

Dr. Hania Ris's Contribution to Wisconsin's Contraceptive Legislation

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Abstract

Although a large amount of media attention is currently focused on women's reproductive health issues, most Wisconsinites are unfamiliar with their state's conservative history in the area of contraceptive accessibility. This paper focuses on Wisconsin legislation during the 1960s and 1970s that did not allow distribution of birth control to minors or the unmarried. The work of Dr. Hania Ris, which is unbeknownst to many, is the primary emphasis of my research. My thesis was formulated after searching through the copious amounts of archival materials that Ris made available in the Wisconsin Historical Society. Newspaper archives were also utilized to underscore the local and national impact of Ris and the work that is detailed in her records. Together, these materials provide a glimpse into one piece of Ris's activism and demonstrate how important she is in Wisconsin's history of birth control politics.

Contraceptive Legality

Contraceptives have been in use since ancient times. One of the earliest references to occlusion of the womb for the purpose of pregnancy prevention came from the Petri Papyrus in 1850 B.C. that recommended dung of a crocodile mixed with honey to cover the cervix.¹ Mechanical means were the most common method of birth control in the nineteenth century, but none of the methods of this time, aside from infanticide and abortion, were particularly effective or new. Contraceptive options included withdrawal by the male, melting suppositories for a coating over the cervix, diaphragms, caps, and douching. The most popular birth control methods during the first half of the twentieth century included douching, suppositories, condoms, and the diaphragm.²

Attitudes about birth control in the United States began to change in the mid-nineteenth century. Following the Civil War and the economic depression of 1873, Protestant values in the United States were expressed through the Temperance Movement, the Young Peoples' Christian Endeavor, and other organizations focused on morality. Anthony Comstock was appointed leader of the YMCA's new Committee for the Suppression of Vice in 1872 and persuaded the United States Congress on July 3, 1873, to pass a law barring the mailing, distribution, and advertisement of "obscene" literature and "indecent" articles. Birth control fell within the definition of "indecent"

because it was “designed or intended for the prevention of conception or procuring of abortion.” The federal act was appropriately named the “Comstock Law” and would become a reflection of the attitudes of legislators toward birth control in the first half of the twentieth century.³

At the beginning of the twentieth century, Margaret Sanger, a nurse working in the slums of the Lower East Side of New York City, was moved by the plight of poor immigrant women who were denied knowledge of and access to contraception. She challenged the restrictive federal law with her publication *The Woman Rebel* and under federal indictment she fled the country in 1914. After visiting the world’s first birth-control clinic in the Netherlands, Sanger returned to the United States and opened a similar clinic in the slums of Brooklyn, for which she was arrested in 1917 and sentenced to jail. Regulation of the “Little Comstocks,” or state level adaptations of the federal law, was upheld by local authorities, and consequently a New York judge was able to broaden the interpretation of the law and Sanger was set free. She founded the women’s reproductive movement by establishing the New York Birth Control League, the International Planned Parenthood Association, and the American Birth Control League. Margaret Sanger died in 1966 but was able to see her dream of accessible, safe, and regulated contraception for the masses realized through the FDA approval of the birth control pill in 1960.⁴

Congress finally repealed the 1873 Comstock Act in its entirety on January 8, 1971. Richard Nixon in 1972 would ratify the growing public support of birth control with the recommendation from the President’s Commission on Population Growth and the American Future. The Commission urged that “states adopt affirmative legislation which will permit minors to receive contraceptive and prophylactic information and services in appropriate settings sensitive to their needs and concerns.”⁵ Statewide contraceptive regulations had been modified prior to and following the change in federal law. At the legislative level, California was the first state in the nation requiring that family-planning information be issued with each marriage license. Effective November 1970, the information consisted of a list of family planning and birth control clinics located in the county from which the license was issued. Birth control politics in the Midwest were also changing.⁶ The Planned Parenthood Association’s Chicago Area (PPACA) instituted the “Big Push” in 1958 to get state-supported birth control for Illinois residents. The endeavor would take another eight years from its onset to reach successful implementation of state-funded birth control in clinics and county hospitals.⁷ Indiana was ahead of the curve, and by 1955 allowed the unmarried access to contraceptive information and care for the first time.⁸

The Catholic Church, as this paper will demonstrate, was one of the biggest opponents of birth control, and its moral condemnation of contraceptives was most significant at the local level of birth control politics. Linda Gordon, in her book *The Moral Property of Women*, states that the innovation of government-sponsored birth control services in the South during the 1930s was largely due to “the absence of large Catholic constituencies.”⁹ The North remained a stronghold for the Catholic Church, however, and the state of Minnesota exemplified the influence it had in the birth control movement.

In 1935, St. Paul Archbishop John Gregory Murray made national news when he ordered all Catholics in the archdiocese of St. Paul, which included Minnesota, North and South Dakota, and Montana, to withdraw membership from any birth control or sterilization organization or face excommunication. Quick to engage the opposition, Sanger retorted by noting that the American Gynecological Society, the American Neurological Society, and the Obstetrical Society of the American Medical Association

now endorsed the principle of birth control. She noted wryly, "Catholics will soon have to emigrate from America to some less enlightened country." Minnesota legislature was fortunate enough not to be impeded by Catholic opposition for as long of a time as its sister state, Wisconsin, and in 1968, the St. Paul and Minneapolis Planned Parenthood clinics opened their doors to the unmarried.¹⁰

Despite changes to birth control law in both the federal and regional arenas, Wisconsin refused to change its ultraconservative stance on contraceptives. In 1933, Sanger denounced Wisconsin for "not keeping up with the accepted usage and modern attitudes in the dissemination of scientific birth control information." Sanger's concerns about Wisconsin became reality in 1972 when it became the only state in the union that did not allow contraceptives to minors or the unmarried.¹¹

Wisconsin's contraceptive law was some of the most conservative birth control legislation in the nation during the 1960s. Statute 147.20 had its beginning in 1905. The phrase relevant to family planning within this statute is that which prohibits advertising of "any medicine or any means whatever whereby the monthly periods of women can be regulated or the menses re-established, if suppressed." This key wording remained unchanged in Wisconsin law from 1905 until 1976.¹²

Wisconsin Statute 151.15 came into being in 1933. The intention of this legislation was not to condemn or regulate every article capable of producing an abortion or preventing pregnancy but rather to "deal with articles whose sole purpose, or whose intended purpose or represented function was to produce these results; and to wholly prohibit the sale of such articles to unmarried persons or individuals under 18. . . ." While a married person could obtain an "indecent article" from a registered pharmacist or physician, it was unlawful for an unmarried person to do so. Additionally, the law made a criminal of the physician or pharmacist who supplied contraceptives to any unmarried person, whether a condom to a male, a diaphragm for a girl soon to be married, or the Pill for a mother of an illegitimate child who was on public welfare. This law saw no change in the 43 years between its establishment and repeal.¹³

Margaret Sanger coined the term "birth control" in 1914, and her work has undoubtedly deserved attention in numerous pieces of historical literature. One such study by Linda Gordon, *The Moral Property of Women*, introduces its readers to a wide array of contributors to the birth control movement, Sanger included. Numerous histories target the work by Sanger and other national figures in the birth control movement, but none of these studies include mention of the contributions of Wisconsin activists such as Dr. Hania Ris.

The repeal of Wisconsin's laws regarding contraception cannot be attributed to one person alone. But if credit belongs to anyone for working on behalf of birth control in the Badger State, it belongs to Ris, a foreign-born pediatrician who migrated to Wisconsin in 1949 and who later became one of the most prominent voices for reproductive equality in Wisconsin. Ris was vital to the legislative change in three distinct ways. She publicly went against the major Wisconsin birth control proponent during the 1960s, the Catholic Church, by demonstrating that its arguments were inaccurate and misleading. Ris also was determined to bring the topic of sex and contraceptives into the public realm through her editorial pieces filling Wisconsin papers, simultaneously raising awareness of contraception and creating a more informed public. Finally, Ris's constant presence in the legislature and among her medical peers led to an ever-growing number of individuals calling for repeal. The contributions of Ris to the contraceptive movement during the 1960s and 1970s are substantial and helped shape the reproductive equality Wisconsinites enjoy today.

Introduction to Hania Ris

The arrival of Hania Wislicka Ris to the United States ended the beliefs she once held regarding the nation and its equality for all. She was born in Poland and spent the majority of her adolescent life growing up in Switzerland. After attending Zurich Medical School in 1937, she immigrated to the United States in 1939. At Johns Hopkins she completed her post-graduate work, with a focus in pediatric and adolescent medicine. Ris was able to attain her medical license within Maryland and New York by the end of 1942. Shortly after her arrival to the United States, a country she later wrote about as the land of opportunity, she had her first shocking experience of prejudice. She remembered: "I was in Washington, D.C. in April 1939, when black singer, Marion Anderson, was barred from performing at the Daughter of the American Revolution Hall." Anderson would go on to appear and perform in front of the Lincoln Memorial and Ris recalls it as being "one of the most moving events of my life . . . it was a political, social, and moral statement." Unbeknownst to Ris, similar prejudice would affect her practice as a physician in the upcoming years.¹⁴

Shortly after arriving in Wisconsin, Ris began her 25-year fight against ultraconservatism. Ris followed her husband, University of Wisconsin zoologist Hans Ris, to Madison, Wisconsin, in July 1949 with their six-month-old son, Christopher. She immediately presented her credentials to the Wisconsin Board of Medical Examiners so she would be able to practice as a pediatrician within the state. By 1949, obtaining a license by reciprocity was considered a mere formality consisting of an oral examination lasting a few minutes.¹⁵ Despite being highly recommended by other physicians, holding licenses in other states for more than seven years, and having taught medical students at Johns Hopkins, Cornell, and Cincinnati University, Ris was denied her medical license solely because she was a "foreign graduate."¹⁶

The free press helped defeat the Wisconsin Board of Medical Examiners' refusal to license Ris. Headlines of the *Capital Times*, the *Wisconsin State Journal*, the *Milwaukee Journal*, and the *Milwaukee Sentinel* during 1950 included: "The State Board of Medical Examiners Continues to Operate a Closed Shop," "Medical Monopoly Still Upheld," and "The State Board of Medical Examiners Continues Its Stubborn Policy." Ris later remembered, "Their ruling was clearly self-serving, aimed at eliminating competition and creating a monopoly under the guise of protecting the health of Wisconsin citizens." The publicity of her story through Wisconsin's press, although initially jarring to Ris, ultimately aided her: "I grew desperate. Then one day, perusing the *Capital Times*, I read all about my case. Europeans traditionally eschew publicity; I was crushed! I was to grow more accustomed to and grow more grateful for the press as my case was championed over the following year." Dr. Edward Frank, the chairman of the Department of Pediatrics at Johns Hopkins, issued an ultimatum to the Wisconsin board under the American Medical Association saying he would release the story to *Newsweek* should they continue to deny Ris's license. Frank's threat and the continued adverse public media coverage led to Ris attaining her license on January 10, 1951. The power of the press in her own personal fight made a lasting impact on Ris that she would remember in the years ahead.¹⁷

Also, the professional sexism Ris encountered during her initial years in Wisconsin reflected the misogynistic attitude of the state during the early fifties. Ris did not recall being treated differently as a woman physician on the East Coast, but was startled by a fellow physician warning her in 1948 of the "socialist state" to which she was moving.¹⁸ Her shock over this reference diminished quickly. Once licensed in Wisconsin, Ris began receiving job offers, including one from the Health Department of Milwaukee in 1952. Ris at this time was living in Madison and contacted the

position about her lack of transportation to Milwaukee. In a response to Ris, the superintendent for the Bureau of Maternal and Child Care wrote:

I have been investigating the possibility and I find that a Greyhound bus leaves Watertown for Milwaukee each morning at 0610 and arrives at Milwaukee at 0745. In other words, it is only necessary for you to find transportation from Madison to Watertown to make your daily journey here possible. I have also learned that the Madison Transit Company, operated by Mr. Ed Biere, operates a mail truck from Madison to Milwaukee several times a day. I wouldn't know what time he leaves, but I will inquire.¹⁹

Ris found these arrangements ridiculous, stating, "no professionally trained, licensed, and respected male physician would ever receive such an offer."²⁰ Consequently, Ris chose to open a part-time private practice in 1951 so she could raise her son and infant daughter, Annette. As the only professional woman in her neighborhood, with the exception of a nurse, Wisconsin's sexism startled her further. She recalls the nurse being "in a fitting profession for a woman, but my neighbors looked on me with jaundiced eye."²¹ Much to her dismay, even her children began to adopt the community attitude. In 1957, her six-year-old daughter was questioned whether her mother was a nurse or doctor. "She is a nurse" the daughter responded, "but she thinks she's a doctor."²² The early experiences Ris had with Wisconsin's conservative mindset demonstrated to her the need for change within the state.

Just as Margaret Sanger foresaw the dire need for contraceptives among the poor and working class in 1915, Ris also identified the people of her time who were most needy: the young and poor. The work of both women appeared to be ahead of their time. Ris corroborated Sanger's foresight 50 years later as she stated that "marital and economic status assuring adequate income not only promote welfare of the infant, mother, and family, but also decrease the infant and maternal mortality."²³ Historian Linda Gordon indirectly substantiates the similar farsightedness of Ris. During the peak of Ris's work, the 1960s and 1970s, scholarly and popular writing incorrectly identified teenage marriage as the problem leading to excess teenage parturition. By the 1980s, Gordon writes, the national focus came to mirror what Ris had already advocated for 20 years: out-of-wedlock teenage pregnancy prevention.²⁴

Attitudes toward contraception were changing throughout the United States in the 1960s, and Ris was determined to see this occur in Wisconsin. In 1965 the Supreme Court repealed the definition of contraceptives as "indecent articles," which had been created by the Comstock Laws. Despite this federal change, Wisconsin continued to hold onto its definition of contraceptives and prohibit their distribution and sale to the unmarried. In March 1972, the U.S. Supreme Court, in *Baird v. Massachusetts*, ruled that it was unconstitutional to deny birth-control services to the unmarried. "Whatever the rights of the individual to access to contraceptives may be" Justice William Brennan stated in the decision, "the rights must be the same for the unmarried and the married alike."²⁵ Wisconsin laws such as 151.15 nevertheless remained. Ris was poised to blaze the trail toward reproductive equality.²⁶

Debunking the Catholic Opposition

Catholic opposition was nothing new to the birth control movement. When Margaret Sanger attempted to pass doctor-only bills in the 1920s, she received backlash from the Church that anticipated what Ris would fight against in the 1960s. Cardinal O'Connell accused Sanger's bill of being "a direct threat . . . towards increasing impurity and unchastity not only in our married life but . . . among our unmarried people."²⁷ This rhetoric against birth control went virtually unchanged. Thus, the path

for Ris's work against the state's biggest birth control opponent was that much more evident. Ris countered the Catholic Church's predictable objections through statistical evidence and personal experience but also focused on the need for contraception in the young and unmarried population.

Ris spent time outside of her private practice working at free clinics for poor women such as Madison's Well Baby Clinics. There, she found herself surrounded by women clamoring for a means to avoid another pregnancy. The opportunity to educate women about their options was not one passed up by Ris. She recommended contraceptives along with referral to a gynecologist. Later she would urge parents to use Planned Parenthood.²⁸ Dr. Charles Kincaid, Madison's health commissioner during 1958, wrote to Ris on July 25, 1958, regarding her recommendations to these women:

Anyone with a bit of perspective of the affairs of the country and the world could not but agree with this advice unless that person was bound by contrary tenants such as are found in a certain religion. These people feel very strongly against planned parenthood and will sooner or later take violent issue with a public agency like this one, which permits the teaching of planned parenthood. . . . I feel that it would be wise in our public-supported clinic to avoid recommending planning family size.²⁹

The Catholic Church and Protestant churches remained quiet in 1965 when the first Planned Parenthood was founded in Milwaukee.³⁰ Archbishop William E. Cousins took to the *Wisconsin State Journal* to urge "that the proposal not be made a religious issue."³¹ With 84 percent of married Wisconsin women reporting that they had used contraception by 1967 and public pushes for change in contraceptive legislation, Cousins turned family planning into an issue of morality: "Take God's divine plan out of marital promises, substitute mere sex for a binding and consoling marital love, talk of children as unwanted and a threat to man's survival, and we have a philosophy that can produce such fruits as infidelity, promiscuity, and a generation gap that can never be bridged."³²

The arguments the Church held against contraceptive accessibility varied, but the most common was that the availability of birth control to all would promote promiscuity. The objections by the Church became extreme. Reverend Bernard Geiger, for example, warned of "a rebirth of Nazi philosophy, where the government rules and dictates who will live and who will die."³³ Catholic physician Dr. John Brennan also went to the press and to meetings of the legislature to promote the idea that the availability of contraceptives would help grant sexual permissiveness. On January 13, 1969, Brennan spoke at a Wisconsin Legislative Council Meeting and stated, "Wisconsin has one of the lowest incidences of venereal disease and legalization and distribution of birth control information would increase this incidence."³⁴ A morally damning correlation between contraceptive accessibility and increased promiscuity helped the Catholic Church create a barricade against birth control for the unmarried during the 1960s.

Three days after Brennan's statement to the Legislative Council, Ris began her retaliation on the Church when she spoke in front of the Department of Health and Social Services. "In answer to Dr. Brennan's statement . . . I would like to state that it is well known that statistics on venereal disease are notoriously erroneous," Ris said. She continued by citing a study, performed by the Venereal Disease Committee of the American Social Health Association. The study entailed surveys being distributed to physicians within each state to inquire on how many cases of sexually transmitted diseases they had treated and how many they had reported to the state health department:

In Wisconsin covering the same three months period, April to June 1962, physicians admitted that they had treated 145 new cases of infectious syphilis but had reported only 11 cases as requested by law, merely 7.6%. . . . The reporting of cases is higher in states where venereal disease are treated in tax-supported institutions. . . . The state of Wisconsin has very few such institutions.³⁵

Ris was not the only Wisconsin citizen to understand that the Catholic Church was the biggest impeding force in the repeal of Wisconsin's birth-control law, and she was not alone in understanding that their opposition was ill-informed. Catholic physician Dr. Andrew Lucas reaffirmed Ris's views in 1968 in an editorial published in the *Appleton Post-Crescent*. He wrote, "We ought to be honest and realize that the overwhelming objection to changes in the [birth control] law comes from the Catholic community. I haven't received a single communication that has not come from a Catholic—and those who are writing are very poorly informed."³⁶

The goal for Ris was not only to discredit inaccurate opposition but also to inform the public of the undeniable need for family planning in the young and unmarried population. Debunking the myth of sexual promiscuity and making legislators aware of the facts was the only way Ris believed she could accomplish this. Speaking to a group of senators along with the chairman and members of the Department of Health and Social Services, Ris detailed a study performed by the State University of New York to solidify her point:

When the [unwed adolescent] mothers were given birth control information about 60% of them used it. During the initial two years of the program out of the 180 girls there were only 17 second pregnancies. In eight of the cases, the girls had married in the interim. Furthermore a recent national survey has established that 14% of unmarried girls at age 14 have had intercourse. This percentage rises to 37 at age 18. A majority of these girls never used contraceptives or used them irregularly. Approximately 50 percent had not used contraception the last time they had intercourse.³⁷

Ris agreed that sexual intercourse was common among teenagers, but she argued that it could not be attributed to easy access to birth control as religious groups believed. In reality, when family planning was available, unwanted pregnancies could be reduced.

In addition to demonstrating the inaccuracies of the Catholic Church's opposition, Ris wanted to make it known that the women of the Church did use contraception regularly. Pope Pius XI condemned contraception in the 1960s, declaring, "all methods of birth control are immoral and should be banned except the rhythm method of periodic abstinence."³⁸ Ris, however, wanted the voice of women, and not elected officials, to be heard in the public forum. She presented an additional study to the state legislature that was conducted by Dr. Norman Ryder of the University of Wisconsin in 1960. The survey showed only 39 percent of college-educated Roman Catholic women favored birth control. Five years later, the study was repeated and revealed a substantial shift in this group of women, with now nearly 70 percent approving the use of contraceptives.³⁹ Ris was unwilling to let statistical inaccuracies perpetuated by the Catholic Church be used against contraception.

Ris's argument against an attitude of sexual permissiveness because of contraceptive availability was not contained locally. By 1967, the Pill merited a *Time* magazine cover story. By then, national concerns about the Pill's connection to rampant promiscuity seemed to have been quelled. "Does the convenient contraceptive promote promiscuity?" *Time* asked. "In some cases, no doubt it does—as did the automobile, the drive-in movie and the motel. But the consensus among both physicians and

sociologists is that a girl who is promiscuous on the Pill would have been promiscuous without it.”⁴⁰

Raising Public Awareness

The editorials by Ris were significant contributions to the repeal of Wisconsin's laws on birth control. She understood the power of the press and public awareness through her own medical licensing struggle. Ris was conscious of the fact that “Wisconsin citizens do not realize that Wisconsin law defines contraceptives as indecent articles” and that their sale and distribution was prohibited to the unmarried, irrespective of age.⁴¹ Determined to inform the public, Ris took to the press.

In 1964, Ris accepted the position of medical director at the Wisconsin School for Girls (WSG). No other position would better prepare and inspire her to be an advocate for the repeal of the state's contraceptive law. The WSG was a state institution based in Oregon, Wisconsin, for delinquent girls. The girls were 12 to 19 years old, with the student population ranging between 160 and 260. The Medical Department of the WSG would see a large range of common illnesses and problems that this juvenile population faced. These included venereal disease, teenage pregnancy, and other gynecological disorders that the state was expected to treat.⁴²

Ris was in routine contact with the girls and, as such, she learned firsthand about the unhappiness and health risks caused by unwanted pregnancies. The tragic circle of illegitimate births became the greatest concern for Ris, but the inability to prescribe contraceptives impeded her from improving the girls' care. Ris spoke during the annual board meeting of the Wisconsin Medical Department School for Girls in 1965 about the circle of illegitimacy and the need for change in the area of contraceptive law:

In a student population of between 160 and 260 girls, we have at times 10 to 30 pregnant girls ranging in age from 13 to 19, some in the second and third pregnancy. At one time we had in our care two sisters, age 14 and 17, both in their second pregnancy. Their mother had three illegitimate children. I had one patient, a 15 year old girl, who had three children all delivered by Cesarean section. Her obstetrician wrote me that she should avoid any further pregnancies because of the danger of rupture of the uterus, but he was not permitted by law to give her contraceptive devices. Something must be done if the increase of illegitimate birth is to be stopped, yet under Wisconsin laws, I may not even mention contraceptives to these girls.⁴³

The experience Ris attained from this position motivated her to act not merely as a woman asking for reproductive health equality, but as a physician who demanded the ability to provide the highest quality of care to her patients that was available.

After three years as medical director, Ris equipped herself with personal experience and data as she surged into the public eye. Ris first took a stand against contraceptive inaccessibility for the young and unmarried in the *Middleton Times Tribune* in 1967. Ris here echoed her previous speech to the WSG, stating: “Something must be done if the trend toward increasing illegitimate births in Wisconsin is to stop, yet under Wisconsin law, I may not even mention contraceptives to these girls.” While Ris may have said little in opposition to the contraceptive laws, she was able to accomplish something greater: credibility. Citing Ris as a “Madison physician whose convictions on the importance of birth control have grown through years of personal observation and experience in her profession,” the *Tribune* established Ris as a professional, credible, and formidable opposition.⁴⁴

The public's interest and education in the area of family planning was at the forefront of the editorials published by Ris. She refused to let the public accept the scare tactics and misleading statistics published by opponents. In February 1972 Ris wrote "An Open Letter to the Wisconsin Legislature." This letter was published in five different prominent Wisconsin journals during February, simultaneously raising awareness and educating the misinformed public. Ris wrote, "Opponents of modernization of Wisconsin's archaic birth control law want legislators and public to believe that the proposed changes would increase promiscuity and venereal disease." She continued by citing the fact that 13 states had a lower venereal disease rate than Wisconsin did at that time, and that all of those states legally allowed contraceptives for their unmarried. A study performed between 1966 and 1970 showed gonorrhea incidence increasing nationally to 71 percent. Locally, Wisconsin saw a rise during this time from 2,621 cases to 7,727 cases, a jump of 195 percent. Ris wrote, "This increase has occurred despite Wisconsin's restrictive birth control law. In fact, it is possible that Wisconsin's law was among the causes of the epidemic of our state."⁴⁵

Ris was involved in local reproductive health issues besides contraception, and her work in the area of abortion unintentionally made contraceptives an even more exposed topic. The *Capital Times* labeled Ris as "one of Madison's most vigorous activists in the campaign for abortion law reform" in 1970 just prior to Wisconsin's legalization of abortion.⁴⁶ Members of the legislature were distraught by the paradox of the ruling. Senator Fred Risser pointed out "the unbelievable fact that . . . a person in Wisconsin may be able to obtain an abortion, and at the same time be denied legal access to family planning information."⁴⁷ The response to the court's ironic decision was not restricted to senators. Dr. Alfred Kennan, who had been performing abortions at the Midwest Medical Center in Madison prior to their legalization, spoke to the Madison Press Club about how a general knowledge of contraception would put abortionists "out of business." He stated to the group that, "nobody likes to get an abortion. You go out and tell women how not to get pregnant and how to take care of children and I'd be out of business."⁴⁸ The success of Ris in the area of abortion led to greater attention for contraceptives as the law allowed termination of a pregnancy but not prevention.

On a mission to inform the public, Ris stood against a proposed bill to prohibit sex education in 1970. Pulling from her experience with the Dane County Mental Health Center, Ris made the public and legislature aware of the medical organization's endorsement of sex education in schools through the *Wisconsin State Journal*. "Sex education" she argued here "is needed to supplement and extend the preparation given by home and church for marriage, family understanding, and for a lifetime of mental health." Opposition by the citizens of the state arose because of concerns that sex education was part of a "communist plot" to corrupt a generation of youth and a technique "put forth in a book by pornographers, sex deviates, and others."⁴⁹

A curriculum for Madison schools, including sex education, was proposed in 1971 and Ris quickly endorsed this curriculum, stating that "widespread education is needed to combat the many superstitions, myths, and misconceptions about sex. Sex has been sensationalized and exploited by the mass media while sex education has been held back by conservative pressure groups."⁵⁰ Regardless of opposition, copies of the proposed Madison school family life-sex education curriculum model became available to the public in 1972.⁵¹

The attempt by Ris to educate the public gained her attention and success. Recognized as a pioneer in her endeavor to create a more informed public, Ris was invited to Israel in 1972 to speak at the First International Congress on Sex Education.⁵² Furthermore, Governor Patrick Lucey in 1973 wrote to Ris requesting her to serve as a member of the Health Policy and Program Council. Lucey cited Ris as a

“valuable asset to the group as it begins its important work of identifying Wisconsin’s health needs and goals.”⁵³

Ris learned the power of the press through the experience with her medical licensing struggle. Clearly, the use of the media to educate and draw attention to the birth control movement was not a new tactic for birth control advocates. According to historian Linda Gordon, Margaret Sanger was the first to utilize the press to such a large extent through numerous publications like the *Woman Rebel*, articles like “What Every Girl Should Know” within the *New York Call*, and the pamphlet, *Family Limitation*, which would land her in jail.⁵⁴

The efforts of Sanger were often dismissed, unfortunately, due to what Gordon calls her “radicalism,” “super-militancy,” and willingness to become a martyr for her cause. In 1930, and again in 1937, a public relations firm reported that birth control was “being held back as a cause by Sanger’s radical reputation.”⁵⁵

Ris’s efforts to publicize birth control issues were also a realization of Sanger’s work to legitimize birth control through the use of medical professional advocates. Gordon writes that Sanger was “instrumental in the facilitation of the professionalization of the birth control movement” through efforts like doctor-only bills as discussed earlier.⁵⁶ The uncompromising editorials written by Ris were not only significant in validating the contraceptive movement within Wisconsin, but also created an informed populace that could voice an educated opinion on the matter of contraceptives for the unmarried.

Legislative Battles and Growing Opposition

Another significant contribution of Ris in the struggle over Wisconsin’s contraceptive law was her presence in legislative committees. The professional credibility of Ris and her public stance against contraceptive law led to growing numbers of professionals, legislature, and citizens calling for repeal.

The partnership of Senator Fred Risser of Madison and Ris was not surprising by the end of 1971, but their impact together was pivotal in rallying proponents of legislative change. Risser authored an attempt to overturn contraceptive legislation in 1971 with Bill 130S, which would have made birth control available to every Wisconsin woman.⁵⁷ Ris immediately backed his legislation and together they presented a cohesive case for repeal based upon the prevalence and cost of illegitimacy.

Ris attended multiple legislative meetings during 1971 to voice her endorsement of Bill 130S and spoke of the startling statistics of illegitimacy among the young of Wisconsin and the pattern of future illegitimate children. In 1968 there were 5,469 illegitimate births and 6,272 in 1969; Ris expanded upon these numbers to the Judiciary Committee citing the fact that “84 infants were born out-of-wedlock to children under 15 years and 2,765 to girls 15 to 19 years old during the year of 1969.” Furthermore, the circle of illegitimacy was statistically shown to continue without family planning information, according to a study performed by Yale University Medical Center that Ris presented to the group. “100 girls, age 12 to 17 and pregnant out-of-wedlock were studied without guidance for five years,” she testified, and “in the subsequent five years, nine of them married and the 100 girls produced 340 more babies.” Should Wisconsin wish to discontinue or slow illegitimate births, contraception needed to be made available to all women, irrespective of age or marital status.⁵⁸

Risser attended the same legislative meeting and focused on the socioeconomic need for repeal. Because so many young women were ill-equipped to support themselves, let alone children, they necessarily became welfare recipients. According to national statistics that Risser presented, 60 percent of all out-of-wedlock children and their mothers were on state welfare. Risser quoted an estimate for a one-month

period in Wisconsin during 1971 that showed \$2,036,502.20 spent specifically for out-of-wedlock mothers and their children: "Eight percent of all births in Wisconsin are illegitimate. The unwanted, unloved child is one of the most serious social problems today. . . ." Together, Risser and Ris created a collaborative reason for repeal based upon both the medical and economic need.⁵⁹

Bill 130S did not pass, but in the wake of the bill and its public attention there would be greater numbers added to the push for repeal due to the efforts of Ris and Risser. With the senator from Madison authoring the bill, there were, for the first time in legislative hearings, proponents of birth control for the unmarried outnumbering opponents. This group included public figures such as Representative Dennis Conta of Milwaukee, the area of biggest welfare rolls. Conta also went to the press and advocated for repeal based on the socioeconomic reasons Risser had presented. Conta stated that "the saving in human deprivation as well as tax money is considerable in states that have liberalized contraceptive law."⁶⁰

The continual editorials, speeches, and public attention drawn to the issue by individuals such as Ris also created a greater awareness among the general population of Wisconsin. The *Sheboygan Press* cited "an increased openness among the general population in discussing the subject is credited with generating the increased action" by the end of 1971.⁶¹ Margaret Miller, executive director of Planned Parenthood Association of Wisconsin, was among those who also perceived the shift in public attitude by the beginning of 1972. She wrote, "It's only been a couple of years that you can even talk about family planning out loud, but since then, the climate has changed quite considerably."⁶² A chain reaction was occurring in 1971 surrounding the issue of contraceptives in Wisconsin, and Ris was riding at the helm.

With Bill 130S, the Wisconsin Society of Obstetricians and Gynecologists along with the Wisconsin Medical Society gave their professional endorsement.⁶³ One group, however, remained conspicuously quiet during this bill, despite the impact that contraception had on their profession: the Wisconsin Chapter of the American Academy of Pediatrics (WIAAP). Recognizing this failure among her fellow pediatricians, Ris wrote to the chairman of the WIAAP in 1970 regarding the collective stance of the organization on contraception for the young and unmarried. That May, the chairman of the WIAAP, Dr. Frank Stiles, wrote back to Ris: "The issues were discussed at a general meeting within the past two years. It was the decision of the group and the Executive Committee to encourage individual physicians to act as they saw fit, but take no collective group action as there was divergent belief."⁶⁴

The disagreement of such physicians was typified by Dr. Thomas E. Cunningham, a physician on the University of Wisconsin Oshkosh campus during 1971. Cunningham spoke about his refusal to the *Oshkosh Advance Titan* on September 23, 1971, stating, "I think they (students) have to prove they need birth control. The question is do students want to be promiscuous," and when asked directly about the reasoning behind his decision Cunningham stated, "First of all, the religious view of my church is against birth control. Since I believe in my church, I have to go along with the rule. I also might ask why the need for birth control."⁶⁵

Unwavering, Ris took matters into her own hands and called for the Wisconsin Chapter of Pediatrics' support in the society's statewide meeting in 1971: "In the past two sessions of our Wisconsin legislature, extending over a period of five years when the modernization of our archaic and restrictive law referring to birth control devices as 'indecent articles' and prohibiting its distribution to unmarried women was debated, the voice of the Department of Pediatrics was not heard."⁶⁶ Not willing to accept their absence, Ris urged the chapter to fulfill its duties. "Pediatricians have a responsibility to support measures and legislation for improving the social health of the nation," Ris

told the chapter's meeting on September 24, 1971. Within that meeting, the chapter voted for the repeal of Wisconsin's birth control law.⁶⁷

The backing of the WIAAP added to the individuals advocating for the repeal of Wisconsin's law on contraception. What Ris was most aware of, however, was that their professional opinion in the public realm would add another dimension of credibility to the fight for repeal. Within the year, articles filled the pages of Wisconsin's newspapers, including: "Baby Doctors Call for Repeal of Birth Laws" and "41 State Pediatricians Ask Birth Control Law's Repeal." In these articles, the chapter was officially calling for the repeal of "Wisconsin's antiquated birth control law" because the right of every child is "to be born into the security of an unbroken family, to be wanted and not neglected and rejected."⁶⁸ In the years ahead, the WIAAP not only endorsed legislative efforts to revise Wisconsin's law on birth control but also signed petitions to the legislature to demonstrate the increasing number of physicians who demanded change.⁶⁹

In her day-to-day work, Ris recognized that the power and influence of a physician resided both inside and outside of the clinic. Consequently, Ris for the first time called upon her fellow physicians in Wisconsin as a collective whole in the October 1974 edition of the *Wisconsin Medical Journal*:

There is no question that there is the support for change in Wisconsin; the problem is the Legislature. If we physicians really want to see the tragedy of illegitimacy and unwanted births disappear in our state, we must contact our respective legislators not only through our professional organizations but also individually, to express our support for total repeal of our outdated contraceptive law.⁷⁰

In Ris's eyes, it was the duty of physicians to help create change that better met the needs of their patients. On this score, Ris differed substantially from birth control pioneer Margaret Sanger. Historian Linda Gordon summarizes this difference between Sanger's perceived "radical" work and that of physicians who saw birth control as a health measure. For physicians such as Ris, "human health was naturally a fundamental, not a superficial, condition of social progress."⁷¹

The goal of physicians, Gordon argues, was to "solve by objective study what had previously been ethical and political questions" in the birth control movement.⁷² Indeed, the position of medical director at the WSG allowed Ris to become increasingly relevant through the information she collected. In this way, Ris was able to distance herself from eugenic and radical labeling by her use of evidence-based medicine. Her factual basis in arguing for contraceptive accessibility bridged the gap between medicine and the law. And she routinely sent letters regarding her day-to-day medical findings at the WSG to state legislators. Senator Thomas Petri was one of many who responded to Ris's letters saying, "Thank you for the information on the Wisconsin School for Girls. I appreciate receiving such material as it allows me to cast a more informed vote."⁷³ These like-minded legislative partners allowed Ris to have political clout along with her irrefutable, medical voice heard in committees during the upcoming years.

Further Efforts and Repeal

Wisconsin repealed its antiquated stance on birth control on May 24, 1976, subsequently removing contraception from a list of indecent articles, allowing distribution and information to the unmarried, and ending the prohibition of public contraceptive advertisement.⁷⁴ Although Ris was not the sole proponent of this change, her work throughout the sixties and into the seventies made her a pivotal contributor to the repeal, as an editorial in the Madison *Capital Times* noted:

A group of militant Madison women deserves credit for the efforts over a period of several years which prepared the path for change. The public should be grateful for their work. They include . . . Dr. Hania Ris, a pediatrician, who has appeared frequently before legislative committees in behalf of removing the ban on use of contraceptives.⁷⁵

The *Wisconsin State Journal* in 1976 honored Ris as one of the “outstanding area women” with special recognition as a “pediatric specialist active in social causes.”⁷⁶

Outside of public editorials, the work of Ris was also recognized by the legislature. On May 12, 1976, Risser wrote to Ris inviting her to the signing of the repeal of Wisconsin’s contraceptive law, Bill 368, recognizing that she “actively supported the passage of this legislation.”⁷⁷ Judge James Doyle also applauded Ris’s work in the area of women’s reproductive rights by saying, “no other single person in the state of Wisconsin has had a greater influence on the state Democratic platform. They are revolutionary documents because of Hania Ris.”⁷⁸ The role Ris played within the legislature and its repeal of Wisconsin’s birth control laws is evident in such sentiments.

Ris also received considerable recognition from fellow physicians and activists for her work and expertise in the area of adolescent and reproductive medicine. A letter from the newly appointed medical director of the Department of Youth Services for the state of Alabama in 1977 praised her work: “Your proven ability in this field is nationally known, no brag, just fact! I well remember your presentation on the Wisconsin Girls’ School. I sincerely hope to succeed in my new position, and providing you have no objections, I may occasionally write or phone for advice.”⁷⁹

On a local scale, Ris also received vast recognition for what she had contributed to the movement for repeal by her fellow women’s reproductive health advocates. Executive director of the Planned Parenthood Association of Wisconsin, Margaret Miller, lauded Ris in 1977: “No one in Wisconsin has done more than Dr. Ris to promote women’s rights in the field of fertility. She is an articulate, intelligent, persuasive advocate, as an expert and pioneer in this field.”⁸⁰

Ris was undoubtedly one of the essential constituents in the repeal of Wisconsin’s outdated contraceptive laws during the 1960s and into the seventies. The most significant contributions of Ris during this fight were three-fold. Firstly, she took on the prominent conservative voice in Wisconsin, the Catholic Church, and its concern over an increase in promiscuity. She informed the public and legislature that not only was attributing an increase in sexual permissiveness to birth control accessibility inaccurate, but that a majority of Catholic women, despite their church’s stance, believed in and used contraception. Secondly, Ris went to the free press that had helped her win her own licensing battle and increased the public’s awareness of the reasons to recall Wisconsin’s birth-control law. Lastly, Ris was responsible for conjuring not only a growing public opposition through her presence in the public media but also an expert and professional panel of disapproval by campaigning for the partnership of legislators and her fellow pediatricians. The national and local recognition she received during and following the repeal of Wisconsin’s contraceptive law demonstrates Ris’s major contributions to this movement.

Ris’s intentions in pursuing legislative revision were transparent through her approach. Ris, as a married woman, had full access to contraceptives of her choice and thus very little to personally gain in her political endeavors. Her patients, however, could not attain contraception as they saw fit and, consequently, Ris could not provide for her patients as well as she desired. Unwilling to accept any law or standard that compromised her patients’ well-being, Ris became a controversial figure, much like

her well-documented predecessor, Margaret Sanger. What makes Ris a pioneer in women's and adolescent health is her acceptance of being continually labeled unorthodox for the sake of bettering her patients' health. Almost 10 years after the repeal of Wisconsin's contraceptive laws and 10 years before her death, Ris solidified this commitment to reproductive health equality. "It seems that, quite without my intention," she told friends and colleagues in 1984, "my life has been and will continue to be controversial."⁸¹

Notes

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