliable". Consequently, both men expressed that these reports were considered to be of absolutely no importance. "She also informed him that 17% of the women in the study complained of nausea, dizziness, headaches, stomach pain and vomiting. So serious and sustained were the reactions that Rice-Wray told Pincus that a 10-milligram dose of Enovid caused "too many side reactions to be generally acceptable" ("The Puerto Rico Pill Trials"). After declaring these reports to be of no significance, Pincus, Rock and the medical "professionals" made the decision to continue subjecting women to, what they now had evidence, would be an extremely high risk and dangerous medical process.

During the course of the oral contraceptive trials, it was revealed that three women had tragically passed away. Nonetheless, no autopsies were ever carried out and their deaths were never investigated. The survivors, at the same time, were left with permanent medical health issues and psychological scars that, for many, have not healed to this day. Gregory Pincus, John Rock and Clarence Gamble, however, maintained the narrative that the birth control trials that

were held on the island were a complete success and they considered themselves to have made medical history (see fig. 1).

February 26, 1959

Dr. Adeline Pendleton,  
Mrs. Noeme Rodriguez,  
Miss Elizabeth MacDonald.

Dear Collaborators:

I wish you could have been at the International Conference on Planned Parenthood to hear the report of your work. Dr. Rock gave a report on the preliminary work which he had done in Boston, then Dr. Pincus told of the field trials which you have made possible. The results are quite convincing and he has tabulated them well. Practically the entire membership of the Conference turned out to hear the exciting news of the birth control pill.

Dr. Pincus spoke of the success which the Humacoa project has had in getting most of the patients to continue without interruption.

Yours very sincerely,

Clarence J. Gamble, M.D.

CJG/g  
Dictated by Dr. Gamble <sup>in India</sup> but not read by him.  
cc sent to: *Miss Pendleton*  
*Miss MacDonald*

(Fig. 1, letter from Gamble describing the "success" of the trials)

They, in addition, never issued an apology for their abhorrent actions, never showed remorse and never articulated regret for any of the harm that they had perpetuated. On the contrary, Pincus and Rock always manifested pride in having become pivotal figures in the medical field as a result of these events. The majority of the public opinion seems to coincide, since they continue to be depicted under the extraordinarily positive light of having invented the first oral contraceptive and the discourse of having contributed monumentally to the feminist movement.

Irene Vilar, daughter of a survivor herself Gladys Méndez and granddaughter of Dolores Lebrón Sotomayor, better known as Puerto Rican activist and nationalist Lolita Lebrón, recounts the truth of this dark and tragic history in her memoir *Impossible Motherhood: Testimony of an Abortion Addict*, published in 2009.

Throughout my mother's childbearing years, from 1955 to 1969, Puerto Rico was a human laboratory for the development of birth control technology and population control policies. Pills twenty times stronger than those used today, with dangerous systemic side effects, including sterility, were tested on women by the U.S. Government, which was simultaneously studying the long-term effects of secondary syphilis on a group of African American men in Tuskegee without treating them for the disease. In 1968, women in Puerto Rico were more than ten times more likely to be sterilized than were women in the United States. By 1974, 37 percent of Puerto Rican women of childbearing age had been permanently sterilized. In my small town of Barceloneta, 25,000 women were sterilized between 1955 and 1975. By 1980, Puerto Rico had the highest per-capita rate of sterilization in the world (204)

Although powerfully raw and genuine, Irene Vilar's memoir received extremely negative reactions from many readers, specifically in response to the fifteen abortions the author revealed having received during the span of fifteen years of her life. Vilar was only a seventeen-year-old girl at the time and a student when she began a romantic and sexual relationship with her fifty-year-old professor, Pedro Cuperman, who taught the Latin American Literature and Theory course at Syracuse University. Along with the evident power imbalance, Irene Vilar depicts this relationship as having been manipulative, controlling and constantly poisoned by Cuperman's constant egotistical actions and words.

What author Irene Vilar herself describes as an “abortion addiction” also appears in her writing as an internal battle between a growing fear of becoming a problem for the man she loved, but a man that did not want children, and a tool to gain back the control over the body and reproductive rights that said man had once taken away from her. In a mirroring image to that same body autonomy that her mother had been ripped away from in those human laboratories, that the writer so poignantly mentions, Vilar takes back her individual right that, in her case, had been stolen as a result of an abusive relationship.

I could hear Dr. N in the hallway speaking to a nurse. He sounded as worked up as when he had asked me, boldly, if the grown man by my side was the father of the child I had miscarried. I did not have to respond because Dr. M left the room mumbling. At the door he turned and angrily asked the man I loved if he didn't know what a condom was. I had aborted a pregnancy I wanted, had almost died, and all I could feel was terror at becoming a man's problem. I struggled to find an explanation, something to make him understand I wasn't a mess, that I could do something right, after all, something to put his life at ease so he could finally write the books his women kept him away from. (86)

Although in a vastly different context, the author offers the reader a very personal, but similar image to the way women, such as her mother, were blamed for unwanted pregnancies by the men in their lives and how they were inculcated a sense of fear because of it. In the end, however, Irene Vilar ended up being the one to write the book and document her powerful story, as well as to have children, on her own terms.

French philosopher Simone de Beauvoir, in her critically acclaimed 1949 book *Second Sex*, discusses how from a historical standpoint, men have continuously oppressed women by "Othering" them into subordinate positions of endless docility. While a man considers and



portrays himself as the "Self," a man considers and portrays a woman as the "Other." This "Other," Simone de Beauvoir defines, is one that, although creates life, life in the literal sense, is also stripped away from her individuality, her humanity, her actual being and liberty. (142) Men, on the other hand, are ironically portrayed as the creators, inventors, the ones that are active and owners of their own freedom: "Woman is shut up in a kitchen or in a boudoir, and astonishment is expressed that her horizon is limited. Her wings are clipped, and it is found deplorable that she cannot fly. Let but the future be opened to her, and she will no longer be compelled to linger in the present" (605). For women to never be limited, nonetheless, their fundamental rights must always be protected. One of those fundamental rights is the right for a woman to decide what to do with her own body, but this right of absolute body autonomy must also include reproductive freedom, whether that represents carrying out a pregnancy, preventing a pregnancy or terminating a pregnancy.

For many Puerto Rican women in the year 1956, this right and complete sense of sexual freedom was being offered in the form of a small pill. They were approached with, for the first time in their lives, a chance to decide what to do with their own colonized, and previously at all time controlled, bodies. This constituted what had been an unspoken sexual autonomy that, for years, Puerto Rican women had undoubtedly longed to have. This, for a group of women that had no other choice in a world that was, in every aspect, against them, represented a miracle. At the same time, the discourse perpetuated by Sanger, Pincus and Rock would constantly vary from one discriminatory extreme to the other. At times, the narrative portrayed "low class" Puerto Rican women as victims of the "macho" and animalistic Puerto Rican men, discourse that undeniably supports racist and misogynistic notions. At other times, the narrative was that of presenting Puerto

Rican women as "demon mothers," whose rampant fertility could only be detained by the use of extreme measures such as sterilization or the use of a birth control (Briggs 141)

De Beauvoir states: "That the child is the supreme aim of woman is a statement having precisely the value of an advertising slogan" (484). In this case, John Rock and Gregory Pincus were selling a supposed sexual freedom that would award them with the gift of liberation. One example of this can be found in an advertisement that was used at the time, where the words "Amor sin MIEDO" embellish the top of the image. Next to those words, a man is seen smoking with a worrisome look on his face. In the background, a woman cries while lying in bed (see fig. 2).

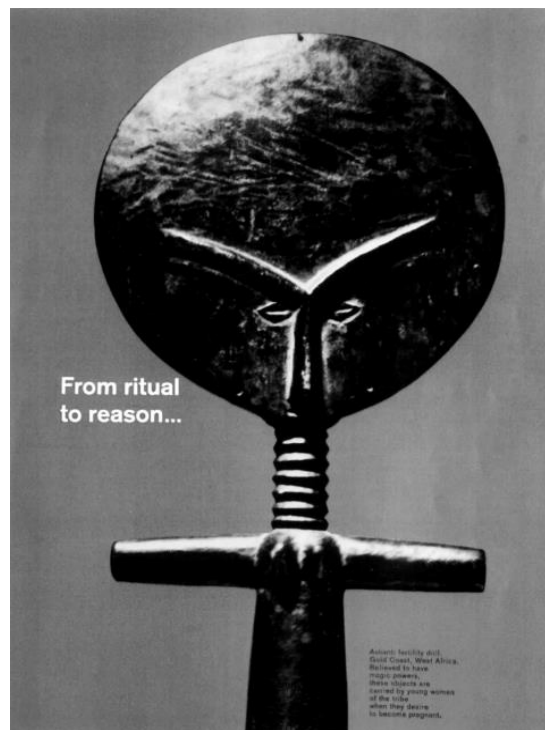


(Fig. 2, advertisement used for the oral contraceptive "Enovid")

"El matrimonio de Marta y Joaquín Torres estaba casi en ruinas... Porque se querían mucho!"...." By decorating the advertisement with these words, the blame of what is depicted as a failed marriage as a result of an unexpected pregnancy is placed on the woman. The image,

thus, mirrors the same fear Vilar recounts in her memoir from having suffered during her destructive relationship with Cuperman. The blame has been perpetually placed on the woman and the image pulls from that blame and sense of guilt to sell what they portray to be a solution. The message was evident and it played on women's emotions enough to reach the profoundest areas of their psyche.

In an early advertisement created by G.D. Searle & Company, subsidiary of Pfizer, this time for the intended use of Enovid being sold as a menstrual regulator, an image of a Western African Ashanti fertility doll was shown with the words "From ritual to reason..." (see fig. 3)



(Fig. 3, advertisement used for the oral contraceptive "Enovid")

For white men like Pincus, Rock, and others, to appropriate non-Western artifacts is undeniably problematic, but it comes as no surprise from the same group of people that were willing to use women of color as test subjects, and then framing those events as their biggest achievements. It is also extremely disturbing how an artifact that was sacred to the young women from these

"African tribes", words used under mentioned image, to then be used against other women of color to push the narrative that Enovid will somehow usher these women into civilization.

A third advertisement, this time utilized to sell Enovid as the "scientific cure" of a supposed societal detriment and overpopulation, showcased an artwork of a woman chained from both wrists. Looking at the ad, the image is accompanied by the following words:

"unfettered . . . from the beginning, woman has been a vassal to the temporal demands -- and frequently the aberrations -- of the cyclic mechanism of her reproductive system. Now, to a degree heretofore unknown, she is permitted normalization, enhancement or suspension of cyclic function and procreative potential. This new medical control is symbolized in an illustration borrowed from ancient Greek mythology--Andromeda freed from her chains" (3) (see fig. 4)



(Fig. 4, advertisement used for the oral contraceptive "Enovid")

Freedom, that's what Gregory Pincus and John Rock knew women were so painfully yearning for. They recognized the desire of many Puerto Rican women for some control over their own bodies. The image of Andromeda has been historically utilized to represent the depiction of a beautiful, but helpless woman in need of being rescued by a man from the perils of an evil

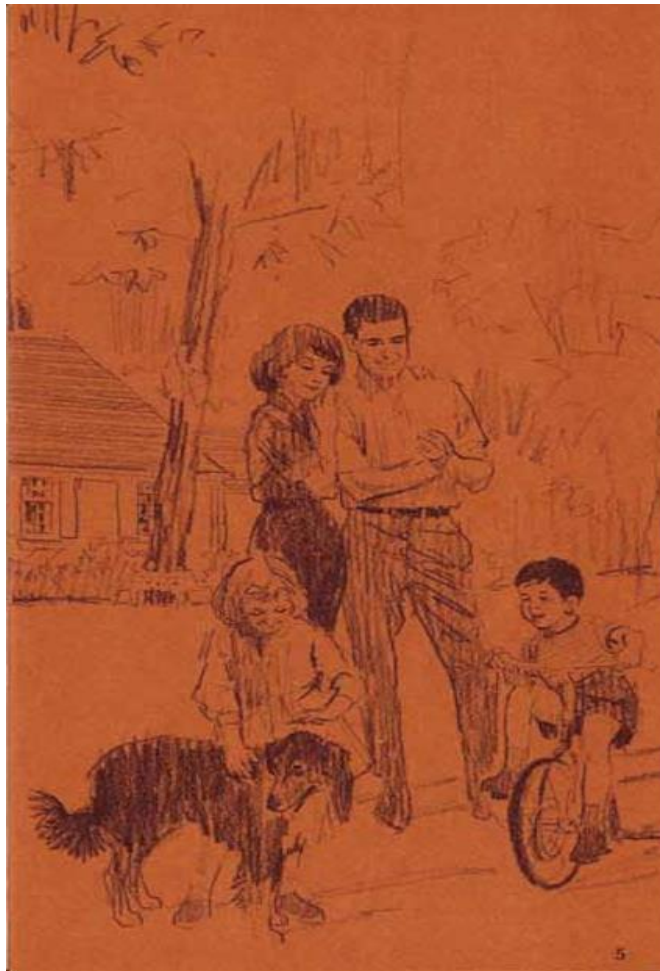
monster and freed from her chains. At the same time, Andromeda is often considered to have the likeness of a non-white woman, in other words, a woman of color. By including a work of art of Andromeda that is accompanied with the description of her being finally freed from her chains, this advertisement conveys the message that by taking Enovid, this group of women could also be given that freedom.

According to American theorist Betty Friedan in her book *The Feminine Mystique* published in 1963, there has always been an expectation for women to feel entirely fulfilled by the ideas of marriage, children, and housework. This expectation also meant that achieving or completing certain goals such as pursuing an education, a career or even voicing their opinions in public spheres, were not objectives that women ever desired or needed. Friedan, however, argued that this could not be further from the truth and that by continuing to push this erroneous narrative, women were actually being silenced and left in a state of perpetual lack of happiness.

Over and over again, stories in women's magazines insist that women can know fulfillment only at the moment of giving birth to a child. They deny the years when she can no longer look forward to giving birth, even if she repeats the act over and over again. In the feminine mystique, there is no other way for a woman to dream of creation or of the future. There is no other way she can even dream about herself, except as her children's mother, her husband's wife. (115)

In the "feminine mystique," Friedan explains, there is no "She" without the notions of marriage and motherhood. She does not exist unless "he" exists. However, she also does not exist unless she is able to provide him with everything he desires, such as the act of procreation and complacent servitude. "Chosen motherhood is the real liberation. The choice to have a child makes the whole experience of motherhood different, and the choice to be generative in other

ways can at last be made, and is being made by many women now, without guilt” (501). The "female mystique" is, therefore, an image of pure deception. A woman will only feel sincere fulfillment once she is given the freedom to make her own choices regarding every aspect of her life; mind, body and soul. (see fig. 5)



(Fig. 5, image in pamphlet regarding "The Pill")

Returning to Simone de Beauvoir's theory, the philosopher states that “The whole of feminine history has been man-made. Just as in America there is no Negro problem, but rather a white problem; just as anti-Semitism is not a Jewish problem, it is our problem; so the woman problem has always been a man problem” (128). When race, gender and class inevitably converge, however, one must then question where, under de Beauvoir's pretense, do women of

color, from non-privileged backgrounds, fall under. For this reason, limiting the analysis of the human trials that took place on the island during the 1950s to a purely de Beauvoir or Friedan perspective would be immensely irresponsible. Their theories were undeniably targeted towards white privileged women and not towards low-income Puerto Rican women. For this reason, utilizing solely restrictive feminist theories regarding marriage or motherhood would be careless when aspects such as race and economic status were, and continue to be, so significant when discussing stories such as that of Irene Vilar's or her mother's.

Professor Kimberlé Crenshaw, in her essay “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” published in 1989, argues the following:

...feminism must include an analysis of race if it hopes to express the aspirations of non-white women. Neither Black liberationist politics nor feminist theory can ignore the intersectional experiences of those whom the movements claim as their respective constituents. In order to include Black women, both movements must distance themselves from earlier approaches in which experiences are relevant only when they are related to certain clearly identifiable causes (for example, the oppression of Blacks is significant when based on race, of women when based on gender) (29)

According to Crenshaw, there must be an acknowledgement of the individual experiences regarding the multiplicity of layers that need to be taken into account when discussing both privilege and oppression. For feminism to be anything, but inherently discriminatory, it must include non-white voices, narratives, and theories and a visibly diverse presence of socioeconomic backgrounds. To look at the Puerto Rican survivors' stories from a rich, white, theoretical perspective would simply be unjust.

What can be considered to be the crucial discourse in Crenshaw's theory, however, is how these concepts inevitably intertwine and should never be taken as mutually exclusive or detached from one another. In her essay, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," Crenshaw emphasizes,

Among the most troubling political consequences of the failure of antiracist and feminist discourses to address the intersections of race and gender is the fact that, to the extent they can forward the interest of "people of color" and "women," respectively, one analysis often implicitly denies the validity of the other. The failure of feminism to interrogate race means that the resistance strategies of feminism will often replicate and reinforce the subordination of people of color, and the failure of antiracism to interrogate patriarchy means that antiracism will frequently reproduce the subordination of women. These mutual elisions present a particularly difficult dilemma for women of color. Adopting either analysis constitutes a denial of a fundamental dimension of our subordination and precludes the development of a political discourse that more fully empowers women of color (1252)

It is crucial to note that the key figure that made the birth control trials in Puerto Rico possible was Margaret Sanger, a woman. Nevertheless, a woman that used low-income women of color as test subjects in order to obtain something that would ultimately benefit white women from high-income circumstances such as herself. Angela David documents this point in her book *Women, Race and Class*. "By 1919 the eugenics influence on the birth control movement was unmistakably clear. In an article published by Margaret Sanger in the American Birth Control League's journal, she defined 'the chief issue of birth control' as 'more children from the fit, less from the unfit'" (360). Men like Gregory Pincus and John Rock did not select poor Puerto Rican



women to be tested on because they were women. This aspect was not in question, since no matter where the trials would end up being held, the test subjects would be women, important to note, those that they considered to be women. Nonetheless, the "characteristics" that convinced Pinch and Rock were the fact that these women were non-white and from extremely low socioeconomic backgrounds.

On the other hand, Crenshaw discusses an additional, but equally fundamental layer that needs to be taken into account for an analysis like this to be truly "intersectional": "Language barriers present another structural problem that often limits opportunities of non-English-speaking women to take advantage of existing support systems" (1249). The 1,500 women who were recruited for the trials were not properly informed of what this human testing would entail and the little information that did reach them, was in a language that they did not feel comfortable with and did not have a thorough understanding of. "Physicians dispatched their assistants to rap on doors throughout the town's slums, telling women they didn't have to have another child if they took the pills regularly. That's how many of the test recruits were found, said Conchita Santos, 80, a lifelong resident" (*Chicago Tribune*). They were, additionally, never given any resources to be able to translate the little information they did possess, which was, to begin with, nearly non-existent. They were painted a picture of hope and the achievement of future liberation with, what was portrayed to them, as a simple choice.

For women in Puerto Rico, such as Irene Vilar's mother and Lolita Lebrón's daughter, Gladys Méndez, this liberation that they so long yearned for was used as a lure and ultimately, and ironically, chained them to a plethora of permanent physical and psychological scars that are still detectable in 2022. As she narrates her mother's traumatic experience with Enovid and the mass sterilization process in Puerto Rico, Vilar recounts the following:

Shortly after that, she began using Enovid, the controversial 10-milligram birth control pill. In September 1961, after the birth of my brother Miguel, the public hospital staff threatened not to provide care if she did not consent to a tubal ligation. Eight years later, my mother's tied tubes became untied and I was conceived. In 1974, when a pap smear showed nonmalignant, abnormal cell growth, the doctor recommended a hysterectomy. My mother was sent home without a reproductive system and no hormonal treatment. She was thirty-three years old (205)

Before discussing such harrowing events, Irene Vilar asserts that it is impossible to think of her mother, Gladys, or any other Puerto Rican woman, without thinking about the right of "choice." For Vilar, the word "choice" is painfully present when revealing to the reader the tragedies that her mother and so many others, were subjected to. Although the discourse on one side was, and continues to be, that the human beings that went through these trials or the mass sterilization process did consent to the medical procedures, as Vilar demonstrates when narrating her mother's story, this supposed consent was given under a state of pressure and threat and, therefore, had lost all its meaning. For this reason, that same notion of "choice" that is framed so permanently in Vilar's mind was indisputably absent in the dark reality that permeated throughout those hospitals of Puerto Rico.

According to Michelle Sotero, Professor in the "Healthcare Administration and Policy Department" from the University of Nevada, the "historical trauma" theory is a conceptual model that argues that "populations historically subjected to long-term, mass trauma-colonialism, slavery, war, genocide-exhibit a higher prevalence of disease even several generations after the original trauma occurred" (94). Apart from the evident perpetual state of colonialism, the profound scars that an event such as these large-scale human trials left on the Puerto Rican

population remains showing its insidious presence to this day. Sotero relies on four assumptions that need to be taken into consideration for it to be determined that there is in fact “historical trauma” within a community.

Based on a review of the literature, at least four distinct assumptions underpin this theory: (1) mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population; (2) trauma is not limited to a single catastrophic event, but continues over an extended period of time; (3) traumatic events reverberate throughout the population, creating a universal experience of trauma; and (4) the magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations. The three basic constructs of the theory are the historical trauma experience, the historical trauma response, and the intergenerational transmission of historical trauma (94)

Mass trauma was undoubtedly inflicted upon the low-income female population of Puerto Rico. It could be concluded that this trauma was perpetuated throughout the passing of a number of years, not only as a result of the birth control trials, but also of the mass sterilization programs that were created on the island, such as "La Operación." At the same time, a large group of women in Puerto Rico found themselves in deep psychological and physical suffering that changed the course of their lives, ended up simultaneously affecting those around them and, ultimately, resulted in a long legacy of pain.

This event marked a before and after in the historical timeline of Puerto Rico, but most importantly, in the lives of so many. Not only did multiple women mysteriously pass away during the trials, but most, if not all, that did survive, were left with permanent crippling medical

conditions and severe post-traumatic stress disorder. An example of the deep marks such a tragedy can leave on a family can be found in Irene Vilar's own written words. In regards to her mother Gladys Méndez's physical and mental state after experiencing both the birth control and mass sterilization programs, the author writes,

Most of the conscious memories I have of my mother belong to the time after her hysterectomy. Depression and mood swings fastening her to a chair or sending her away in the middle of the night. Migraines curled her blood-clotted body in bed. Irritability slapped a daughter for asking a question. Bloating and fat gain in the hips and thighs shamed her in the mirror. What growing up poor and an orphan, the daughter of a woman imprisoned in the United States and being the wife for twenty three years of a man unable to value her could not do, the U.S. mass-sterilization program and its racist population-control ideologies did. Self medicating with Valium and acting out ransacked, frantic, if vacant, sexuality, my mother came undone while I watched. (205)

By comparing her mother's past abusive relationship to that which she had also been subjected to during the trials and "La Operación," Irene Vilar paints a powerful image and makes a potent statement regarding what the colonial relationship ultimately ended up doing to the woman she calls mother. Gladys Méndez would never be the same. Women like Gladys were used and then discarded, abandoned and left to mend for themselves and for their families. They found themselves being mere shadows of who they used to be, aching from an irreparable damage that no one would ever take accountability for. Irene Vilar's mother came undone, while she watched. It is extraordinarily vital to acknowledge how crucial and riveting it was for Vilar to have documented her mother's trauma, as well as her own, and having done it through her own writing. At the same time, Vilar's testimony provides the community, and more specifically her

female readers, with an example of what it means to speak about such trauma and how it can end up representing a powerful, necessary and healing journey for someone like her.

In her academic article, Sotero emphasizes that "A key feature of historical trauma theory is that the psychological and emotional consequences of the trauma experience are transmitted to subsequent generations through physiological, environmental and social pathways resulting in an intergenerational cycle of trauma response" (95). Once again, this key feature can be found reflected in Irene Vilar's own testimony, this time in her novel *The Ladies Gallery: A Memoir of Family Secrets*, of what she experienced with her own mother and the scars that were left in her as a daughter that had witnessed so much. This becomes palpable when the author discusses how the concept of "repetition" has haunted her throughout her entire life. "I carried models, ways of offering the body as something given in exchange for something one wants: to be accepted loved, the so-called "love" of some people. At the university it was constantly necessary to choose classes, friends, lovers. The future. And the only thing I had to offer was a family history and my body. It's just as hard to know how to be young as to know how to grow old. Blacklisted by repetitions" (321). Repetitions permeated Vilar's life. From attempts at ending her own life as her mother had done so many years before, to a never-ending addiction of terminating what, at the time, she considered to be unwanted pregnancies. Irene Vilar upholds to have found herself in a vicious, but unstoppable cycle that had been born as she watched how her mother's pain unraveled right before her eyes.

In her article on intergenerational trauma, journalist Tori DeAngelis documents and states that, although studies regarding this topic are scarce and mostly focusing on the Shoah, an interest in "historical trauma", and how it may operate concerning other historical events, has grown immensely as well, catching the attention of many professionals in the field.

Continuing to explore intergenerational effects can help the field better understand and treat psychological pain at its roots, adds Yael Danieli, PhD, co-founder and director of the Group Project for Holocaust Survivors and Their Children in New York, where she has been a senior psychotherapist since the 1970s. Massive traumas like these affect people and societies in multidimensional ways,” says Danieli, who is also the founder of the International Center for the Study, Prevention and Treatment of Multigenerational Legacies of Trauma. “It behooves us to study this area as widely as possible, so we can learn from people’s suffering and how to prevent it for future generations.” (DeAngelis)

For this reason, research regarding the theory of "historical trauma" is still in its early stages and in need of further and profound development. That being said, the few studies that have been completed were able to document higher cases of depression, anxiety and post-traumatic stress disorder in, not only the survivors, but also their offspring and generations that came afterwards as well.

As of 2022, the official Planned Parenthood "Who We Are" webpage, that recounts the historical background of the birth control pill, includes only one paragraph under the "The Development of the Pill" section that mentions specifically the devastating and traumatic events that took place on the island during the 1950s:

In 1956, the first large-scale human trial of the birth control pill was carried out in Puerto Rico. The step was critical to the pill's development at the time, but the testing conducted on Puerto Rican women was done without informed consent. As many as 1,500 Puerto Rican women participated in the trial. They were told only that the drug prevented pregnancy, not that the drug was experimental or that they might experience potentially

dangerous side effects. The pills used in the trial had hormone levels 20 times higher than birth control pills on the market today.

With only five sentences, the organization summarizes what was, in reality, years of experimentation that left the physical and psychological mark of the colonial process on countless of bodies. With only ninety-seven words, decades and decades of agony and torment are considered to be enough to epitomize the story of Gladys Méndez and so many others.

At the same time, no apologetic words directed towards the poverty-stricken Puerto Rican women that were experimented on so many years ago can be found on the page of the organization that has directly apologized to other communities that were also exploited and abused in the past under the name of Planned Parenthood. The closest that Puerto Ricans have received to an apology are the following words:

Planned Parenthood believes that all people - of every race, religion, gender identity, ability, immigration status, geography - are full human beings with the right to determine their own future and decide, without coercion or judgment, whether and when to have children. Margaret Sanger's racism and belief in eugenics are in direct opposition to Planned Parenthood's missions. Planned Parenthood denounces Margaret Sanger's belief in eugenics. Further, Planned Parenthood denounces the history and legacy of anti-Blackness in gynecology and the reproductive rights movement, and the mistreatment that continues against Black, Indigenous, and other people of color in this country

*(The History & Impact of Planned Parenthood)*

There would have to be an assumption, however, that the phrase "other people of color in this country" does, in fact, include this specific group of Puerto Rican women that survived, or might

have tragically passed away, during the trials of 1956. While this is certainly a start towards acknowledging what happened, the women of Puerto Rico merit a direct mention and apology.

At the same time, the discourse regarding Margaret Sanger, Gregory Pincus, John Rock, M.C. Chang, Clarence Gamble, Katherine McCormick, and many others, are still extremely lenient when compared to the atrocities that they openly committed, or somehow participated in. An example of this can be found in the previously mentioned Planned Parenthood's "Who We Are" page. While seemingly denouncing the acts and beliefs of Margaret Sanger, the supposedly "informative" page presents the reader with the following words: "Sanger was so intent on her mission to advocate for birth control that she chose to align herself with the ideas and organizations that were ableist and white supremacist" (*The History & Impact of Planned Parenthood*). By wording the information in such a manner, the truth is distorted to seem like Sanger was just so passionate about providing women with the choice of what to do with their own bodies, that she had ended up finding herself in questionable circles and being guided by questionable outlooks. In reality, although the phrase does hold some truth, that Sanger was deeply passionate in advocating for birth control, but only towards women such as herself, she was just as passionate towards her racist, ableist and vicious beliefs that had predated any advocacy regarding a search for full white female body autonomy.

Another example can be found in an article from *The Washington Post* titled "Guinea pigs or pioneers? How Puerto Rican women were used to test the birth control pill." by Theresa Vargas, in where historian and professor Margaret Marsh seems to indirectly defend John Rock, and others, by articulating that they, as a group, truly believed the pill to be safe. "In some ways, it was exploitative – you're giving this drug that you don't really know for sure what its effects are going to be," Marsh said. "On the other hand, the people involved in developing it really



believed it was safe” (*The Washington Post*). All of the documented evidence, however, points to the fact that no one knew how safe or how dangerous Enovid would be, not even those that considered themselves to be professionals in the field. At the same time, based on the exaggerated level of hormones this pill contained, everyone involved was more likely to suspect in it being dangerous, than it being safe. Nevertheless, by offering the reader with a discourse that defines the first large scale human trials in Puerto Rico as "complicated," the atrocities of such events are minimized and the survivor's voices are, therefore, silenced. Simultaneously, a statement like this also diminishes the reality that Pincus and Rock's actions can be interpreted as having shown little, to no worry regarding the ramifications of these experiments.

Author Bonnie Mass, in her book *Population Target: The Political Economy of Population Control in Latin America* explains that "if purely mathematical projections are to be taken seriously, if the present rate of sterilization of 19,000 monthly were to continue, then the island's population of workers and peasants could be extinguished within the next 10 or 20 years... [establishing] for the first time in world history a systematic use of population control capable of eliminating an entire generation of people" (108). Although these statistics are limited exclusively to the numbers under the mass sterilization process, and do not include those under the birth control trials, they are able to frame what the intent behind these population control programs were. The goal was to, not only carry out human experimentation that clearly violated all existing principles regarding medical ethics, but also the elimination of a group of people that were targeted because of their gender, race and socioeconomic status.

Simone de Beauvoir once wrote the following words: "...her wings are cut and then she is blamed for not knowing how to fly" (645). These words, after reading them under the "intersectionality" lens that Kimberlé Crenshaw so eloquently defines, perfectly encapsulate the

continuous violent treatment towards the colonized bodies of women of color. Delia Mestre, survivor of the tragedy that left a deep mark on the island, recalls having lived through such a historically changing episode with immeasurable emotion: "Why didn't anyone let us make some decisions for ourselves?" she asked, her eyes welling with tears. "I have difficulty explaining that time to my own grown children. I have very mixed feelings about the entire thing" (*Chicago Tribune*). Mestre's testimony is only one example of how non-white women from low-income backgrounds were, and continue to be, chained to perpetual states of cruelty and then blamed for not being free.

Irene Vilar, daughter of a Puerto Rican survivor of the birth control trials and now a mother herself, ends her biography speaking directly to her daughter and acknowledging the end of, what had once seemed like, a never-ending cycle of repetitions. "But no matter how painful, I look forward to watching you grow, to hearing the sound of your voice change, all linking the woman I am to the child I once was. Loretta Mae. You are the bond between me and the world I come from. You are becoming my origins" (222). The pain that was inflicted upon Puerto Rico, as a result of the oral contraceptive trials, is undeniable. It is also crucial to note, however, that the ultimate goal Margaret Sanger, Gregory Pincus, John Rock, and so many others, had, was never achieved. They were not able to eradicate the group of people that they had deemed so unfit to exist. They, referring to everyone that perpetrated the clinical trials, might have been able to inflict an incredible amount of pain and suffering on such a small island, but, ultimately, they did not win. Close to seven decades have passed since then. They were not able to eliminate such a significant and beautiful part of society. They might have been able to cut their wings, but Puerto Rican women, such as Irene Vilar, were still able to fly, using all they had left: the sound of their own voices and the power of their own words.

## Notes

1. The word "women", or other variations of the term, will be used throughout the paper as a direct reference to what Sanger, Rock, Pincus, M.C. Chang and Gambler called their test subjects. It is crucial to note that this includes all childbearing human beings, including those that identified as non-binary.

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