The Bishop of San Juan vs. the US Surgeon General, 1939

The combination of Church, state, and sex can be politically explosive. While any two of these elements can unleash a serious debate, the mixture of all three is a prescription for conflict. The history of health services in Puerto Rico is rife with examples in which state policy prompted the opposition of the Catholic Church, leading to public fighting, political banishment, private negotiation, and secret compromises (1).

The legislation that was the most controversial. Despite the support of the Commissioner of Health, the Puerto Rico Medical Association, the Association of Registered Nurses, and a distinguished group of social workers, university professors, and civic leaders, the legislation was fiercely opposed by the Catholic Church and its lay groups. Devout Catholics feared that Puerto Rico was following same path as “Communist Russia, which has also legalized birth control” (2).

Reluctant to launch a birth control program that could be undermined by the courts or the federal government, Health Commissioner Eduardo Garrido Morales decided that it should be a private entity, the Maternal and Child Health Association, which should incite a legal challenge, thereby clarifying the legality of the services which the Department of Health sought to provide. The case was heard in federal court, the judge issuing his ruling in January 1939.

The judicial ruling allowed the promotion and distribution of contraceptives solely for the purpose of “safeguarding life and health,” but this could be amply interpreted and was not a stringent limitation. The vast majority of the women seeking care at the clinics operated by the Department of Health suffered from anemia, tuberculosis, hookworm, schistosomiasis, or other conditions; thus it was relatively easy to justify a medical need for birth control without stretching the legal restriction. Only two weeks after the judge issued his ruling, Dr. Garrido Morales began planning to provide contraceptive services in all hospitals, clinics, public health units, and rural dispensaries operated by the Department of Health (3).

Faced with this broad network of services, Monsignor Edwin V. Byrne, Bishop of San Juan, wrote Dr. Thomas Parran, US Surgeon-General and head of the US Public Health Service, to express his opposition to the sponsorship of birth control services by the Puerto Rico Department of Health. Because contraceptive methods were limited and often ineffective, the clinics mostly offered advice and condoms. The effect of the clinics on the fertility rate was therefore limited. Nevertheless, the Bishop considered the program to limit unwanted pregnancies as a direct threat to Catholic doctrine and collective morality. He therefore wrote the Surgeon-General to express his concerns.

To today’s readers, the letter is of interest not only for its origin but also for the Bishop’s rationale for his opposition. Monsignor Byrne feared that federal funds were being used for contraception, and felt that any such activity would be “fatal to public decency.” The Bishop was further alarmed by the fact that birth control was being promoted in a “tropical country,”

The uncovering of archival material reveals new facets to the struggles between Church and state in Puerto Rico, as seen in the letters that accompany this article. These date to 1939. Two years earlier, the Puerto Rican legislature had passed legislation that allowed the dissemination of educational materials on birth control and the use of contraception in maternal and child health clinics, and permitted sterilization for eugenic reasons. While the sterilization provision was the most radical of the measures enacted, it was the dissemination of information on birth control...
thereby implying that Puerto Rico’s sensual climate was more likely to incite its inhabitants to promiscuity (4).

Dr. Thomas Parran addressed the Bishop’s concerns a week later. In his letter of March 31, the Surgeon-General stressed that it was the citizens of a given community who decided their public health priorities, and that the federal role was limited to serving in a “technical advisory capacity” (5). He concluded his missive by pointing out that the issue was best solved by citizens expressing their views to the Puerto Rico Department of Health. In carefully chosen words, Parran thus eschewed any responsibility in the matter at the same time that he reaffirmed the concept of local autonomy, a principle much cherished by Puerto Ricans then and through the decades.

Annette B. Ramírez de Arellano, DrPH
Health researcher, Public Citizen; advisor to the Institute of the History of the Health Sciences (IHICIS), University of Puerto Rico Medical Sciences Campus. Email: annette@ramirezdearellano.com

References