

The Politics of Norplant: Feminism, Civil Rights, and Social Policy in the 1990s

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In 1990, feminists and doctors hailed the long-term birth control device, Norplant, as the greatest advancement in birth control technology since the 1960s. By 2002, in response to an avalanche of feminist criticism and over 200 class action lawsuits, Norplant's distributor removed the contraceptive device from the U.S. market. My dissertation, the first historical study of the drug, links the politics of Norplant to the expansion of feminism, the politicization of class action lawsuits, and the rise of neoliberalism in the 1990s.

My research suggests that Norplant's link to reproductive injustices began as early as the drug's development. In 1966, the Population Council, an organization dedicated to balancing birth and death rates to stabilize increases in the population, began the research and development of the contraceptive device. The 1981 Norplant test trial in Bangladesh revealed how the misuse of Norplant could violate women's rights. The scientists and doctors who carried out the trials did not properly inform many of the women participants about Norplant's potential side effects or the procedures of the medical trial. Additionally, when women who experienced negative side effects attempted to get Norplant surgically removed, some doctors refused to take it out.

While many women eagerly anticipated Norplant's arrival in the U.S., the use of the drug to restrict minority and poor women's reproductive rights swiftly sullied Norplant's reputation. Norplant was FDA approved in the U.S. in December 1990, and as early as 1991, judges, state governments, and federal agencies began to pressure and coerce poor and minority women to use the drug. For example, many state lawmakers proposed plans that would incentivize the use of Norplant among women on welfare by offering them money to have the device inserted. Additionally, clinics in low income Baltimore high schools offered students the option to have Norplant implanted with the hope of decreasing the city's high teenage pregnancy rates.

Such policies incited significant debates that involved women's health and civil rights activists, policymakers, and anti-abortion advocates. Outraged by the coercive use of the device, Latina, African American, Native American, and white feminists created coalitions that launched campaigns to get rid of the device and halt the policies targeting poor and minority women. In the mid-1990s, class action lawyers took up the cause, using feminists' arguments to help them file over two hundred lawsuits against Norplant's producer and distributor. The actions taken by activists in conjunction with the media coverage of the legal settlement caused Norplant's sales to plummet and led to the end of the drug's distribution in the U.S.

My dissertation contributes to the emerging histories of population control,

neoliberalism, welfare reform, and social movements in the 1990s. Norplant's development and test trials demonstrate that the Population Council's efforts to use neo-eugenic practices to reduce poverty and curb population growth in the developing world continued into the 1980s, a longer trajectory than most scholars have assumed. Additionally, while scholars have examined the negative effects of the Personal Responsibility and Work Opportunity Act in 1996 on welfare recipients, Norplant has been left out of this narrative. My research suggests that the backlash against welfare recipients was even more pervasive than historians have recognized and included policies intended to curb poor women's childbearing. Further, while many have described the 1990s as a decade of "identity politics" in which blacks allied with other blacks, Native Americans with Native Americans, and Latinos with Latinos, my dissertation troubles this narrative by demonstrating both significant cleavages within these groups and the coalitions forged between them. My research also introduces class action lawyers as significant political players. Although women's advocates were not directly involved in the lawsuits against Wyeth-Ayerst Laboratories, class action lawyers used their arguments to win large settlements that mostly profited the lawyers and had little benefit for the poor women of color affected most negatively by the coercive use of the drug.

During my research trip to the Rockefeller Archive Center, I examined a number of the Center's extensive collections, including the Population Council Archives, the Rockefeller Foundation Archives, Rockefeller University Archives, and the Ford Foundation Archives. The sources I examined within these collections revealed important details relating to Norplant's scientific development and testing trials. Because most accounts of the testing of Norplant were created by reproductive rights organizations that were highly critical of this process, these collections offer a more balanced understanding of Norplant's test trials and enable me to better understand the motivations behind these efforts.

Following World War II, a group of American scientists, philanthropists, and reformers expressed concern over the imminent possibility of a global population upsurge. In 1952, John D. Rockefeller, 3rd founded the Population Council, and one of the organization's main objectives was designing and producing contraception for poor, uneducated women, especially in the developing world. In 1966, the Population Council began the research and development program that would lead to the creation of Norplant. The program was headed by, Dr. Horacio B. Croxatto, a Chilean physician-scientist who had studied the technology that made Norplant possible while he was a postdoctoral fellow, and Dr. Sheldon Segal, the director of biomedical research at the Population Council and a well-

known, leading innovator in contraception research. As an advocate of effective and affordable contraception, Dr. Segal considered Norplant an important advancement in birth control technology. In the 1970s and 1980s, the Population Council conducted test trials of Norplant in Brazil, Chile, the Dominican Republic, Denmark, the U.S., and Finland. These studies results led Sweden and Finland to be the first nations to approve the device for public use. Evidence about both the development and testing of Norplant is crucial to my research.

During my visit to the archives, I examined eleven boxes and six microfilm reels from the Rockefeller Foundation Archives. This collection proved to be the most valuable to my study of Norplant because it included information relating to the development and testing of Norplant and the drug's global impact. The documents detailed the protocol followed by the scientists conducting the tests, the subjects recruited to be a part of the testing trial, and Norplant's effectiveness and side effects. While the Rockefeller Foundation Archives document a number of Norplant testing trials administered worldwide in places like Thailand, Brazil, and Chile, for the purposes of this report, I will focus on one test conducted at the Assiut University in Egypt in the early 1980s. Dr. Mamdouth M. Shaaban, a professor at Assiut University within the Department of Obstetrics and Gynecology, directed the study. The Assiut test investigated both the lactation performance of women implanted with Norplant, and if a child was affected by a mother nursing while on Norplant. The Population Council hoped to offer Norplant to women who did not want additional children immediately after they gave birth, so studying Norplant's implant on postpartum women was essential. Shaaban spoke to this need in a letter he wrote to Norplant's inventor, Dr. Sheldon Segal. In the letter, Shaaban explained that while he was excited to start prescribing Norplant in Egypt, he could not recommend it to lactating women because of the lack of a test examining Norplant's effect on postpartum women.¹

The Rockefeller Foundation's collections document important details pertaining to the studies' recruitment process, financial support, and data collection. For example, to conduct the Assiut study, 150 women were recruited to participate. Fifty of the participants were implanted with Norplant, another fifty women had the non-hormonal Copper-T Intrauterine Device (IUD) inserted, and the final fifty participants were a control group. According to the study's outlined protocol, all women recruited to participate in the study first provided informed consent. Additionally, all participants had uncomplicated deliveries of one normal full-term child. Their children's birth weights were between 5.5 and 7.7 pounds, and none of the participants' children suffered from diseases. Lastly, all of the subjects fully nursed their child.

The study was only administered in clinics that already offered hormone-based contraceptives to lactating women, and Norplant was only offered to women who voiced interest in a hormonal birth control. All the data collected for the study was discussed and recorded at recruited participants' follow-up visits, which were held every three months. The data collected pertaining to the subjects' children included the growth of the children, both in their weight and in height. All subjects were asked to report any abnormalities in their child's health. The participants were also asked to provide detailed information about their feeding practices, including whether they continued to lactate, the number of daily feedings and the length of each feeding, if they had begun to regularly supplement their nursing, and if so, with what. They were also asked to assess how well they felt nursing was meeting their child's nutritional needs. Finally, the participants were required to report when their period returned and give details about their menstruation cycle.²

The data collected at the subject's follow-up visits demonstrated that Norplant was both effective and safe. While two women did experience pregnancies during the study, both were suspected of becoming pregnant before they had Norplant implanted because they disclosed that they had not used the pill consistently in the month between delivering their child and having the device inserted. Also, both women gave birth to healthy children after doctors had removed their Norplant implants. The most common complaint from subjects implanted with Norplant was irregular bleeding in the first several months after Norplant was inserted. Though some women experienced excessive bleeding, others suffered from amenorrhea, or at least three consistent months without a period. A report on the study's conclusions commented on how irregular bleeding could be a significant issue for women living in Egypt. "The subjects involved in the present series tolerated menstrual irregularities in a way that surpassed initial expectation. In our culture, bleeding excess prevent certain religious functions as well as sexual approaches while amenorrhea creates [sic] fear of pregnancy."³ The data ultimately revealed that after one year on Norplant, most of these irregularity issues diminished. Other women experienced headaches in the first three months of use, and a small number of participants dealt with some depression, but again this was only in the first three months of use. Despite these side effects, 88.3 percent of women remained on Norplant after the one-year mark. This was especially impressive when compared to the continuation rate of Copper-T IUD's, a method used and trusted by doctors and patients, which was only 85.5 percent.⁴ Scientists and doctors administering the Norplant test saw this as a sign of Norplant's probable success in both Egypt and globally. The expectation that Norplant could steady the population growth in developing nations looked promising at that time.

Documents within the Rockefeller Foundation Archives also reveal the financial support that allowed for Norplant’s testing trials. The Rockefeller Foundation funded many of the Norplant studies, including the one done at Assiut University. The Foundation provided the university with a budget of \$46,500 to fund a partial salary for a pediatrician or midwife, nurse, social worker and secretary, as well as to pay for transportation, office expenses, and contraceptives and other supplies. The documents recording the study’s financials shed light on both what was needed to conduct a proper study and what the administrators directing the trial felt was important to test.

Lastly, the sources documenting the study in Assiut provide me with a deeper understanding of the motivations propelling the study. For instance, the collection includes a document that chronicles a meeting between Shaaban and his staff regarding the Norplant study. In this document, the author commented on the university’s dean of medicine, Dr. Fathalla. “Dr. Fathalla could play an extremely important role in the future of Norplant in Egypt as he appears to be well connected politically and also had the confidence of his medical colleagues not only in Assiut but all other universities in Egypt.”⁵ This document demonstrates a desire to continue and increase the use of Norplant throughout Egypt.

The collections I examined during my visit to the Rockefeller Archive Center enabled me to better understand the development and testing of Norplant as well as the drug’s global impact. These sources speak to the motivations that lead scientists, doctors, and politicians to support the development of a new and innovative contraceptive technology.⁶

¹¹ Letter from Dr. Mamdouth M. Shaaban to Dr. Sheldon Segal, June 22, 1981, Folder 812P, Box R2360, Series 812: Egypt; Subseries P: Egypt – Population Science, FA 479, Rockefeller Foundation records, Rockefeller Archive Center, Sleepy Hollow, New York.

² “Protocol For Norplant/Lactation Study,” Folder 812P, Box R2360, Series 812: Egypt; Subseries P: Egypt – Population Science, FA 479, Rockefeller Foundation records, Rockefeller Archive Center.

³ “Protocol For Norplant/Lactation Study,” quote found on page ten, Folder 812P, Box R2360, Series 812: Egypt; Subseries P: Egypt – Population Science, FA 479, Rockefeller Foundation records, Rockefeller Archive Center.

⁴ “Protocol For Norplant/Lactation Study,” Folder 812P, Box R2360, Series 812: Egypt; Subseries P: Egypt – Population Science, FA 479, Rockefeller Foundation records, Rockefeller Archive Center.

⁵ Excerpt from “Report of dr. John Gill PS consultant,” document discussing a meeting dated November 1-2, 1982, Folder 812P, Box R2360, Series 812: Egypt; Subseries P: Egypt – Population Science, FA 479, Rockefeller Foundation records, Rockefeller Archive Center.

⁶ I so appreciate the help and guidance provided by a number of the archivists and historians at the Rockefeller Archive Center, especially Bethany J. Antos. I am grateful for the research stipend that allowed my visit to Rockefeller Archive Center, and I am eager to incorporate these new findings into my dissertation.