



Reproductive Freedom along the U.S.-Mexico Borderlands

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In 2013 the 83rd Texas Legislature passed HB2, a law that placed major constraints on how and where doctors could perform abortions and on abortion clinic operations — in effect barring many doctors and clinics from providing abortion at all. By the time this law was overturned by the Supreme Court in June 2016, Texas had already lost nearly half of its clinics. Reports emerged of countless women crossing the U.S.-Mexico border in search of medication to induce abortions.

“Border crossing” tends to evoke a singular image for many Americans — the image of Mexican and Central American people crossing northward into the United States in search of better lives. But the situation in Texas is far from the first time in recent history that American women crossed into Mexico in search of reproductive freedom. In fact, in the decades before the 1973 Supreme Court decision in *Roe v. Wade*, Mexico was a popular destination for thousands of U.S. women seeking abortion care. Abortion was illegal in Mexico too — and continues to be illegal to this day, except for in Mexico City — but evidence dating back to the 1940s reveals that clinics along Mexico’s northern border offered clandestine abortion services to locals and transnational visitors alike. As the United States teeters on the edge of repealing or further eroding legal rights to abortion established in *Roe*, those interested in protecting women’s health options can find useful lessons in the history of abortion in the borderlands.

Building an Early Abortion Provider Network

In the decades before *Roe*, the borderlands illicit abortion business grew as feminist activists in San Francisco, California established an organized transnational referral service. The Society for Humane Abortions (SHA) and its sister organization, the Association to Repeal Abortion Laws (ARAL), were founded by three women, Patricia Maginnis, Rowena Gurner, and Lana Phelan, who traveled across their state and the country leading teach-ins on abortion and compiling a list of known abortion providers. The majority of the clinics they listed were situated along Mexico’s northern border, primarily in Tijuana and Ciudad Juárez.

Here is how the system worked: Women seeking abortions wrote to the two organizations begging for access to “the list,” which was also circulated by other groups like the Clergy Consultation Service, an underground organization of religious leaders who assisted in finding providers, and radical feminist groups in Los Angeles. After receiving the list and using a provider, patients were asked to fill out a survey describing their experiences. Providers who raised prices on unsuspecting women, who did not properly sanitize their medical instruments, or were rude, disrespectful, or cruel, were given warnings and eventually removed from the list. Countless letters sent to Maginnis and Gurner from Mexican abortion providers show the lengths to which many went to comply with expected procedures and remain in the network.

Disparaging Mexican Providers to Forward U.S. Policy Goals

In 1967, the American doctor Leon Phillips Belous was convicted of conspiracy to commit an abortion. His guilty verdict hinged on the fact that he had agreed to meet with a couple who had threatened to go to Tijuana for the procedure if he did not help them. At the time, advocates for U.S. abortion legalization regularly pointed to the so-called “butchers” south of the border to justify their efforts; if abortion was not allowed in the states, their argument claimed, U.S. women would be forced to receive substandard, dangerous care in Mexico.

Historical documents from the Society for Humane Abortions and the Association to Repeal Abortion Laws suggest the false nature of this prejudicial narrative. Borderlands abortion doctors sent letters to the two organizations proving their credentials, or provided official documents certifying their degrees to practice medicine legally in Mexico. Others had been trained in family clinics and had decades’ worth of experience providing safe abortions. Furthermore, evidence from the patient surveys attest that some providers gave excellent care, offering meals or rides or even crossing the border to pick up women from hotel rooms in El Paso. This is not to suggest that all providers were good. Women complained about some, and at times providers wrote to Maginnis or Gurner themselves if they believed a colleague was participating in substandard care. This not only protected women from horrific procedures, but also furthered business interests of the complainants; botched abortions sent women to local hospitals and drew unwanted attention from law enforcement.

For decades, Mexican providers worked on the geographical margins of two countries that legally barred abortion, establishing respected relationships with law enforcement to do so. That advocates looking to legalize abortion in America would label Mexican providers butchers to achieve their goal insulted pre-*Roe* Mexican healthcare workers who offered services to thousands of Americans.

U.S. Restrictions and the Borderlands Today

In the mid-1930s, when El Paso opened its first birth control clinic — later affiliated with Planned Parenthood Federation of America — Margaret Sanger, pioneer of the birth control movement, noted to a lead El Paso organizer, “I think you are the only clinic that takes care of two countries.” Women have always desired better reproductive health care, and many cross national boundaries to find it. The U.S.-Mexico borderlands gave women the options they sought and abortion providers a safer space to operate. Today, cross-border migration is still an instrumental part of health care for women in Mexico and the United States. Now that the Supreme Court may become more accepting of restrictive state laws like HB2, clinics in Texas and elsewhere may close again — denying access to abortion and a wide variety of contraception.

At present, Americans can walk across the Santa Fe Bridge in downtown El Paso, Texas and visit Avenida Benito Juárez, a main street in Ciudad Juárez lined with pharmacies stocking medications like misoprostol (for medication abortion) or Plan B (the morning after pill). For documented U.S. citizens living along the border, such trips for relatively hassle-free, lower cost health care can take less than an hour — an easy process compared to the experience of many Mexican and Central American women who cross the border to seek sanctuary in the United States. Today’s reproductive freedom advocates can learn from past tactics to mitigate current threats to women’s healthcare access, and work toward improving United States policy without vilifying neighboring nations and the respite they have provided to abortion seekers throughout history.

Read more Lina-Maria Murillo, "Birth Control, Border Control: The Movement for Contraception in El Paso, Texas 1936-1940," Pacific Historical Review (forthcoming).