

1-1-1991

The Afro-American community and the birth control movement, 1918- 1942.

Jessie M. Rodrique
University of Massachusetts Amherst

Follow this and additional works at: https://scholarworks.umass.edu/dissertations_1

Recommended Citation

Rodrique, Jessie M., "The Afro-American community and the birth control movement, 1918- 1942." (1991).
Doctoral Dissertations 1896 - February 2014. 1173.
<https://doi.org/10.7275/fdv8-pq69> https://scholarworks.umass.edu/dissertations_1/1173

This Open Access Dissertation is brought to you for free and open access by ScholarWorks@UMass Amherst. It has been accepted for inclusion in Doctoral Dissertations 1896 - February 2014 by an authorized administrator of ScholarWorks@UMass Amherst. For more information, please contact scholarworks@library.umass.edu.

UMASS/AMHERST



312066012836158

THE AFRO-AMERICAN COMMUNITY AND THE BIRTH CONTROL MOVEMENT
1918-1942

A Dissertation Presented

by

JESSIE M. RODRIQUE

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 1991

History Department

© Copyright by Jessie M. Rodrique 1991

All Rights Reserved

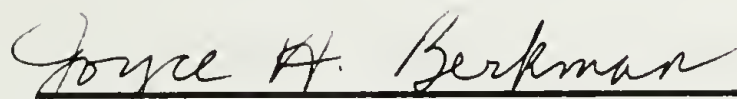
THE AFRO-AMERICAN COMMUNITY AND THE BIRTH CONTROL MOVEMENT
1918-1942

A Dissertation Presented

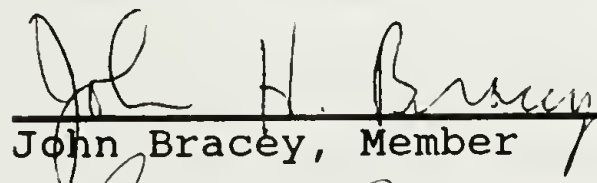
by

JESSIE M. RODRIQUE

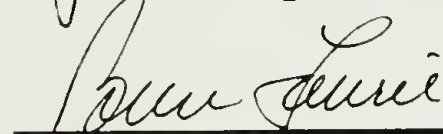
Approved as to style and content by:



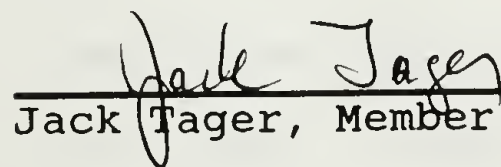
Joyce A. Berkman, Chair



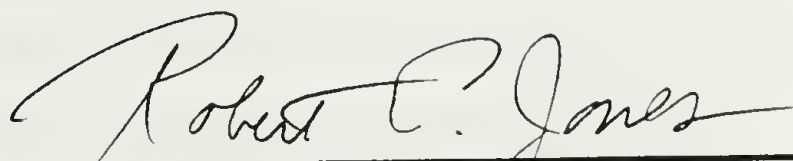
John Bracey, Member



Bruce Laurie, Member



Jack Tager, Member



Robert Jones, Department Head
History

ABSTRACT

THE AFRO-AMERICAN COMMUNITY AND THE BIRTH CONTROL MOVEMENT
1918-1942

MAY 1991

JESSIE M. RODRIQUE, B.A., ASSUMPTION COLLEGE

Ph.D., UNIVERSITY OF MASSACHUSETTS

Directed by: Professor Joyce A. Berkman

This dissertation examines the role of Afro-Americans in the U.S. birth control movement in the years between 1918-1942. It argues that Afro-Americans of all classes not only supported the idea of birth control but were also a significant force in shaping the national birth control debate, educating their communities and delivering contraceptives to women. During a period when white advocacy of birth control became increasingly conservative, black birth control advocates advanced a broad, often radical, rationale for contraception. While the black and white communities often worked together to provide services to black women in many locations throughout the country, Afro-Americans worked independently of the national, white dominated birth control organizations. Additionally, the

organizational strategies of Afro-American birth control advocates were found to be different from those of their white counterparts. The differences were due, in part, to Afro-Americans' strong community orientation, their belief in each person's right to good health and that the state should provide health care, and their nonhierarchial approach to the "professional's" relationship with other health providers and birth control users.

TABLE OF CONTENTS

	<u>Page</u>
ABSTRACT.	iv
 Chapter	
INTRODUCTION	1
1. THE AMERICAN BIRTH CONTROL MOVEMENT: ITS SCHOLARS, BACKGROUND AND ADVOCATES.	15
2. THE AFRO-AMERICAN BIRTH CONTROL MOVEMENT OF THE TWENTIES	59
3. THE AFRO-AMERICAN BIRTH CONTROL MOVEMENT OF THE THIRTIES: GROWTH AND EVOLUTION	86
4. AFRO-AMERICAN CLINICS: HARLEM AS A CASE STUDY.	135
5. AFRO-AMERICAN CLINICS: THE NATION.	163
6. CONCLUSION	218
APPENDIX: NATIONAL SPONSORING COMMITTEE, DIVISION OF NEGRO SERVICE, 1942.	223
BIBLIOGRAPHY.	225

INTRODUCTION

In the late nineteenth and early twentieth centuries the birth rate declined significantly among white and black Americans. Among Afro-Americans, the growth of their population by World War II was more than cut in half. By 1945 the average number of children per women was 2.5, and the degree of childlessness, especially among urban blacks, had reached unprecedented proportions.¹ Among native, white American women the fertility rate "fell from 7.04 in 1800 to 4.24 in 1880 and 3.56 in 1900."² By 1900 the fertility rate was half of what it was a century before.³ Among these white women, scholars interpret the demographic changes as deliberate. Contraception is assumed to be a contributing

¹ Reynolds Farley, Growth of the Black Population (Chicago: Markham Publishing Co., 1970), 3, 75; Stanley Engerman, "Changes in Black Fertility, 1880-1940," in Family and Population in Nineteenth Century America ed. Tamara K. Hareven and Maris Vinovskis (Princeton: Princeton University Press, 1978), chapter 3; E. Franklin Frazier, The Negro Family in Chicago (Chicago: The University of Chicago Press, 1932), 136-146.

² Linda Gordon, Woman's Body Woman's Right: A Social History of Birth Control in America (New York: Penguin Books, 1974), 154.

³ John D'Emilio and Estelle B. Freedman, Intimate Matters: A History of Sexuality in America (New York: Harper & Row Publishers, 1988), 173.

factor. By contrast, among black Americans the population decline is not seen as deliberate. Rather, the decline is attributed to the inferior health of black women and men. Very rarely is it explained as a result of deliberate contraceptive use, despite studies by a handful of demographers in the mid thirties who correctly hypothesized its use among Afro-Americans.⁴ What, then, were the reasons for the declining birth rate of black Americans from late nineteenth to the mid-twentieth century? Is there a valid basis for the incongruence of interpretations for declining birth rates in the black and white communities?

Profound changes in the demographics and sexual ideology of native, white Americans preceded the advent of the modern birth control movement, which was an organized social movement that sought to expand reproductive choices for women through the distribution of mechanical means of contraception. The rise of the birth control movement is usually correlated to the simultaneous onset of urbanization and industrialization. However, birth rates per family began

⁴ For a review of the demographic literature, see Joseph McFall and George Masnick, "Birth Control and the Fertility of the U.S. Black Population, 1880 to 1980," Journal of Family History 6 (1981): 89-106; Peter Uhlenberg, "Negro Fertility Patterns in the United States," Berkeley Journal of Sociology 11 (1966): 56; James Reed, "Birth Control in American Social Science," in From Private Vice To Public Virtue (New York: Basic Books, 1978): 197-210.

decreasing well before any significant industrialization had occurred and at least one hundred years before public health programs were able to reduce the problem of infant mortality. Rural birth rates were equally as low as urban rates, and most of the decline, in fact, occurred before 1860. The Depression of 1929 is usually interpreted as a causal factor in that decades' low fertility rates, although the economic depression and numbers of children per family are not necessarily related. Instead, the decline in births in the 30's should be seen as the "culmination of a trend that had begun by 1800."⁵

A similar demographic phenomenon occurred among black Americans. In rural areas of the South the fertility decline was apparent in the late nineteenth century and continued through the nineteen-thirties, well before southern urbanization.⁶ Researchers who explain this phenomenon

⁵ Reed, 3-5.

⁶ There is speculation that Afro-Americans made attempts to control their fertility during slavery. Fertility control under these conditions will not be examined here since they pose a different set of circumstances from the post-Emancipation period. See Herbert C. Gutman, The Black Family in Slavery and Freedom 1750-1925 (New York: Pantheon Books, 1976): 80-85; Tolnay recognizes the fertility decline among rural Afro-Americans but does not attribute it to "deliberate fertility control." See Stewart E. Tolnay, "Black Fertility in Decline: Urban Differentials in 1900," Social Biology 27 (Winter 1980): 249-260, especially 259.

insist that contraception played a minimal role, believing that blacks had no interest in the control of their own fertility. Demographers in the post World War I years account for the decline in black fertility in terms of biological factors. Fears among white researchers of dysgenic population trends coupled with low birth rates among native white Americans underlie their investigations of black fertility.⁷ Some demographers look at children's roles and suggest that rising school attendance and children's declining importance as workers in the rural economy due to the mechanization of agriculture are responsible for the decline in fertility.⁸ Population scholars still ignore contraception as a factor in the birth decline. One historian in 1985 claimed that lowered fertility among urban Afro-Americans was due to nutritionally inadequate diets of all Afro-Americans and the heavy physical labor required of washerwomen and domestics.⁹

⁷ McFalls and Masnick, 90.

⁸ Stewart E. Tolnay, "Family Economy and the Black American Fertility Transition," Journal of Family History 11 (1986): 267-283.

⁹ Jacqueline Jones, Labor of Love, Labor of Sorrow: Black women, Work and the Family from Slavery to the Present, (New York: Basic Books, Inc., Publishers, 1985), 123. Accurate, hard data on the health of Afro-Americans in this time period does not exist. The best measure of the health of a given population is mortality rates. While Afro-American mortality rates are indeed higher than those of whites, in general, in the early part of the century they

These claims, what recent demographers have termed the "health hypothesis," argue that the fertility drop resulted from general poor health, and sterility caused by venereal disease.¹⁰ Still others insist that the fertility decline was only among the urban elite or cite as a contributing factor "irregular" marriage patterns among blacks.¹¹

In drawing their conclusions, researchers also made many questionable and unfounded assumptions about the sexuality of blacks. In one study of family limitation, for example, black women's alleged lower contraceptive use was attributed to the belief that "the American Negro... exercises less prudence and foresight than white people do

started to decline. Health conditions were gradually improving, more people were living and yet fertility rates still declined. The claim that inadequate diets were a factor in such a dramatic fertility drop is inaccurate. Famine conditions would have to exist for malnutrition to be a contributing factor. Generally, a women would have to drop below one hundred pounds and lose a large percentage of her body fat to inhibit conception. Even severe malnutrition does not have a long term affect on a women's fertility. After periods of famine, for example, fertility rates dramatically increase. While diets of Afro-American were notably inadequate, they simply could not have contributed to lowered fertility. Personal communication Jessie Rodrique to Steve Hansch, Ph.D.(Nutrition) Tufts University, 27 February 1991. See also W.E.B. DuBois, The Philadelphia Negro, 147-163; Woofter, "Organization of Rural Negroes," 72-74.

¹⁰ McFalls and Masnick, 90.

¹¹ Tolnay, Black Fertility in Decline, 249.

in all sexual matters."¹² Nor is the entire black population represented in many of these studies. Typically, demographers' samples consist of women whose economic status is defined as either poor or very poor and who are either illiterate or who have had very little education.¹³ Population experts' ideological bias and research design have tended to foreclose the possibility of Afro-American agency and thus conscious use of contraception.

These beliefs directly affect the interpretation of black involvement in the birth control movement, which has mistakenly yet uniformly been understood as a movement that was thrust upon an unwilling black population. I contend, however, that a broad spectrum of black women in both rural and urban areas were, in fact, interested in controlling their fertility and that their low birth rates reflect, in part, a conscious use of birth control. Second, by exploring the birth control movement among blacks at the local level, I argue that, despite the racist ideology that operated at the national level among white advocates of birth control, blacks, and not only "professional" blacks, were active,

¹² Raymond Pearl, "Contraception and Fertility in 2,000 Women," Human Biology 4 (1932): 395. Pearl was a white physician who studied population and family planning.

¹³ Raymond Pearl, "Contraception and Fertility in 4,945 Married Women. A Second Report On A Study Of Family Limitation," Human Biology 2 (May 1934): 355-401.

effective participants in the establishment of local clinics. They also played a leading role in the birth control debate widening the debate from its narrow confines and relating birth control to issues of health, race, civil rights, sexuality and gender. Third, I also maintain that despite black cooperation with white birth control groups, blacks sustained a degree of independence that allowed the organization for birth control in their communities to take a qualitatively different form.

For the purposes of this study, birth control is defined as a voluntary, mechanical or natural method that prohibits conception within the confines of sexual intercourse. They may be "artificial" methods, such as those obtained in a clinic, a diaphragm, condom, spermicide, or homemade methods such as sponges soaked in vinegar and petroleum mixed with quinine and douching. It also includes withdrawal, a "natural" method of birth control. The definition excludes abortion, infanticide, and sterilization because these measures raised different moral and ethical questions from those prevalent in the birth control debate. When necessary, they are given separate treatment in a different context.¹⁴

¹⁴ The rhythm method and abstinence are also "natural" methods excluded from this definition. The selection of methods was guided by methods used by Afro-Americans. While many Afro-American couples may have used both rhythm and

This study usually focuses on birth control devices which were dispensed from clinics, yet a clinic's name often posed problems of definition for this study because the terms used to describe clinics differed. "Birth Control Clinic" in the thirties was often replaced with the term "Maternal Health Center."¹⁵ In New York this was necessary because the term clinic connoted "dispensary," a place where medicine and prescriptions were dispensed, which would require a license. By not calling it a clinic, clinic organizers avoided coming into conflict with the authorities. Sanger wrote that she had been warned many times not to use the word clinic. She protested by saying that people commonly called it a clinic by habit. Still warned, she compromised by calling the birth control center

abstinence to control their fertility, neither methods have been well documented as contraceptive options.

¹⁵ "Clinic Round Table Discussion," 22 January 1936, Box 1, Series 1, Planned Parenthood Federation of America Papers (hereafter cited as PPFA) Sophia Smith Collection, Smith College, Northampton, MA. The term "clinic" was used in several ways. It could be used to denote a permanent structure in an urban area. Organizers also "held clinics" in rural areas wherever space permitted such as in schoolhouses, churches or from traveling mobile dispensaries. These were "outreach" clinics where blacks did not have to travel far from their homes to obtain birth control devices and information.

in New York The Birth Control Clinical Research Bureau.¹⁶ Yet, this situation varies in different locations throughout the country. Dr. Clarence Gamble, an independent birth control provider, wrote in 1938 that the state of North Carolina changed from the use of the term maternal health center to "out and out birth control" clinic because it was better understood by potential clients.¹⁷

For the researcher, the term "maternal health center" masks its many functions. Though impossible to prove, in many instances a maternal health center also dispensed birth control. For example, the center at Meharry Medical School, a black college, located in Nashville, Tennessee gave instruction in both contraception and pre-natal care. It also functioned as a "well-baby" clinic.¹⁸ A site known as the Mother's Milk Station in Connecticut also dispensed birth control.¹⁹

¹⁶ Margaret Sanger to Mrs. Hamlin, 25 January 1932, Margaret Sanger Papers, (hereafter cited as Sanger, Northampton) Sophia Smith Collection, Smith College, Northampton, MA.

¹⁷ Clarence Gamble to Aunt Julia, 28 March 1938, Box 23, Folder 410, Clarence J. Gamble Papers, (hereafter cited as Gamble Papers) Francis A. Countway Library of Medicine, Harvard University, Boston MA.

¹⁸ This statement is from photographs taken at Meharry Medical School. Box 40, Folder 656, Gamble Papers.

¹⁹ Nancy Rockefeller to Margaret Sanger, 28 July 1937, Sanger, Northampton.

Problems in definition make it difficult to determine the actual number of clinics. Often, black newspapers listed the opening or the existence of a maternal health center or a well baby clinic. If birth control was not specifically listed as a service then the researcher has to assume conservatively that birth control was not dispensed. If, however, some of these did dispense birth control, then many more birth control clinics existed than this dissertation takes into account.

The primary research material for this study came from traditional historical sources: collections of private individuals, organization papers, medical records, personal interviews, video documentaries, journals, novels, plays and newspapers. The bulk of information about the Afro-American birth control discourse came from black newspapers. For additional sources I have relied on statements recorded by white observers, such as by fieldworkers and clinicians reported in the papers of Margaret Sanger and Clarence Gamble. Most of the maternal health centers found in black newspapers have vanished. Clinics that operated out of institutions, such as the Hampton Institute, Fisk University, Meharry Medical School and the Ruth J. Temple Institute of Los Angeles, have no existing records. In more than one location the clinic was simply unknown to the

institution's archivist. In several cases, historical records from the American Birth Control League (ABCL) affiliated clinics were not kept. This also happened with black hospital records. One public librarian in Florida, when asked what could have happened to the records of a black hospital stated, "These are black records, honey, what did you expect?" Directors of Afro-American settlement houses, such as the Abraham Lincoln Center in Chicago and the Harriet Tubman House in Boston, either had no sense of the role they had played in the birth control history or perhaps thought the topic still too sensitive to discuss.²⁰ In locations where I had located a black clinic, my research strategy would be to call the local public library, the local planned parenthood organization as well as medical and historical societies, state and university archives (if one existed) and the public health departments. This resulted in many leads but surprisingly little information.

One lead came from the transcripts of the video documentary, Hilla Sheriff; She Came to the Country produced by the educational television station in Columbia, South Carolina. It directed me to a women who had worked in the

²⁰ Phone calls to these institutions were made from the Smithsonian Institution in March of 1989. Regrettably, however, my notes indicating to whom I had spoken were lost by the U. S. Postal Service.

`thirties for the state of South Carolina's public health department. I reached one current public health official who at first denied even knowing this particular woman. Only after several minutes of frustrated pleading and a full and detailed explanation of my motives did he finally tell me that not only did he know her but that he and his wife were actually their closest friends. A letter to this woman resulted in a lengthy and important description of the services available in South Carolina. This example illuminates the need for more oral histories, not only among Afro-Americans but among white southerners as well. Oral histories could have filled many of the existing gaps in this dissertation. Many more people who could provide me with first-hand observations are still alive and must be reached if we are to ever have a complete study of the birth control movement at the local level. The cost, however, of this undertaking for this dissertation was prohibitive, so oral history will be explored in later research.

This dissertation is organized into six chapters. Chapter one is a brief introduction to changes in American life that precipitated the advent of the birth control movement. Here, family structure, size and relation to changing sexual practices are considered. The concept of "sexuality" and its twentieth century expression are

discussed. Next, the history of the birth control movement and its most famous advocates are presented along with a description of the movement's legislative battles for the legalization of birth control. Last, the scholarly literature on the birth control movement, especially as it pertains to black Americans, is examined.

Chapter two examines the formative beginnings of the Afro-American birth control movement in the twenties. It sets out the issues of the birth control discourse and looks at the initial organization for birth control clinics.

Chapter three examines the contraceptive discourse of the thirties as a means to chart the growth and evolution of the Afro-American birth control movement.

Chapter four explores the growth of clinics in the thirties using the Harlem birth control clinic as a case study for the Afro-American birth control movement. It details the local support for the clinic, its opposition and provides a profile of the typical Harlem patient.

Chapter five is a partial nationwide survey of clinics and their organization. The particular locations were selected either because Afro-Americans played a primary role in the clinic's organization or because they were sites that primarily served Afro-American clients. Comparisons of these sites are made with the Harlem clinic and to other regions

of the country.

Chapter six- conclusion

CHAPTER 1

THE AMERICAN BIRTH CONTROL MOVEMENT: ITS SCHOLARS, BACKGROUND AND ADVOCATES

The three most influential scholars who have examined the history of the birth control movement are James Reed in his book, From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830 (1978); Linda Gordon in Woman's Body Woman's Right: A Social History of Birth Control in America (1976) and Carol McCann in her recent dissertation Race, Class and Gender in U.S. Birth Control Politics 1920-1945. (1987) All three agree on the overall history of the birth control movement, but they differ in their understanding of the motives and goals of white birth control advocates and Afro-American's participation in the movement. The first half of this chapter will outline these scholars' differences, focusing especially on Gordon and McCann's interpretation.

All three historians, Gordon, McCann and Reed, at the most general level of social analysis, describe and evaluate the process of social reform in the United States. Each of them has a agenda which guides their interpretation. Both Gordon and McCann, using a Marxist analysis, look at the underlying structural dynamics of society and at the

relationships between classes to understand the political battles in the struggle for birth control. Both see the movement as a failure because of its strategy which separated birth control from a myriad of other social issues. The result was that it did not bring women complete reproductive freedom, a goal which both McCann and Gordon use to judge the merits of the birth control movement.

Reed, using a liberal-reformist perspective, "concentrates on ideas, values and on the biographies of individual reformers." He interprets the movement as modern scientific "progress," sees reformers acting in self-motivated, rational and enlightened ways and applauds the separation of birth control from "radical" issues as a necessary strategy for the widespread acceptance of birth control.¹

Gordon's focus is the debate over contraceptives and consequences of that debate on the loss of radicalism in the birth control movement, a debate which has continued to engage other scholars. Gordon's understanding of the birth control movement, its evolution from a radical, broad based social movement to a conservative, single issue reform measure, is an interpretation with important implications

¹ Elizabeth Fee and Michael Wallace, "The History and Politics of Birth Control: A Review Essay," Feminist Studies 1 (Spring 1979): 201-208.

for the participation of Afro-Americans, because it is based wholly on the experiences of white Americans. It ignores the history of black women's growing social and political activism in such forms as the club movement. Gordon begins her analysis of black participation at a point where she sees the movement as having already taken a conservative turn. By neglecting to examine Afro-American's prior interest and involvement in the movement she perceives white interest in black fertility and their inclusion of blacks in the movement as motivated by racism. While indeed some of white motivation may have been racist, by leaving black involvement out of her analysis, we are left solely with a theory of white initiative and domination. Gordon's work, although limited in its understanding of Afro-Americans, was a pathbreaking study and the first to contextualize the birth control movement politically, socially and economically.

Despite the importance of examining black agency in the movement, few scholars do. Reed, for example, does not spend any significant portion of his monograph analyzing how Afro-Americans fit into the history of the movement. Instead, his focus is Sanger's strategic departure from radical causes, a move which he interprets as an insightful stroke of genius. He argues that Sanger would not have been able to forge a mass movement without the support, ideologically and

financially, of the white middle class. Sanger gained middle class support by demonstrating that birth control was not a detriment to either children or marriage. Rather, Sanger was able to show that birth control within the confines of marriage actually strengthened the marital bond. Reed applauds Sanger's decision to "medicalize" the movement, a tactic which made birth control more scientific and prestigious and one which further encouraged the backing of wealthy financiers.

Conversely, Linda Gordon deplores the loss of radical content from the movement and Sanger's capitulation to the backing of wealthy "liberal" reformers. This shift made the movement increasingly reactionary as the feminist and working class concerns of the movement diminished. Sanger's new allies, middle class professionals, altered the goals and rhetoric of the movement.

According to Gordon, one of the goals promoted by middle class WASP professionals was the suppression of black fertility. She interprets the BCFA'S 1939 "Negro Project" as a racist project, describing it as a conservative, elitist effort designed to "stabilize existing social relations." She claims that the birth control movement in the South was removed from socially progressive politics and unconnected to any analysis of women's rights, civil rights or poverty.

It worked through conservative black community leaders, such as ministers and doctors, and did not challenge the commercial relationship of doctors to patients by paying doctors to work with the poor.²

Gordon is not alone in her analysis. Other historians concur, asserting that birth control was "genocidal" and an "anathema" to black women's interests, and that the movement degenerated into a campaign to "keep the unfit from reproducing themselves." Those who note the presence of birth control in the black community in a slightly more positive light qualify their statements by adding the disclaimer that support and information for its dissemination came only from the black elite who were not part of a grassroots movement.³ However, Gordon does not integrate into her analysis her observation that black women, when offered the chance to attend clinics, usually did so enthusiastically and in great numbers. By concentrating on the rhetoric of the birth control movement

² Gordon, 333-334.

³ Paula Giddings, When and Where I Enter: The Impact of Black Women on Race and Sex in America (New York: Bantam Books, 1984), 183; Robert G. Weisbord, Genocide? Birth Control and the Black American (Westport, Conn.: Greenwood Press, 1975); William G. Harris, "Family Planning, Socio-Political Ideology and Black Americans: A Comparative Study of Leaders and a General Population Sample (Ph.D. dissertation, University of Massachusetts, 1980), 69; Gordon, 332-35.

at the national level she neglected what actually happened at the local level. In an endnote she writes

"Unfortunately, very little research has been done on local community organizing during the Depression, and even less about women's activities. It is a difficult kind of research, involving reaching into local archives in many different places, but would be amply rewarding undertaking."⁴ In sum, Gordon views Afro-Americans as the manipulated subjects of a white racist movement. Never do they appear as actors in their own right.

Carol McCann, in her dissertation, Race, Class and Gender in U.S. Birth Control Politics, 1920-1945, while agreeing for the most part with Gordon's analysis, tries to locate points of interracial harmony among the birth control advocates, but she focuses only on the "professionals." McCann believes that Gordon's social domination theory ignored existing local interest in birth control within the black community. Yet McCann ignores it too and does not extend her analysis beyond the professionals and the rhetoric of the national movement.

McCann identifies two key strains in Sanger's political vision which matched the goals of black professionals, the economic ethic of fertility and the ideal of racial

⁴ Gordon, 454.

betterment.⁵ White and black birth control advocates alike, she claims, believed in having only as many children as one could afford and that birth control was an important tool for racial improvement. While she does concede that there was some limited birth control activity among blacks, she cites the black focus on civil rights, concern with respectability, and sexual paternalism as prohibitive

⁵ Here the two strains are quoted at length: "The first strain, based in evolutionary social thought, sought to improve the American race through scientific planning. Throughout the 1920's this evolutionary social thought was given its fullest expression in eugenics, a scientifically rationalized doctrine of racial betterment through controlled breeding. Sanger repeatedly grounded her claims for birth control legalization on the ideal of racial progress and efficiency. Birth control was essential to racial improvement because it enabled women to space their pregnancies and thus maintain their health. Moreover, birth control would enable women to rise above the drudgery of endless pregnancies and thus, provide better mothering to their children. The second strain, derived from Malthus, held that families should not have more children than they could afford to support. This premise amounted to a moral prescription against large families. It was, in a sense, an economic ethic of fertility. Having only as many children as one can support assumes a market society in which children, like property, are counted as assets or liabilities. It is an ethic which became increasingly important for the bourgeoisie as literacy and scientific knowledge became increasingly important prerequisites for securing middle class status. The need for higher levels of education and thus, more years of dependence upon parent, shifted the focus from the quantity of children to their quality. Both the racial ideal and the economic ethic implicitly relied upon the traditional gender relations confining women to marriage and the nuclear family. As such both strains of thought undercut Sanger's feminist vision of birth control. The Sanger rhetoric in no way challenged the nuclear family itself, only the power of women to control their fertility within it." See McCann, 7-8.

was some limited birth control activity among blacks, she cites the black focus on civil rights, concern with respectability, and sexual paternalism as prohibitive factors for an open debate and grass roots movement for birth control. While the two strains of thought allowed for points of agreement between professional black and white birth control advocates, they did not produce what McCann calls a sustained or autonomous movement among blacks for birth control. (In fact, she cites my work to prove this!) Afro-American concern with respectability, she argues, precluded a public discussion of anything dealing with sexuality. She writes:

the reaction of the older generation to the young artists of the Harlem Renaissance... older black critics objected to the representation of "low life" in its Renaissance fiction. They felt that the sex and immorality which were a focus of the (Renaissance) fiction was offensive and painted the race in a bad light...The 1922 comment by W.E.B. Dubois, that marriage and birth are still slightly improper subjects which cannot be discussed with plain sense, supports this interpretation.⁶

The concern with respectability, she states, was a reaction to the racist image of black women as sexual animal or whore. This racist image generated what McCann calls a protective sexual paternalism within the black community. Discussions of birth control, therefore, needed to be

⁶ McCann, 82, 207.

birth control. Rather, issues of race improvement were primary, as black women fought to defend their moral integrity as women against white racist ideology and sexual exploitation by white men. As a result, black women concentrated their political efforts on the anti-lynching and Garvey movements.

McCann believes that in the years before World War I birth control was peripheral to Afro-American concerns. It was perceived as a white working class and feminist demand.⁷ In the 20's, according to McCann, dominant scholarship argues that women's rights were depoliticized. She argues that demands for social and economic justice turned into demands for personal fulfillment only. Companionate marriage was part of the desire of both sexes for personal fulfillment, with women's principal commitment being marriage and the family. She applies this theory to the experiences of the Afro-American community, despite the fact that the theory is a disputed, and somewhat outdated, view of white women's experiences.⁸

W.E.B. Dubois, according to McCann, is the lone black voice advocating birth control. Citing his 1922 writing in support of birth control for blacks, she argues that Dubois'

⁷ McCann, 82-84; 102-105.

⁸ McCann, 104.

opinion mirrored the white bourgeois economic ethic of fertility. He argued that a family should not have more children than it could afford. His opinion presumes the necessity of a nuclear family in which the mother at home provides the basis of proper rearing. For DuBois, "racial progress was enhanced by birth control." McCann's focus on DuBois as the "lone black voice" is a grave misrepresentation of the Afro-American community. The birth control debate, was a frequent feature of Afro-American newspaper columns and editorials.⁹

McCann interprets the programs of the Division of Negro Service as designed to promote racial improvement and the capitalist economic ethic, and to increase health, security and happiness within the black community. Health was linked to racial improvement, while security and happiness to the economic ethic. McCann asserts "Planned Parenthood was careful to concede that family planning represented only a partial answer to the economic and health needs of American blacks. They did not claim that birth control was a

⁹ McCann, 210-212. For Afro-American newspapers see The New York Age; The New York Amsterdam News; The Chicago Defender; The Pittsburgh Courier and the Baltimore Afro-American for the years 1920-1945.

panacea."¹⁰ According to McCann, the educational campaign of the Division of Negro Service was limited, however, because it was never followed up by mass agitation. "In this sense grassroots activity was precluded and elitism perpetuated because the movement had connections only to professionals, both black and white."¹¹ She cites as an example of the support from black professionals The National Council of Negro Women who were the first national women's organization to officially endorse family planning and among the most active supporters of the birth control movement.¹²

This dissertation deals more directly with Gordon and McCann's interpretation than with Reed's. Both evaluate the racism of the birth control movement but tell nothing about the historical experiences of Afro-American's. Their research follows the same trajectory. Though ostensibly concerned with the reproductive rights of the masses, neither of them evaluate the conditions and motivations of ordinary women, including black women, to obtain birth control. They criticize the motives and the inclusion of elites but continue to write about them, tracing the birth

¹⁰ McCann, 247.

¹¹ McCann, 253.

¹² McCann, 255.

control movement in a "top-down" manner, by focusing on the activities, evolution and rhetoric of the national birth control organizations and leading white and Afro-American birth control figures, especially that of Margaret Sanger. In both their works, the masses are silent.

More specifically, and especially in McCann's work, there is a tendency to assume that patterns of reform among the white and black community are the same. McCann assumes that the relationship of white "experts" to working class and poor whites is duplicated among the professional classes in the black community. Neither understand the black community in the period between the two World Wars and that Afro-Americans brought a different set of needs and motivations to the birth control movement, even when they worked with white professionals on interracial projects.

To adequately understand the motivations of blacks in the birth control movement, the pre-migration period, which began Afro-American's systematic push toward self-definition must be understood. In the twentieth century, black migration, poverty, women's work patterns, unemployment and racial discrimination must also be considered as contributing to birth control views. The increased political participation of Afro-Americans outside the South reflected the burgeoning spirit of activism among Afro-American women,

evident through their clubs and churches on many fronts: suffrage, anti-lynching, education and health. The demand by the Afro-American community for birth control was part of the same struggle which sought to secure equal rights and social justice for all black women and men.

The remainder of this chapter will give a brief history of the social, economic and political changes which preceded and gave rise to the birth control movement of the twentieth century. It will also offer a broad framework of the birth control movement's leading advocates, organizational institutions and the legislative battles for the legalization of contraceptives.

Over the course of the nineteenth century among white, native born Americans traditional societal structures, such as the extended family and tight-knit communities, gradually disintegrated. In its place, the nuclear family emerged as the primary center of moral authority. The family became increasingly viewed as a buffer against the harsh winds of multitudinous economic and social changes. In this process, the white family became idealized and the roles within it changed. An ideal of companionate marriage, exemplified by heterosexual romantic love and mutual affection, became the primary reason for marriage. Children became the focus of middle-class white families and women the spiritual and

emotional caretakers of the home. Wives promoted romantic passion, but one moderated by the female ideals of sexual mutuality and spirituality. Although the nineteenth century prescriptive values of thrift, sobriety, and continence remained intact until the end of the century, the new ideal of romantic love influenced white middle class heterosexual values. A new sexual ideology gradually emerged, one that redefined women as sexual beings. By the twentieth century sexual ideology had moved beyond a framework that had tied sexuality to reproduction.¹³

Other developments besides the emphasis on romantic love contributed to the emergence of a new procreative framework. By World War I changes in capitalism affected the sexual attitudes and practices of Americans. Linda Gordon, for example, suggests that transformations within capitalism created a new set of economic expectations which made a repressive view of sexuality and other personal indulgences less useful. Concern over a series of worsening business crises due to overproduction and the ruin of farming led business leaders to believe that "These and other forces

¹³ Reed, "The Rise of the Companionate Family," in From Private Vice To Public Virtue, (New York: Basic Books, 1978), 19-33; D'emilio and Freedman, "Within the Family," and "Civilized Morality Under Stress," in Intimate Matters: A History of Sexuality in America, (New York: Harper & Row, 1988): 55-84, 171-201, especially 173.

created problems no longer soluble by the internalization of industrious and penurious habits." Indeed, these economic problems were better solved through material consumption, indulgence of desires for goods, and immediate gratification. "The new society needed citizens who spent rather than saved, in the phallic as well as the commercial sense."¹⁴ The emphasis now was on indulgence, pleasure and sexual expressiveness.

A shift toward self gratification is reflected in the new sexual theorists such as Havelock Ellis, the late nineteenth century's leading sexologist. Among Ellis' many suggestions, he advocated "sexual gratification rather than self-control." He challenged many nineteenth century sexual conventions: premarital virginity and monogamous marriage. He also challenged the stigma against masturbation. Expressive sexuality took on an unprecedented importance. Ellis' writings helped to shape and were also a reflection of a shifting definition of sexuality, which included an emphasis on sexual freedom and health as part of an individual's self-definition and self-esteem. In addition to Ellis, Edward Carpenter, the English utopian, and Ellen Key, the Swedish sexual theorist, advocated sexual equality for

¹⁴ Gordon, 180-181.

women and experimentation with forms of sexual expression, relationships and living arrangements.¹⁵

The emphasis on romantic love and sexual expressiveness was further advanced by the erosion in the custom of separate gender spheres. The custom of separate spheres lost its relevance as men and women began to engage in heterosocial pleasures. New forms of leisure in new public spaces, such as the dance hall and the nickelodeon, arose where young unmarried people could experiment with heterosocial relationships and intimacy and begin to forge a sexual identity. These new forms were most evident among working class white immigrant women who influenced middle class values.¹⁶

The mass migration of immigrants and blacks to urban areas following World War I brought all ethnic groups, including native white Americans, into contact with alternative sexual cultures. The middle class virtue of

¹⁵ D'emilio and Freedman, 224-230.

¹⁶ Kathy Peiss, "Charity Girls and City Pleasures: Historical Notes on Working-Class Sexuality, 1880-1920," in Unequal Sisters; A Multicultural Reader in U.S. Women's History, ed. Ellen Carol DuBois and Vicki L. Ruiz (New York: Routledge, 1990): 157-166. These "new" forms had already existed among Afro-American's on plantations for several generations. See Charles W. Joyner, Down By the Riverside: A South Carolina Slave Community (Urbana: University of Illinois Press, 1984).

privacy was often nonexistent within overcrowded immigrant tenement houses; and among urban blacks, the practices of "cohabitation", "serial monogamy," "irregular sex behavior," and a general acceptance of premarital intercourse and pregnancy prevailed.¹⁷ W.E.B. DuBois, in his study of Philadelphia blacks, attributed these behaviors to the constraints of poverty, which led to the postponement of marriage due to blacks being unable to earn enough to maintain a family. It was noted, however, that "cohabitation" was usually permanent and it evolved into common law marriages.¹⁸

By the 20's sex was a legitimate and popular topic of public discussion. Afro-American sexuality was presented in some of the popular fiction written by Afro-Americans during the Harlem Renaissance.¹⁹

¹⁷ Frazier, 179-202.

¹⁸ W.E.B. DuBois, The Philadelphia Negro: A Social Study. (1899; repr. New York: Schocken Books, 1967): 166-168; D'emilio and Freedman, 172, 184.

¹⁹ See, for example, Carl Van Vetchen's Nigger Heaven (1926); Claude McKay's Home to Harlem (1928) and Arna Bontemps's God Sends Sunday (1931). The presentation of black sexuality in these works, however, was problematic and disturbing to many members of the black community. Many thought black writers, (although Van Vetchen was white) were manipulated into reproducing black sexual stereotypes to please the white funders of the Harlem Renaissance who so often defined the movement's creative parameters. Carl Van Vetchen, one of the white authors of this genre, was also one of its foremost sponsors. While there were enough white sponsors to allow blacks to experiment with a variety of

As a consequence in part of changing sexual attitudes and social experiences both black and white Americans began to demand contraceptives.²⁰ Voluntary motherhood was a term used by late nineteenth century feminists to denote the growing political demand by women to bear children at their own discretion, yet most feminists opposed the use of contraceptives to achieve fertility control and instead advocated abstinence. Contraceptives were not yet part of their demand because their use implied a separation of sexuality from reproduction. Voluntary motherhood was a reproductive choice for women made within the context of her own family. The concept's insistence on choice coalesced later in the century with a new recognition and affirmation

genre's what was "pushed" by the "Van Vetchen" school was the erotic and the exotic. Van Vetchen wanted to exploit the "squalor", "vice" and sexuality of black Harlem. By 1926 Dubois began to denounce the Van Vetchen school. Dubois's public statements on this subject have been mistakenly interpreted by some historians as evidence of middle-class black prudishness and unwillingness to address sexuality in the black community openly. What Dubois is actually denouncing is not the open display and discussion of the erotic, for he was actually in favor of permitting topics like birth control and sexuality to reach the public forum. What he was denouncing were the politics of white patronage and their ability to influence the creative marketplace. See David Levering Lewis, When Harlem Was In Vogue, (New York: Vintage Books, 1979), 176-178. Black female sexuality was more subtly explored by some female fiction writers of the Renaissance period. See chapter two.

²⁰ Due to the paucity of information regarding Afro-American sexual attitudes in general it is only speculation that sexual attitudes were "changing."

of female sexuality. These trends ultimately helped to pave the way for contraceptive acceptance. By the pre-World War I period there was a growing and popular demand for reliable contraceptives, yet withdrawal, abstinence, and a number of folk methods were the only contraceptive measures available because of laws which prohibited the use of "modern" contraceptives.

Despite Margaret Sanger's campaign to provide reliable contraception, information on birth control devices and practices were legally suppressed due in part to the legislative successes of Anthony Comstock, (1844-1915) a New Englander who crusaded for laws which would strengthen the federal obscenity laws. In 1873 he was instrumental in passing a bill which defined contraceptive information as obscene. It prohibited the importation, interstate shipment and mailing of contraceptives. States followed with their own versions of this law. In addition, Comstock was appointed as a special agent to the U.S. Post Office so that he could wage a personal vendetta against offenders. By 1874 Comstock's war had paid off; he had made 55 arrests and twenty federal convictions. In addition, he had seized 60,300 rubber articles considered obscene. Even public discussion of birth control became dangerous; many authors

were forced to delete contraceptive information from their books.²¹

In light of the growing acceptability of sexual expressiveness however, folk methods could not sustain the demand for safe, reliable birth control measures nor, ultimately, could Comstock's campaign of contraceptive suppression.²²

Many reasons for using birth control other than sexual indulgence contributed to the demand for contraceptives. The rising economic expectations of middle-class families who wanted to purchase consumer goods and education for their children forced such families to curtail their numbers. Poor families as well could ill afford a growing family. Eugenacists, many of whom were racist, ethnocentric and elitist, also had varied and politically questionable uses for contraceptives, with "selective breeding" being foremost on their agenda.²³

²¹ Reed, "The Suppression of Contraceptive Information," in From Private Vice To Public Virtue, 34-45; D'emilio and Freedman, 156-161.

²² Gordon, "Voluntary Motherhood: The Beginnings of the Birth-Control Movement," in Woman's Body, Woman's Right, 95-115.

²³ On eugenicism see also Mark H. Haller, Eugenics: Hereditarian Attitudes in American Thought (New Brunswick, N.J.: Rutgers University Press, 1984) and Richard Hofstadter, Social Darwinism in American Thought (New York: G.Braziller, 1959); Gordon, 274.

Prior to World War I, with noted exceptions, very few physicians questioned the suppression of contraceptive materials.²⁴ Feeling obliged to uphold the public standards of morality, and sometimes capitulating to Catholic pressure and beliefs, many doctors associated contraception with vice, immorality and abortion. Many feared that if white, native born women avoided childbearing that the native white stock's rate of growth would be quickly outpaced by immigrants. Hence, contraceptive information and devices were available only to those who had either the money or means to acquire them. Doctors claimed that they were unreliable and fell under the rubric of "quackery," despite the fact that the knowledge and ability to manufacture condoms, pessaries, diaphragms and contraceptive jellies existed in other countries.²⁵

²⁴ In the late nineteenth century, the three Foote doctors-Edward Bliss, Edward Bond and daughter-in-law Mary Bond advocated birth control, women's rights and participated in the development of contraceptive technology. William Josephus Robinson, editor of two birth control journals, the Medico- Pharmaceutical Critic and Guide and the American Journal of Urology wrote approximately twenty-four books on sex and birth control by 1936. He is considered the most "influential publicist in winning support for birth control." See Gordon, 167-173.

²⁵ Carole McCann, "Race, Class and Gender in U.S. Birth Control Politics 1920-1945," (Ph.D. diss., University of California, 1987), 143; Gordon, 67; Reed, 39-40.

The biggest source of organized opposition to birth control came from the Catholic Church, which opposed all forms of birth control except the rhythm method, and even that method was contested until the thirties. States with large Catholic constituencies posed formidable obstacles to the legalization of contraception. For example, Franklin D. Roosevelt, was unable to finance birth control programs even as relief measures because New Deal legislation depended on the votes of politicians with large Catholic populations in the Northeast and Midwest. The formation of birth control clinics in many states, especially Massachusetts, was impeded by the political pressure of Catholics. When clinics organized in spite of Catholic opposition, they usually had to operate quietly and without publicity.²⁶

In 1914 Margaret Sanger emerged as the key individual in the fight for the legalization of birth control. For four decades she worked for the removal of the Comstock Laws, the establishment of clinics, the manufacture of reliable contraceptives and acceptance of the idea that women must be in control of their own reproduction. And, in the process, she fought many internecine battles with competing birth control organizations and advocates, including, at times, the other major birth control advocates, Robert Latou

²⁶ D'emilio and Freedman, 245.

Dickinson, Clarence Gamble and Mary Ware Dennett. (Each figure is sketched below.)

These birth control advocates, Sanger, Dickinson, Gamble and Dennett are the highly visible, and white, national figures. They are important to evaluate because they reveal a broad spectrum of organizational strategies in the movement. At the local level, organizational strategies, funding, political control, religious beliefs, individual personalities and racial dynamics complicated the motives of the birth control movement to a bewildering degree. That the movement was "fractured" renders contemporary theories of white domination in the movement implausible. This left room for nationally known Afro-Americans in the birth control debate as well as the participation of ordinary Afro-American citizens in clinic organization and in birth control education.

Sanger launched the birth control movement with what was to become her first of many rebellious acts, The Woman Rebel, published in 1914. Attached to its masthead was the anarchist slogan "No God No Master!" The Post Office declared it obscene, although no specific contraceptive information was included in the publication. Its debut was a considered a success, and it was followed by many subscription inquiries. Encouraged, Sanger wrote the first

issue of Family Limitation, which did, indeed, contain explicit contraceptive information. When Federal authorities seized her, she was indicted and faced a possible forty-five year prison term on nine counts of violating the Federal Comstock Laws. Sanger, in turn, left for Europe leaving her husband William Sanger and their three children behind. Charges were eventually dropped.²⁷

According to historian Linda Gordon, in the very early years of the movement, and at least until the mid-twenties in the popular mind, birth control was considered a "radical" issue, since it was advocated chiefly by Socialists as part of a larger movement for the liberation of all society, but especially that of the working class. It therefore attracted a variety of progressive individuals to its cause, such as anarchist Emma Goldman.

As Sanger's involvement in the movement deepened, she discovered that she would need to disassociate herself from the "radicals" and narrow the focus of her cause a move that enabled her to create a broad base of support for birth control by enlisting moderates and conservatives as well. Sanger distrusted Socialists' support of birth control because their views of women tended to be traditional. While they believed in the concept of "voluntary"

²⁷ Reed, 85-88.

motherhood, they wanted to preserve the childbearing (and rearing) role of women within the family. Since, according to Socialist thought, a capitalistic economy distorted the "natural" childbearing functions of the family, under socialism women would bear as many children as possible without negative economic repercussions. Sanger realized that the rights of individual women to determine their own reproduction were absent from the Socialist plan.²⁸

As it turns out, the American Left in any case, was losing its base of support during World War I due to patriotic, nativist hysteria and persecution by government agencies of anyone and anything that seemed anti-american. The left continued to erode in the post-war period as the "Red Scare" took its toll in the form of union busting, deportations, immigration restriction and the curtailment of civil rights. The rise of the Ku Klux Klan and the enforcement of Prohibition were symbols of the strength of conservative forces. Ideological differences within the Socialist party, especially in regards to the Communist Revolution also weakened it internally. With the Left in a shambles, Sanger lost her original base of support, but these events also left Sanger free to pursue birth control

²⁸ This discussion follows Gordon's general understanding of the birth control movement in its early years.

as an isolated issue and as a movement that put childbearing decisions directly in the hands of women. But her aim to place authority in women's hands could not be fully realized. With the support of the Left gone, support from the medical field became a crucial element in Sanger's strategy of making birth control a "respectable" and "scientific" endeavor. She courted "respectable" people doctors, lawyers and "society" people for their support and funds. In essence, she hoped to "medicalize" and "professionalize" what had once been a popular grass-roots movement. Though a loss of control for women, the doctors-only strategy secured the only hope for successful decriminalization of birth control.²⁹

Sanger began "courting" the medical establishment in 1921 with her proposal of a so-called "doctors-only" bill. It would have removed the clause, "for the cure and prevention of disease" from the Comstock laws, thereby allowing physicians to prescribe contraception for many reasons, such as social and economic ones. Sanger argued for repeal of a section of the Comstock Laws which made contraception unavailable to physicians. She lobbied in

²⁹ Gordon, "Birth Control and Social Revolution," in Womans' Body, Woman's Right, 186-245.

Washington, D.C. in 1921, 1923, 1924 and 1925 for a "doctors-only" bill.³⁰

Sanger's strategy to gather support from physicians took more than a decade to achieve. In 1925 the editor of the Journal of the American Medical Association asserted that there was no birth control method which was "physiologically, psychologically and biologically sound in both principle and practice." It was not until 1937 that the AMA gave its official endorsement to birth control.³¹

The doctors-only bill, however, would not have removed birth control from the obscenity laws. As a result, this approach to decriminalization of birth control brought her into direct conflict with another recognized birth control leader, Mary Ware Dennett.

Dennett actually formed the very first birth control league, The National Birth Control League, in 1915 after Sanger had fled to Europe to avoid her trial. Dennett favored an "open-bill", one that would have removed the phrase "for the prevention of conception" from Section 1142 of the Penal Code. This would have completely removed contraception from the obscenity statutes, since Dennett

³⁰ D'emilio and Freedman, 242-246; Gordon, 249-274; Reed, 100-101.

³¹ D'emilio and Freedman, 244.

believed that a "doctors-only" bill would create a medical monopoly; she preferred no restrictions, whereby all could compete to provide services and information. Dennett and Sanger's tactical strategies also differed. Sanger believed in civil disobedience and would break the law to establish illegal clinics. Dennett, perhaps naively, believed in a complete repeal of the federal obscenity laws. In 1919 Dennett formed the Voluntary Parenthood League, which lobbied for the Comstock law's repeal. However, federal bills introduced by Dennett in 1923 and 1924 never got out of committee. It should be noted, too, that none of Sanger's bills got out of committee either.³²

Further, Sanger favored the legislative process for its ability to educate the public and quite often used it in this manner, believing that changes in the public mind would have to precede the favorable passage of bills.³³

While Dennett worked primarily for repeal of anti-birth control laws, physician Robert Latou Dickinson (1861-1950) had a multi-pronged approach. In 1923 he formed the Committee on Maternal Health, an organization dedicated to research on contraception, abortion and sterility. Dickinson's strategy was to work through hospitals. He would

³² McCann, 136-148; Reed, 100-104.

³³ Reed, 102.

supply them with condoms, lactic acid jelly and the Mensinga spring-diaphragm. Dickinson's personal philosophy stressed the ability of contraceptives to create intimate marital unions and stable, "regulated" families. He wanted the distribution of contraceptives and birth control education in the hands of physicians, not "radicals." When Sanger, whom he considered a "radical," had asked him for support in 1923, he refused.

Dickinson, however, was not immediately successful. His hospital approach was limited, and he encountered much resistance from hospital officials. After eight months of work he had only seen nine patients. By 1924 his views began to shift. Though he wrote in a memo that the "activities of Sanger's organization are anathema" to all of the medical profession, he conceded that their clinical studies conducted at the Birth Control Clinical Research Bureau were useful. He noted that Sanger's clinic was now working to keep within the limits of the law and wrote " wherein they are doing the kind of clinical research that we are advocating, they should be supported."³⁴ Dickinson

³⁴ Robert Latou Dickinson, March 17, 1924, Box 1, Folder 22, Committee on Maternal Health, Robert L. Dickinson Papers, (hereafter cited as Dickinson Papers) Francis A. Countway Library of Medicine, Harvard University, Boston, MA.

came out in full support of Sanger after six years when he joined the advisory board of Sanger's BCCRB.

By 1930, Dickinson's Committee on Maternal Health switched its focus to become instead an informational "clearing house" for physicians, realizing that Sanger was to maintain her leadership role in clinical research.³⁵

Neither Dennett nor Dickinson could offer the support to Sanger that doctors and other professionals could. The void created when radicals no longer served as the primary base for birth control advocacy was filled by eugenicists. Before World War I the eugenicists had followed a tradition which placed equal emphasis on environment and biology in regards to an individual's development. This focus allowed them to support many useful reforms, such as prenatal medical care and programs for the prevention of birth defects. [After the World War I, however, eugenicists took a biological turn, as they began to interpret social and economic inequalities as inherited defects.] They then supported such measures as immigration restriction and sterilization of "undesirable" ethnic groups and races. Sanger, always the consummate politician, accepted their support not because she agreed with their agenda but because

³⁵ Reed, "Clinical Studies," and "Publisher and Clearing House," in From Private Vice to Public Virtue, 167-180; 181-193.

the language of the eugenicists gave the birth control advocates an air of "scientific " respectability and support that was not forthcoming from the medical profession. This coalition of eugenicists and sympathetic doctors gave Sanger a mass base of conservative support.³⁶

Professionalization, at least in theory, would systematize and centralize the birth control movement into a national organization. Central authority would come from the main office of Sanger's ABCL which she founded in 1921. Some maintain that by the mid twenties the ABCL dominated the organization of birth control politics at the national level.³⁷

In 1921 Sanger founded the ABCL for the purpose of sponsoring clinics and reforming laws. In 1923 the first clinic, The Clinical Research Bureau (CRB), was formed as a branch of the ABCL. In 1929 Sanger resigned from the ABCL due to personal hostilities with other ABCL officials, and the CRB became hers alone. For the next decade, Sanger and the ABCL fought many battles. Sanger's financial support, her second husband, J. Noah Slee, severed his ties with the ABCL, and without Sanger's name and influence, the ABCL

³⁶ Gordon, 274-281; McCann, 178-181, 288.

³⁷ Gordon, "The Professionalization of Birth Control," in Woman's Body, Woman's Right, 249-300.

found fundraising difficult. Sanger was infuriated when the ABCL refused to give her any mention in the Birth Control Review, which they controlled. Yet, in the public mind, the CRB and the ABCL were the same institutions, though they were in constant competition for funds, publicity and recognition.³⁸

The Afro-American community since 1918 had demonstrated interest and a need for birth control as evidenced by Sanger's speaking engagements in Harlem at their request. Black women also attended clinics in other parts of the city in significant numbers. With this in mind, Sanger opened a non-segregated second clinic in Harlem in 1930, which was

³⁸ Carol McCann, 262-66; D'emilio and Freedman, 243; Reed, 114; A description of Sanger's first clinic and its methods of birth control follows: "The clinic is on an upper floor of a business building at 104-5th Avenue in a one window room, opposite the office of the Birth Control League. The door carries the name of Dr. Dorothy Bocker, Clinical Research. The equipment is desk, files and a partition space with room for an examining table, an instrument stand and sterilizer. The sterilizer was not in action at the time, and bivalve speculae were lying around in some disorder. Several methods are being tested, the one most favored being as follows: a vaginal soft rubber cup pessary in general of the Mensinga Dutch Haire type, manufactured in Germany and imported via Canada, called the "Ramses." It has a spiral spring in the thickened edge of the dome; the rubber is thin and appears of good quality and the cost is .31 each. It is not used alone, but in conjunction with a chemical, preferable the Keros tablets... Thus a combined mechanical chemical contraceptive measure is placed in the hands of the woman. No douche is ever ordered." Dickinson Papers, 4 January 1924, Box 1, Folder 22.

also a branch of the CRB. Seed money was given by the Julius Rosenwald Fund, and W.E.B. DuBois presided at its opening. Some resistance came from black physicians who voiced the same complaint as white physicians that the clinic was dispensing free medicine. (This allegation was not true since those who could pay were referred to private doctors.) The clinic had an Afro-American advisory board, and, by 1933, the majority of the staff was Afro-American. In 1932, on the advisory board's recommendation, the clinic moved to the Urban League building in order to generate more credibility and support within the black community.³⁹ (The Harlem clinic is discussed at greater length in chapter four.) In 1935 the ABCL took over the administration of the clinic because Sanger had failed in her efforts to make the clinic self-supporting, and she had run out of funds.⁴⁰

From the beginning of Sanger's involvement with the Afro-American community, it is unclear that either she or

³⁹ For background information on the National Urban League see, Nancy J. Weiss, The National Urban League 1910-1940, (New York: Oxford University Press, 1974). Weiss, however, does not discuss the role of the National Urban League in the birth control movement. It is a curious absence since many Urban Leagues at the local level played a strong supporting role in the establishment of clinics and in birth control education.

⁴⁰ McCann, 220-224; Reed, 117.

subsequent organizations grasped the full meaning of Afro-American participation. Organizations such as the ABCL and Sanger employees stressed that the purpose of birth control for black women was the enhancement of motherhood. While it is not unreasonable to assume that black women did indeed want to become better mothers and could achieve this through smaller families, the black community in general had a much broader, political agenda for contraceptive use. Afro-Americans saw birth control as one means to attain improved health, and, having secured that, equal rights and social justice. This distinction is an important one; it appears at many points of contact and conflict between the black and white communities.⁴¹

As another strategy, in 1929, Sanger organized a lobbying organization, the National Committee on Federal Legislation. In part, this new organization, based in Washington, D.C. aimed to generate publicity for birth control but also to remove the legal obstacles that prevented clinical research. The Comstock Laws effectively prohibited the importation from outside the country of contraceptive devices and led to much confusion in the

⁴¹ "The Third Fiscal Year Report of Harlem Branch of the Birth Control Clinical Research Bureau, 1932" Sanger, Library of Congress, 33; Antoinette Field to Margaret Sanger, November, 1931, Sanger, Library of Congress, 33.

medical community between state and federal laws. In some states it was legal to prescribe birth control instructions orally, while in other states it was not. By the early thirties Sanger was involved in sixteen court cases and had had five congressional hearings. In 1930 a federal decision allowed for the transport and advertisement of contraceptives under the guise that they were for the prevention of disease.⁴²

Sanger's big judicial victory came in 1936 with the United States v. One Package decision. At a contraceptive conference in Zurich, Sanger learned of a new Japanese pessary and decided to have some imported to the U.S. from Tokyo. They were confiscated and destroyed by customs officials. The Judge presiding, Augustus Hand, ruled that "although the language of the Comstock Act was uncompromising, if Congress had available in 1873 the clinical data on the dangers of pregnancy and the usefulness of contraceptive practice available in 1936, birth control would not have been classified as obscenity." This ruling

⁴² D'emilio and Freedman, 245.

made existing federal laws on contraception illegal, although it did not touch state birth control legislation.⁴³

Despite Hand's decision, clinic organization in the thirties was fraught with many difficulties. The majority of physicians were still opposed to birth control in principal and especially to the notion of free standing clinics. They believed this arrangement destroyed the private and paying relationship between the patient and doctor and set up a situation that looked to them like state controlled medicine. Those who did support birth control usually gave only their qualified support and would dispense contraception only when certain medical conditions indicated their need. Sanger, on the other hand, believed that social and economic conditions were justifiable indications.

The physicians who did give their support to Sanger tended to monopolize information. For example Sanger's physician, Dr. Bocker, gave contraceptive information only to other physicians. Social workers or nurses who wanted to learn methods of birth control got their information second hand through their patients!⁴⁴ And, at ABCL sponsored conferences "non-professionals" were excluded from

⁴³ D'emilio and Freedman, 245-246; Gordon, 321; Reed, 121.

⁴⁴ Dickinson Papers, Box 1, Folder 22.

"scientific" discussions of contraception. But, despite physician's resistance, by 1930 there were fifty-five clinics in fifteen states and by 1942 they numbered approximately eight hundred and three nationwide.⁴⁵

Sanger often collaborated on projects, especially in the late thirties, with another important figure in the birth control movement, Clarence J. Gamble. Gamble was a Harvard trained physician and independently wealthy. Although a physician Gamble directed his efforts toward developing alternatives to what had become standard dispensing practice, the "doctor-diaphragm-special-clinic regimen." Concerned foremost with medical care delivery he organized many projects where birth control staff traveled to rural and remote populations and dispensed what he called "simple" methods of birth control. One of these simple methods was called foam powder. It came in a small canister and needed to be sprinkled on a tampon-like sponge and moistened with water before insertion. One of his more extensive projects was in Logan County, West Virginia where for a period of three years he dispensed lactic acid jelly alone in the belief that rural women would find this method more acceptable than the complications of using a diaphragm.

⁴⁵ Joyce M. Ray and F.G. Gosling, "American Physicians and Birth Control, 1936-1947," The Journal of Social History, (Spring 1985), 404; Gordon, 270.

He was, however, proved wrong. Even poor rural women preferred the diaphragm.

Since Gamble was self-financed he was free to choose among the already mentioned divisions in the birth control movement for institutional support: the American Birth Control League, Sanger's Clinical Research Bureau and Dickinson's Committee on Maternal Health. By 1937 Gamble had as many field workers as The American Birth Control League and four that split their time between his projects, Sanger's and Dickinson's.⁴⁶

In 1938 Sanger and the American Birth Control League decided once again to pool their resources and merge. They became the Birth Control Federation of America. (BCFA) The new policies of the BCFA continued in the trend toward further professionalization. It especially encouraged the introduction of men into the highest levels of the movement's organizational hierarchy. Such devices as time sheets, a strict working hours policy, and time evaluations were instituted. Staff and board members' initiative was stymied; everything had to be cleared through the national director. The BCFA symbolized many of the trends that had

⁴⁶ Reed, "Experiments in Population Control: Logan County, West Virginia, and the North Carolina Public Health Department" ; "Conflict and Isolation," in From Private Vice to Public Virtue, 247-256, 257-277.

been apparent in the birth control movement for two decades. It received a new director, D.Kenneth Rose, as part of its attempt to bring men into the movement. Sanger remained as its honorary chair, but her contributions were negligible. Bringing men into the movement was also a further step in the process of professionalization, as men replaced women in the higher management positions, women were left in the lower ranks. Family planning, not birth control, became the organization's primary focus, and along with it disappeared any vestiges of feminist content remaining in the movement. The movement no longer championed the rights of individual women to control their own reproduction and instead was concerned with child spacing and family stability.⁴⁷

One of the first projects formed by the newly founded BCFA was the Division of Negro Service in 1939. In response to the growing nationwide demand by blacks for birth control services, pilot clinics were sponsored in Nashville, Tennessee and Berkeley County, South Carolina. The Division consisted of a national advisory council and sponsoring committee of Afro-Americans who coordinated state and local

⁴⁷ Gordon, 341-348; McCann, 274-282, Reed, 122.

efforts, and administrative and field personnel.⁴⁸ The project in Nashville was integrated into the public health service and located in the Bethlehem center, a black social service settlement, and in the Fisk University Settlement house. Both clinics were under the direction of black doctors and nurses.⁴⁹

Simultaneously, with the development of these two projects, the BCFA launched an educational campaign to inform and enlist the services of black health professionals, civic groups, and women's clubs. While professional groups are often credited with being the sole source of birth control agitation, the minutes and newsletters of the Division of Negro Service revealed, as future chapters detail, an enthusiastic desire among a broad cross-section of the black community to lend its support for birth control education.⁵⁰ The National Medical Association,

⁴⁸ See Appendix for list of sponsoring members to April of 1942. It is a partial list, but the only one which appears in list form. Compiling a complete list of supporters would require combing dozens of archival boxes.

⁴⁹ list of national sponsoring committee.

⁵⁰ "Chart of the Special Negro Project Demonstration Project," Box 22, Folders 8 and 2, Florence Rose Papers, (hereafter cited as Rose Papers) Sophia Smith Collection, Smith College, Northampton, MA; John Overton and Ivah Uffleman, "A Birth Control Service Among Urban Negroes," Human Fertility, 7 (August 1942): 97-101; E. Mae McCarroll, "A Condensed Report on the Two Year Negro Demonstration Health Program of PPFA, Inc.," presented at the Annual Convention of the National Medical Association, Cleveland,

the organization of black physician's, also provided a forum for the birth control question in national meetings as early as 1929, more than a full decade before Planned Parenthood made it a priority.⁵¹

The National Association of Colored Graduate Nurses, under the direction of Mabel Staupers, was especially active in birth control education with the Birth Control Federation of America. Cooperation with the BCFA was offered by several state and local nursing, hospital and dental associations, all black organizations.

The Negro Home Demonstration Clubs offered their cooperation and their contributions to birth control education are significant because they are an entirely overlooked and potentially rich source for the grassroots spread of birth control information in the rural South. Home Demonstration Clubs grew out of the provisions of the Smith-Lever Cooperative Extension Act of 1914 and had, by the early twenties, evolved into clubs whose programs stressed health and sanitation. The newsletter of the

17 August 1942, Box 22, Folder 11, Rose Papers; Mabel K. Staupers, "Family Planning and Negro Health," National News Bulletin of the National Association of Colored Graduate Nurses 14 (May 1941): 1-10; Preliminary Annual Report, Division of Negro Service" (7 January 1942), Box 121, Folder 1309, Sanger, Northampton.

⁵¹ New York Amsterdam News 14 August 1929, p. 1.

Division Of Negro Service in 1941 reported that five rural State Negro Agricultural and Home Demonstration Agents offered full cooperation with the division. Also involved with rural birth control education were several tuberculosis associations and the Jeanes Teachers, educators funded by the Anna T. Jeanes foundation, who directed the activities of 15,000 southern rural school teachers. More than 250 Jeanes teachers in the south were cooperating in education for Planned Parenthood. They used literature, pictorial statistics, posters, exhibits and other visual aids before P.T.A. church and rural teachers' association meetings.⁵²

Other groups showed interest in the programs of the Division of Negro Service either by requesting birth control speakers for their conventions or by distributing literature

⁵² For information on the Smith Lever Extension Act, see Alfred True, A History of Agricultural Extension Work in the United States 1785-1923, (Washington, D.C.: Government Printing Office, 1928). Information on home demonstration clubs also appears in T.J. Woofter, Jr., "Organization of Rural Negroes for Public Health Work," Proceedings of the National Conference of Social Work (Chicago: University of Chicago Press, 1923), 72-75; "Activities Report, Birth Control Negro Service," 21 June-21 July 1941, Box 22, Rose Papers; "Progress Outline 1940-42" and "Activities Report, Birth Control Negro Service," 16 June-21 June 1941, Box 22, Rose Papers. For information on Jeanes Teachers see, for example, Edyth L. Ross, Black Heritage in Social Welfare, 1860-1930 (Metuchen, N.J.: Scarecrow Press, 1978), 211; "Better Health for 13,000,000," Sanger, Library of Congress, 33.

to their members. Such activities were conducted by the Virginia Federation of Colored Women's Clubs, which represented 400 women's clubs, the Negro Organization Society of Virginia, the National Negro Business League, The National Negro Housewives League the Pullman Porters the Elks, the Harlem Citizens City-Wide Committee and the Social Action Committee of Boston's South End. In 1944, for example, the NAACP and a black boilermakers union distributed Planned Parenthood clinic cards in their mailings to their California members.⁵³

The forty-two affiliated branches of the National Urban League, located in industrial centers of the country, responded enthusiastically to a request from their officials that they "help to make this information available to the women of your community." Working through a network of other community clubs, as well as with local planned parenthood committees, these Urban Leagues publicized the program through the display of exhibits, distribution of literature,

⁵³ Information on organizations is based on numerous reports and newsletters from the years 1940-42, in Box 22, Rose Papers; see also "Newsletter from Division of Negro Service, December, 1941," Box 121, Folder 1309, and "PPFA Field Report for California, 1944," Box 119, Folder 1215, Sanger, Northampton.

the promotion of local clinical service and adult community education programs.⁵⁴

The Division of Negro Services continued even after 1942 when the Birth Control Federation of America changed its name to the Planned Parenthood Association of America.

This chapter has provided a brief history of the birth control movement and outlined the interpretations of the movement by its noted scholars. In doing so, it has identified the omissions and shortcomings of their perspectives as they pertain to the experiences of Afro-Americans. Chapter two will begin to address their omissions by charting the ideological and organizational initiative among Afro-American's for birth control.

⁵⁴ "Better Health For 13,000,000," Sanger, Library of Congress, 33.

CHAPTER 2

THE AFRO-AMERICAN BIRTH CONTROL MOVEMENT OF THE TWENTIES

The articulation of the Afro-American birth control demand began just prior to the decade of the twenties. It was propelled by the rapid social and economic changes of the Afro-American migration of the previous decade. The organization for clinics and the debate which sought to define the proper role for birth control both began in the twenties and shaped the future parameters of the movement.¹

¹ As noted in Chapter One, birth control was part of Afro-American's "broad agenda" to attain equal rights and social justice. It was not an agenda which appeared suddenly in the midst of Migration. The post-Reconstruction to Migration period was, for Afro-Americans, one of self-definition. Attempts at self-improvement and self-help movements were numerous, and they contextualize the actual articulation of the desire for birth control in the late teens and early twenties.

Efforts at self-improvement can be seen in many areas, education being the most important. Black schools in the South flourished, aided by philanthropic institutions such as the Peabody Education Fund, the John F. Slater Fund, the General Education Board, the Anna T. Jeanes Fund, the Julius Rosenwald Fund, and the Phelps-Stokes Fund.

The church was vital in promoting self-help and maintaining self-identity. In fact, it began to function as a social welfare agency. Church involvement in social welfare issues easily merged with participation in the birth control movement. One example is W.N. DeBerry of Springfield, MA who in the late nineteenth century established a home for working girls in Amherst, a welfare league for women, handicraft for boys and girls, an evening school of domestic training and a free employment bureau. His family maintained this tradition when in 1942 one member appeared on Planned Parenthood's National Sponsoring Committee of the Division of Negro Service. (see Appendix)

Self-help organizations also took the form of fraternal orders, mutual aid societies, orphanages and insurance companies. Economic self-help was encouraged by Booker T.

An examination of the birth control movement among Afro-Americans in the twenties is crucial to an understanding of Afro-American history and to the history of the birth control movement. Scholars of the birth control

Washington's programs for industrial education and the founding of the Negro Business League 1900. The Afro-American League, established in 1890, represented the pinnacle of Afro-American self-help. Its leader, T. Thomas Fortune and members throughout the country pledged to fight all forms of segregation and discrimination.

Research was also enlisted in the aid of self-definition. The American Negro Academy, formed in 1897, for 31 years was the driving force behind the creation of research centers devoted to the study of the Afro-American community. Important sociological studies by W.E.B. DuBois such as the The Philadelphia Negro in 1899 and his 1908 study The Negro American Family can both be seen as critical self-evaluative tools used for the purpose of Afro-American social improvement.

By the turn of the century, however, more aggressive tactics were needed to help Afro-Americans secure their rights. By about 1910, Booker T. Washington's conciliatory strategies began to lose ascendancy. The movement for self-definition became increasingly protest oriented, marked by the creation of the Niagara Movement. W.E.B. DuBois was among its founding members as the Niagara Movement was institutionalized in the form of the N.A.A.C.P. This organization's immediate goals were to expand industrial opportunities, launch a protest against lynching and to secure greater protection for black Americans from police officials. By 1921 there were four hundred branches throughout the country.

The development of programs for self-improvement, were vital in fostering racial consciousness and solidarity among American blacks. This transformation in Afro-American consciousness helped to form the backdrop to migration. See John Hope Franklin, From Slavery to Freedom: A History of Negro Americans (New York: Alfred A. Knopf), 288-290; Peter Gottlieb, Making Their Own Way: Souther Blacks' Migration to Pittsburgh, 1916-30 (Urbana: University of Illinois Press, 1987), 1-9; August Meier, Negro Thought in America, 1880-1915 (Ann Arbor: University of Michigan Press, 1963).

movement who ignore the ferment for birth control among Afro-Americans in the twenties, are then able to claim that the visible clinic attendance of black women in the thirties was the result of a white racist design to control the fertility of poor minorities in a period of economic unrest.

The focus of this chapter is to demonstrate how during the twenties, at least a decade before the onset of the Depression, Afro-Americans had defined the ideological underpinnings and organizational strategies of their movement largely without interference from whites. The sole focus on the twenties, however, is somewhat distorting. For example, arguments made in favor and in protest of birth control are cut off artificially although some of the same arguments endured for decades. Hence, many of the same themes will be discussed in the following chapter. Also, the concentration on the twenties incorrectly links Afro-American's urban migration experiences with the birth control demand. Migration and urbanization should be considered as important, but not exclusive causal factors in the drive for birth control. While the demand for birth control was first documented in print in Harlem, the demand for birth control existed in the rural and urban South as well, yet the experiences of these women are less well documented since they were not part of the highly visible

and historically significant migratory phenomenon. What is known about rural women's desire for birth control will be explored in the following chapter.

The first half of this chapter details the black communities' migration experiences and suggests that economic deprivation and demands made on black women as providers and family caretakers led black women to demand access to birth control services. In addition, non-material factors are also considered such as sexual exploitation and the explosion of new and influential ideas surrounding the New Negro and Harlem Renaissance movement.

Black women, as well as black men, were part of the great migration of southern blacks to the northern cities that began in 1910. It was preceded by local migrations within the south, with blacks moving from farm to town. When Afro-Americans began traveling north it was for several reasons: inequalities in the sharecropping system, lynching, tightening of Jim Crow laws, disenfranchisement, bad weather conditions and a plague of boll weevils which destroyed the cotton harvests in 1915 and 1916. Blacks left the south seeking better living, educational and economic conditions.²

² Florette Henri, Black Migration: Movement North 1900-1920 (New York: Doubleday, 1975), 52, 54. On migration see also James R. Grossman, Land of Hope: Chicago, Black Southerners and the Great Migration, (Chicago: University of Chicago Press, 1989); Stanley Lieberson, A Piece of the Pie: Black and White Immigrants Since 1800, Berkeley, CA:

The start of World War I created jobs for blacks because of restrictions on European immigration and the need for cheap labor. By 1915 with the migration in full swing, the South swarmed with recruiting agents from the North trying to attract Afro-American laborers. By 1920 eight Northern cities contained 40% of the Afro-American population: Chicago, Detroit, New York, Cleveland, Cincinnati, Columbus, Philadelphia and Pittsburgh. Detroit's black population growth of 611.3% was the most dramatic. Cleveland was next with a 307.8% increase, Chicago with 148.2%, New York 66.3%, Cincinnati 53.2% and Pittsburgh 47.2%. Numerically, Chicago gained 65,000 black residents, New York 61,400 and Detroit 36,240. Most of these migrants came from southern towns, not rural areas.³

Great numbers of Afro-American males were forced to accept the unskilled jobs of common laborers. Semiskilled and skilled blacks in Chicago could earn \$3.50 a day or more

University of California Press, 1980); Carole Marks, Farewell--We're Good and Gone: The Great Black Migration, (Bloomington: Indiana University Press, 1989); E. Franklin Frazier, The Negro Family in Chicago, (Chicago: University of Chicago Press, 1932); St. Clair Drake and Horace R. Cayton, Black Metropolis: A Study of Negro Life In A Northern City, (New York: Harcourt, Brace and Company, 1945). On migrants to Pittsburgh see Peter Gottlieb, Making Their Own Way, Southern Blacks' Migration to Pittsburgh, 1916-1930, Chicago: University of Illinois Press, 1987.

³ Ibid., 69.

in a foundry. Bricklayers and plasterers could make thirty dollars for 40 hours work and at a steel mill in Pittsburgh, four dollars for a 12 hour day. For those who wanted to work, the Labor Department insisted that jobs were available for all. A study of Pittsburgh observed that only 5% of those questioned earned under two dollars a day compared with over 50% of the workers in the South. In Chicago, for semi-skilled and skilled labor, it was not unusual to be paid between .40 and .50 per hour.⁴

Black business alone did not generate many employment opportunities for either black men or black women. By 1920 approximately 70,000 blacks worked in small retail outfits with low overhead, limited stock, and jobs for three or fewer individuals. Some black women entrepreneurs, with noted exceptions such as Madame C.J. Walker, earned a meager living working as seamstresses and hairdressers. Although as individuals they could be moderately successful, these businesses did not provide many employment opportunities for other black women.

Afro-American women had few alternatives to domestic employment, still, more women left the South for Northern cities than did Afro-American men. The sex ratio imbalance was evident in the major Northeast cities. In Philadelphia in

⁴ Ibid., 139.

1900 there were 116 black females to 100 males and in New York 124 women to 100 men. These black women were also younger and better educated than their sisters who chose to remain in the South.

Some demographers accounted for the sex ratio imbalance by explaining that women had left behind heavy farm work for lighter industrial work. This may explain some of the female migration movement, but it does not explain why women left in such great numbers when most of the jobs advertised and offered by labor agents in the North were for men. Most black women, in fact, did not find lighter industrial work in the North. By 1905, one quarter of all adult black working women in New York City were employed as domestic servants.⁵

Married women who migrated North with their families played a crucial role in determining their economic viability. In 1920, black wives were five times more likely to work for wages outside the home than any other racial or

⁵ Jacqueline Jones, Labor of Love, Labor of Sorrow: Black Women, Work, and the Family from Slavery to the Present, (New York: Basic Books, 1985), 155-156, 167-168; Henri, 94-95. These scholars' definition of light industrial work vary. DuBois, in Philadelphia Negro, for example, noted the sex ratio imbalance in Southern cities as well. He attributed this to the availability of industrial opportunities in cities. What DuBois meant by "industrial opportunities," however, was domestic work. See pages 54-55. Jones uses the term industrial positions to mean employment as factory workers.

ethnic group. "In many ways they were forced to, considering the low wages, chronic underemployment and sporadic unemployment of black men." Black wives were often their family's sole support, at times earning wages equal to that of their husbands. In 1930, up to approximately 44 percent of black households in the largest northern cities had at least two gainfully employed workers.⁶

The employment of black women was linked to the progress of Afro-Americans as a group. Therefore, the "discrimination encountered by wives and mothers in the workplace was a crucial factor in inhibiting the upward mobility of their families."⁷ Families for whom upward mobility was out of reach could usually depend on friends, neighbors and extended families for support. This was especially true during the Depression when between 80 and 90% of black families "lived on the thin edge between subsistence and complete economic disaster."⁸ In 1941 Richard Wright observed the tradition of mutual assistance maintained especially by black women. He wrote, "There is nothing-no ownership or lust for power-that stand between us

⁶ Jones, 162, 166.

⁷ Ibid., 154.

⁸ Ibid., 221.

and our kin...our scale of values differs from that of the world from which we have been excluded."⁹

Despite the economic discrimination black families encountered in the workplace, they, unlike many immigrant families, did not put their children out to work to supplement the family income. Both parents would rather struggle and sacrifice at great inconvenience to themselves than to take their children out of school. Fewer children, then, would be of greater economic benefit to these families. This was a frequent observation made in favor of birth control use.¹⁰

The employment of black women in industry, however, was limited, most remained working as laundresses and domestics, and few found alternative employment in manufacturing. Black women who did enter industry during World War I were young women, primarily aged 16-30. Those working in the war industries "assembled munitions, manufactured gas masks, airplane wing nuts, bolts, rivets, screws, rubber tires and shoes." They also worked in glass, garment, and candy factories. Industry work appealed to the black women as a worker not only because it paid women

⁹ Ibid., 222.

¹⁰ John Hope Franklin, From Slavery to Freedom: A History of Negro Americans, 6th ed., (New York: Alfred A. Knopf, 1988), 239.

higher wages; it also provided more in terms of personal freedoms and helped them to escape from the oppressive slavery of domestic service.¹¹

Black women's modest gains were short-lived; they were excluded, for the most part, from the expanding industrial economy. Despite growing options for white working women, black women's wage labor was limited. While the percentage of semi-skilled worker's increased threefold from 1911-1920, overall they represented only 4.3 % of all black non-agricultural working women. When they did enter industry it often was not to work on production lines or with machinery but rather to clean the insides of the factories. With no labor union to support them, black women were the first to lose their jobs after the war. To protest their exploitation, black women resorted to such strategies as walkouts, high absenteeism, high turnover rates and carelessness. After WWI, black women constituted more than a fifth of all domestics in New York and Chicago, and over one-half in Philadelphia. In 1920, ninety percent of Philadelphia black women earned their wages as day servants, washerwomen, or live-in servants. By 1920, nationally,

¹¹ Jones, 166-167.

eighty percent of black women still worked as maids, cooks and washerwomen.¹²

The decade of the twenties did little to improve the wages, working conditions or employment options for any class of Afro-American women. In the professions, black women outnumbered black men by about five to one. Yet, they were still a tiny fraction of the workforce, numbering about three to four percent in the urban south, and they rarely totaled more than a handful in any northern city. In Chicago, for example, black female teachers numbered only 138 in 1920. Many black teachers, and nurses as well, were forced to work in segregated workplaces; their wages were considerably lower than those of their white counterparts. Black women nationwide were almost completely excluded from two positions: clerical worker and retail sales, both of which were greatly expanded for white women.¹³

The economic privation of black women necessitated that they gain control over their reproductive lives. Yet, control over one's reproductive life was especially difficult for Afro-American women in the south, since they had unequal access to the federally funded monies earmarked

¹² Jones, 167-168.

¹³ Henri, 143; Jones, 143, 180.

for maternal health programs under the Sheppard-Towner Act of 1922. The act provided grants to states for pre-natal care and for infants. However, the law required the states to match the grants with their own funds. In many southern states with depressed economies this was often a difficult, if not impossible task.¹⁴

Contraceptive use was one of a few economic strategies available to blacks, providing a degree of control within the context of the family economy. Migrating families, who left behind the economy of the rural south, used birth control to preserve their new economic independence, as did poor families who remained in the South. As early as 1919, Chandler Owen, the socialist editor of The Messenger, began the discussion of the connection between the birth rate and economics. Noting that black women, as a result of coercion by their white overseers, often had as many as 20 to 25 children or more during slavery, a pattern of white coercion that continued, he claimed, into the twentieth century with Negro (sharecropping) girls having large numbers of children. Owen argued that capitalism, not racism, was primarily culpable; sexual coercion was the result of a need

¹⁴ See Edward H. Beardsley, A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South, (Knoxville: The University of Tennessee Press, 1987): 137.

for surplus labor for industry and the military. He argued that birth control use by Afro-Americans would reduce the possibilities for exploitation and would favorably affect health, housing, food, clothing and education.¹⁵

Yet there were many non-material reasons which led black women to demand control over their reproduction. One reason was sexual exploitation. A noted historian of Afro-American women commented on the role of sexuality and sexual exploitation in the northward migration. Darlene Clark Hine wrote that "many black women quit the south out of a desire to achieve personal autonomy and to escape both from sexual exploitation from inside and outside of their families and from the rape and threat of rape by white as well as Black males." Hine agrees that economic motives are important but that they are often overstressed to the point where female Afro-American agency is seen only as a mere reflection of impersonal forces.¹⁶

Sexual exploitation, therefore, was an impetus to migration, and control of one's body and birth control can

¹⁵ Chandler Owen, "Women and Children of the South," BCR 3 (September 1919): 9, 20.

¹⁶ Darlene Clark Hine, "Rape and the Inner Lives of Black Women in the Middle West: Preliminary Thoughts on the Culture of Dissemblance," in Ellen Dubois and Vicki Ruiz eds., Unequal Sisters: A Multi-Cultural Reader in U.S. Women's History, (New York: Routledge, 1990), 293.

be seen as one prong of a broader effort by black women to assert control over their lives.¹⁷

Afro-American women also claimed that racism was a reason for not having children. Racism against blacks figured prominently in the writing of black women's fiction and poetry beginning 1916, and it continued throughout the decade. Writers frequently depicted women who refused to bring children into a racist world and expressed their outrage at laws that prevented access to birth control information. Angelina Grimke, in a 1919 short story entitled "The Closing Door," described her main character as "an instrument of reproduction" a "colored" woman cursed, forced to bring children into the world who would later become

¹⁷ Afro-American women were organized in their struggle to attain equal rights. The foremost goal of the National Association of Colored Women (NACW), the leading organization of black clubwomen, was to counter "derogatory images and negative stereotypes of Black women's sexuality." In an effort to save young black women from prostitution, some NACW members sought to establish boarding houses and domestic service training centers, such as the Phillis Wheatley Homes and Burroughs's National Training School. The NACW also organized to fight for the suffrage for Afro-American women in the pre and post World War I period. Black women, with the NAACP, also led the anti-lynching crusade, introducing in 1921 the Dyer Bill, an anti-lynching measure. See Paula Giddings, When and Where I Enter: The Impact of Black Women on Race and Sex in America (New York; Bantam Books, 1984): 123-131, 176-181 and Hine, 295.

victims of lynch mobs. Seeing no hope the main character in this piece commits infanticide and suicide.¹⁸

Racism, sexual exploitation and impoverishment were all negative and unfortunately enduring facets of black women's lives which encouraged them to control their fertility. However, the lively intellectual milieu of the New Negro Movement was also responsible for supporting a whole host of influential ideas which supported the climate for birth control. Feminism was one of these ideas. Fiction writers in the twenties often advocated birth control with a feminist perspective. Feminist writer Georgia Douglas Johnson used both feminist and racial themes in her 1922 poem "Black Woman" to explain her denial of motherhood. She wrote that it was because of the "monster men" who inhabited the earth. Nella Larsen, in her 1928 novella Quicksand, explored the debilitating physical and emotional problems resulting from excessive childbearing in a society that demanded that women's sexual expression be inextricably linked to marriage

¹⁸. Angelina Grimke, "The Closing Door," BCR 3 (September, 1919).

and procreation.¹⁹

The feminism of the New Negro Movement encouraged leadership among women in the public sphere. The Women's Political Association of Harlem called upon black women to "assume the reins of leadership in the political, social and economic life of their people." In 1918 they were the very first Afro-American organization in the nation to advocate birth control. Typical of the New Negro Movement, they also discussed a myriad of other topical, contemporary issues of the day such as "socialism, trade unionism, industrial unionism, financial imperialism, monopoly, Pan-Americanism, government ownership of public utilities, problems of international politics and the democratization of education."²⁰

The twenties sparked heated debate and disagreement over birth control use, as Afro-American men and women struggled to define its role in the community. Contraceptives often raised fears of race suicide and

¹⁹ For an excellent discussion of the theme of sexuality in black women's fiction, see the introduction to Nella Larsen, Quicksand and Passing, ed. Deborah E. McDowell (New Brunswick, N.J.: Rutgers University Press, 1986). See also Mary Burrill, "They That Sit in Darkness," and Angelina Grimke, "The Closing Door," BCR 3 (September 1919); Jessie Fauset, The Chinaberry Tree (New York: Stokes, 1931).

²⁰ The Messenger 7 (July 1918): 26.

consequently sparked resistance to contraceptives in some segments of the black community.

Black nationalist leader Marcus Garvey cautioned against racial extinction, yet he did not explicitly condemn the use of birth control until 1934 when at the Universal Negro Improvement Association annual convention in Jamaica he proclaimed that "any attempt to interfere with the natural function of life is a rebellion." He advised blacks not to "accept or practice the theory of birth control such as is being advocated by irresponsible speculators who are attempting to interfere with the course of nature and with the purpose of the God in whom we believe."²¹

²¹ Robert G. Weisbord, Genocide? Birth Control and the Black American (Westport, Conn.: Greenwood Publishers, 1975), 43, 48-49. Marcus Garvey, founder of the United Negro Improvement Association swept the imagination and enthusiasm of thousands of Harlemites. A Jamaican born black Nationalist Garvey preached separatism, black pride, self-reliance, self-help, pan-Africanism and a return to Africa. None of Garvey's earlier writings or speeches, including recent scholarly works about him, specifically mention a condemnation of birth control. In light of this, he probably was not a strong opponent to the birth control movement, especially in Harlem. See, for example, Robert A. Hill, The Marcus Garvey and Universal Negro Improvement Association Papers vol. I, II (Berkeley: University of California Press, 1983); Judith Stein, The World of Marcus Garvey (Baton Rouge: Louisiana State Press University, 1986); Tony Martin, Race First: The Ideological and Organizational Struggles of Marcus Garvey and the Universal Negro Improvement Association (Westport: Greenwood Press, 1976); Amy Jacques-Garvey, Philosophy and Opinions of Marcus Garvey (New York: Atheneum, 1969).

The prevention of racial extinction through increasing numbers was not a concern to W.E.B. DuBois. Instead, he stressed the quality of the race over its quantity. As early as 1902 he wrote that black families should have fewer children and that quality was the goal, not quantity."²²

On occasion, the goal of "quality" children could be stretched to its eugenicist extreme. Some Afro-Americans complained that the "better classes" of blacks were using birth control, the class that should reproduce. These eugenicist views, however, usually met resistance. Writing in The Messenger in 1925 the journalist J.A. Rogers countered the views of Dean Kelly Miller of Howard University who complained that the race was being recruited from the lower stratum. Rogers writes "is not the scum frequently the highest stratum of the pot?" He found the arguments of "superior breeding among the upper classes to be an imposed doctrine of Nordic superiority." It should be noted here that these and similar arguments in favor of "breeding" by the lower classes came from elite black writers.²³

²² W.E.B. Dubois, "The Work of Negro Women in Society," Spelman Messenger, 5 (February 1902): 1-3 and "Birth," The Crisis 24 (October 1922): 248-50.

²³ J.A. Rogers, "The Critic," The Messenger (April 1925): 164.

Birth control use threatened to alter traditional relational and sexual relationships among men and women. Hence, the race suicide argument was often cast in strong anti-feminist tones. The journalist J.A. Rogers and Dean Kelly Miller debated the role of women in the birth control discourse when in 1925 they publicly exchanged differences of opinion concerning the emancipation of black women. Writing in The Messenger, Rogers took Miller to task for saying that black women had strayed too far from children, kitchen, clothes and the church. Miller, very aware that black women had been having fewer children, cautioned against race suicide. Using the "nature argument" of Garvey and the Catholic Church, he argued that the biological function of women was to bear and rear children. He stated, "The liberalization of women must always be kept within the boundary fixed by nature." Miller's reactionary views were opposed by Rogers saying that the move of black women away from domesticity and childbearing was a positive sign. Rogers wrote, "I give the Negro woman credit if she endeavors to be something other than a mere breeding machine. Having children is by no means the sole reason for being."²⁴

²⁴ Ibid., 165.

Other black leaders supported this progressive viewpoint well before the Rogers and Miller exchange. In his 1919 essay "The Damnation of Women", W.E.B. Dubois wrote that the future woman must have a life work and future independence...she must have the right of motherhood at her own discretion. In a later essay he described those who would confine women to childbearing as "barbarians."²⁵

Although birth control in the twenties was ripe for debate, few clinics operated where Afro-American women could obtain safe, reliable contraceptives. In these years women counted on homemade and folk birth control remedies to control their childbearing. Although undependable, they were eagerly sought and used regularly. To a degree they were also effective, since fertility rates did, in fact, dramatically decrease. They were also part of Afro-American tradition. Contraceptive methods and customs among Africans as well as nineteenth century African-American slaves have been well documented. Folklorists have discovered alum water, douching with hot water and "getting out of bed immediately after relations to use the "slop jar" and withdrawal as birth control measures in early twentieth

²⁵ W.E.B. DuBois, "The Damnation of Women," in Darkwater: Voices from Within the Veil, ed. Herbert Aptheker (1921; repr., Millwood, N.Y.: Kraus-Thomson Organization, 1975) and W.E.B. DuBois, "Birth," The Crisis 24 (October 1922): 248-50.

century southern rural communities. As late as 1938 the over the counter one size diaphragm marketed under the name, "Lanteen," was still being sold in Florida.²⁶

In urban areas, a very common and distinctive practice among blacks was to place Vaseline and quinine over the the uterus, items which were widely available and purchased very cheaply in drugstores. The black press, nationwide, throughout the twenties was an abundant source of birth control information. The Pittsburgh Courier, for example, carried numerous mail order advertisements for douche powder, suppositories, and for preventative antiseptics and vaginal jellies that "destroyed foreign germs."²⁷

²⁶ For contraceptive use among Africans, see Norman E. Himes, Medical History of Contraception (New York: Schocken Books, 1936); Herbert Gutman, The Black Family in Slavery and Freedom 1750-1925 (New York: Pantheon Books 1976); For folk methods see Elizabeth Rauh Bethel, Promiseland: A Century of Life in a Negro Community (Philadelphia: Temple University Press, 1981), 156-157; Newbell Niles Puckett, Folk Beliefs of the Southern Negro (New York: Dover Publications, 1926); Arthur Raper, Preface to Peasantry: A Tale of Two Black Belt Counties (Chapel Hill, N.C.: The University of North Carolina Press, 1936), 71; Catherine Greene, Spartanburg, South Carolina to Jessie Rodrique, 15 March 1989; Dorothy Gray to Florence Rose 23 May 1940, Sanger, Northampton; For information on the health of slaves see Todd L. Savitt, Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia (Urbana, University of Illinois Press, 1978).

²⁷ "Report of the Special Evening Medical Session of the First American Birth Control Conference" (1921), Box 99, Folder 1017, Sanger, Northampton; Pittsburgh Courier 25 April 1931, n.p. The Pittsburgh Courier was only one of many such newspapers to carry advertisements of this sort.

The paucity of contraceptive methods was underscored by the acknowledgement that black women often resorted to illegal abortion. The practice of abortion in the black community was more widespread than is generally presumed. Abortion was commonly cited by black leaders and professionals as contributing to their race's low birth rates. Throughout the twenties the black press reported numerous cases of abortions that had ended in death or the arrest of doctors who had performed them. It was recognized as a problem well into the forties. Newspapers all over the country reported the deaths of women who had died in efforts to self-abort, noting also that many were left sterile by dangerous abortifacients.²⁸

The moral dilemma surrounding abortion and infanticide was discussed in the New York Amsterdam News as early as 1926. "The poor", the editorial wrote outraged, "must resort to this heinous crime; wealthier members of society are rich enough to buy the knowledge of birth control or are able to get an abortion." The piece pointed out that birth control and abortion were both widely practiced but, ironically,

Similar ads can be found in nearly all newspapers of the 1920-1945 period. See bibliography for complete listing.

²⁸ See especially the Chicago Defender, The Baltimore Afro-American and the New York Amsterdam News for the years 1920-1930.

illegal. It intimated that both should be part of an ethical medical practice and that all classes of Afro-Americans participate in solving the dilemma.²⁹

The Afro-American community was plagued by the problem of continued abortion abuse and the limited means to safely control childbearing. It is not surprising, therefore, that large numbers of the Harlem community gave Margaret Sanger their support and encouraged her to establish a clinic. In 1923, the Harlem newspaper, the New York Amsterdam News, carried an editorial lauding the merits of birth control saying that it was the "one thing that is surely coming into the civilized world, and that the reasons were plain." The author praised Margaret Sanger saying that she was reputable and dependable and that she was not always given the right to speak freely. He deplored the manipulation of contraceptive information by superstitious, religious zealots and complained that these people would prefer to see the younger generation acquire information through criminals and "ignoramuses", than to have them led by people like Mrs. Sanger.³⁰

²⁹ New York Amsterdam News, 7 April 1926, p. 16.

³⁰ William Pickens, New York Amsterdam News 28 February 1923, p. 11.

Public support of Sanger led to the establishment of the first clinic for blacks. In 1922 the Harlem Community Forum, a local black political group, approached Margaret Sanger and invited her to speak to them. It should be stressed that Afro-Americans approached Sanger, not the other way around, as is so commonly assumed. The first clinic, which was not a segregated clinic, was established in a public school building in the Columbus Hill section of the city in 1925 at the request of the Urban League. The American Birth Control League consented to the requests made by "ordinary" African-American's. They would do so many more times over the next two decades.³¹

The organization of the first clinic as well as others to follow revealed an organizational style among Afro-Americans that separated them from white birth control organizers. Afro-American "style" was more community oriented and egalitarian in its conception of the relationship between its professionals and "ordinary"

³¹ "Minutes of the Regular Meeting of the Board of Directors of the ABCL," December, 1922, Box 1, PPFA; "Report of the Executive Secretary," March, 1923, Box 4, Series I, PPFA; Hannah Stone, "Report of the Clinical Research Department of the American Birth Control League for the Year 1925," Box 4, Series I, PPFA; "Margaret Sanger to Speak in Harlem," New York Amsterdam News, 28 February 1923, p. 7; Marie E. Kopp, Birth Control in Practice: Analysis of Ten Thousand Case Histories of the Birth Control Clinical Research Bureau, (New York: Robert M. McBride & Company, 1933): 32-33.

people. An observer wrote in the twenties that "colored teachers and preachers were the natural advisers and counselors of their people" even more so than in the white community which was divided according to profession and class.³² While the white community was becoming increasingly specialized the black community recognized that preachers, teachers, farm and home demonstration agents and county nurses were all part of a necessary approach to effective community health, including birth control work. Indeed, there was an enthusiastic desire among a broad cross section of the black community to lend its support for birth control clinic organization and education. In fact, black professional groups often worked closely with community groups and other non-professionals to make birth control information widely available. For example the National Medical Association, an organization of black physicians, held public lectures on birth control in conjunction with local groups beginning in 1929, and when birth control was discussed at annual meetings their otherwise private sessions were opened up to social workers, nurses and

³² DuBois made the observation in The Philadelphia Negro, that there were, indeed, class differences among Afro-Americans but that they were not nearly as pronounced as in the white community. See pages 309-310.

teachers. White birth control advocates allowed only the select participation of certain professionals.³³

Afro-Americans concept of health is germane to the approach they took toward birth control organization. The focus and organizational strategies of one prominent Harlem institution founded in the 1920's, the Harlem Tuberculosis and Health Committee, have parallels in the Afro-American birth control movement. "The committee concentrated its major efforts on the eradication of tuberculosis but conceived of its task broadly and eventually set up health clinics to cover everything from social hygiene to prenatal care." The public lecture was a common method of transmitting information to the black community and the committee often held meetings in churches, schools and fraternal organizations. The Tuberculosis and Health Committee printed and distributed health pamphlets for the community. Many, especially the vocal group of socialists, A. Philip Randolph, Grace P. Campbell and Frank R. Crosswaith, identified socio-economic factors as the basis for Harlem's health conditions. They and others, especially Afro-American birth control advocates, believed that it "took more than a hospital or clinic to eradicate disease"

³³ "Doctors' Annual Meeting Marked by Fine Program; Local Committee Involved in Planning Meeting," New York Age, 7 September 1929, p. 8.

and sought improvements through an expanding and more equitable economic base.³⁴

Afro-Americans expansive definition of the causes of poor health and their community approach toward organizing informed their involvement in the birth control movement and established a sharp line of demarcation from white birth control advocates. In the thirties, black and white birth control advocates often collaborated in the establishment and continued operation of clinics, and, in many cases, the white community funded clinics specifically for Afro-Americans. Although Afro-Americans did not have the resources to build an autonomous movement, in the twenties they had already begun to shape the character of their participation in the birth control movement. Afro-American's birth control discourse and organizational approach both suggest that Afro-American's were able to define themselves, in important ways, from the larger, white-dominated, national movement.

³⁴ Osofsky, "Harlem Tragedy: An Emerging Slum," and "Harlem Must Be Saved": The Struggle for Survival," in Harlem The Making of A Ghetto: 127-149, 150-158.

CHAPTER 3

THE AFRO-AMERICAN BIRTH CONTROL MOVEMENT OF THE THIRTIES: GROWTH AND EVOLUTION

The decade of the thirties saw the fast growth and evolution of the birth control movement. By the end of the decade contraceptives had gained wide acceptability in both white and black communities due, in part, to the economic dislocations of the Depression and legislation that removed some of the legal obstacles barring its use. In the black community some of the arguments made in favor of birth control use during the twenties, such as poverty, abortion abuse and racism, intensified under Depression conditions.¹

¹ The birth control discourse and the establishment and participation of Afro-Americans in clinic building during the Depression took place within a matrix of economic and political upheaval. By 1932 for example, 17 percent of the white population and 38 percent Afro-Americans were incapable of self-support. In October 1933, between 25 and 40 percent of Afro-Americans in several large urban centers were on relief, approximately three to four times the number of whites on relief at the time. Approximately one-fourth of the 1.5 million domestic workers were on relief in 1935. In some Southern cities the size of the Afro-American relief roll was staggering. In Atlanta, in 1935, 65 percent of the Afro-American "employables" were in need of public assistance, while in Norfolk, Virginia the figure was 80%. Many of the federal relief programs were discriminatory. The National Industrial Recovery Act, the Social Security Act and the Fair Labor Standards Act all exempted agricultural labor and domestic servants from their provisions; ninety percent of Afro-American women worked in these two areas. Despite the discrimination of the New Deal programs, it did provide some Afro-Americans with concrete support and jobs. This was a major factor in the shift of support from the Republican to the Democratic Party. Yet, it was also a

The decade also saw the movement's discourse, participation and growth evolve in three important ways: It expanded to include a discussion of sterilization. The discussion of the black communities' health, which included fertility control, was fused to their organizational strategy, providing them with a legitimate and powerful justification for action. The Afro-American clergy also added to the discourse a discussion of sexuality and sex education. Notably, the frequency of birth control discussion swelled; by the thirties it was hard to ignore.

Birth control discourse appeared nationwide throughout the black press. Newspapers championed the cause of birth control when doctors were arrested for performing abortions. They also carried editorials in favor of birth control, speeches of noted personalities who favored its use, and occasionally sensationalized stories on the desperate need for birth control. In addition, the topic of birth control

reflection of a greater identification with political process as Afro-Americans outside of the South realized the power of their vote, beginning with the 1915 election of Chicago alderman Oscar DePriest and his subsequent election in 1928 to the House of Representatives. While economic reasons for birth control use are indeed compelling, the growing political power of Afro-Americans nationally informed as well their local organizational initiative for birth control. See Nancy Weiss, Farewell To The Party of Lincoln: Black Politics in the Age of FDR (Princeton, N.J.: Princeton University Press, 1983; Franklin, 341-343; Jones, 199.

as well as explicit birth control information was transmitted orally, through public lectures and debates. It was also explored in fiction, in black journals, and in several issues of the Birth Control Review dedicated to exploring the issue of birth control within the Afro-American community.²

Besides the thirties evolution of birth control discourse, the participation of an important group is added: the Afro-American Protestant clergy.³ In the thirties, the

² "Magazine Publishes Negro Number on Birth Control," San Francisco Spokesman, 11 June 1932, p.3; "Birth Control Slayer Held Without Bail," Pittsburgh Courier 11 January 1936, p.4.

³ Afro-American Catholics were not a hindrance to the birth control movement in part because of their insufficient numbers. Historical statistics of Afro-American Catholics however, are, at best, incomplete. Before the Civil War Afro-American Catholics were located primarily in Baltimore, New Orleans, St. Augustine and Key West. By the turn of the 19th century they numbered approximately 200,000. In 1956 there were thirty-three black priests and by the decade of the 70's their numbers had grown to approximately 850,000. By a 1981 count, the largest concentration of Afro-American Catholics remained in Louisiana. Cities with more than 50,000 include Chicago, New York, Washington, D.C., Baltimore and Detroit. Even where the black Catholic presence was significant, their effect was unlike the deleterious effect of white Catholic's on the birth control movement. The continued presence of Afro-American Catholics in Baltimore did not deter that community from establishing, with the help of the Urban League, a clinic for Afro-American women. See chapter five for further discussion of the Baltimore clinic. See also W. Augustus Low and Virgil A. Clift, Encyclopedia of Black America, (New York: McGraw-Hill Book Co., 1981), 220-221; Harry Ploski and James Williams, The Negro Almanac: A Reference Work on the African American, 5th ed., (Detroit: Gale Research Inc., 1989), 1301.

churches began to respond to Afro-American women's interest in birth control and the churches support helped to sustain the movement. Evidence from the written documents of white birth control organizers place the clergy, in many areas, at the forefront of the Afro-American birth control movement. This bias is due to a misunderstanding of the Afro-American community. The function of the black minister was to respond to the wishes of his congregation. The recognition that the social responsibility of the clergyman to his congregation was one determined primarily by women was an important element of the grass-roots dynamic of the birth control movement.⁴

The effect of the discourse and growing participation of many sectors of the Afro-American community can be seen in the establishment of clinics. By the end of the decade there were nearly eight hundred clinics located throughout the country. Many were located, staffed, controlled, financed, supported and patronized by Afro-Americans.

This chapter will continue to chart the growth of the Afro-American birth control movement through its discourse of the thirties and, in a few instances, the early forties.

⁴ W.E.B. DuBois made this observation in 1899 when he wrote that the minister "indicates public opinion among his people rather than forms it," and that few sought to change this relationship. See DuBois, Philadelphia Negro, 112, 205-206.

Aspects of the twenties dialogue continue into the thirties and forties. The first section of this chapter examines the theories and explicit arguments blacks used to promote birth control. It looks again at the concept of health and how this concept shaped Afro-American birth control organizational strategies that involved a unique attitude toward the community and the state. It compares these strategies to those of white birth control advocates. Finally, the discourse is compared to reality by examining the attitudes toward birth control of the "ordinary," sometimes even the poorest, Afro-American women. It suggests that birth control advocacy in the Afro-American community was created not only through the writings of its elite professionals and intellectuals but also by the demand and desire of its everyday users.

The material deprivation of the Depression further accentuated the economic and social problems Afro-Americans had faced in the twenties. Many of the negative conditions of family life that fueled arguments made in favor of birth control use in that decade worsened after 1929. It is not surprising, then, that economic themes related to issues of black family survival emerged frequently in the birth control discourse. During the years of the Depression, birth

control was seen as a way to improve general living and health conditions by allowing more opportunities for economic gain. Incidentally, another strategy used by black couples for the same purpose was postponing marriage.

W.G. Alexander, a black physician writing in the Birth Control Review in 1932 argued that capitalism was responsible for the mass production of slave infants and the continued economic discrimination faced by blacks. Alexander claimed that mass production of Negro babies had become, however, an

economic fallacy, even for capitalism, creating a living problem that is both a racial and community liability... The economic betterment of the Negro, the health betterment of the Negro, and the betterment of community standards demand a policy and a program that will at least modify his present unfavorable situation. Birth control offers the only reasonable solution.⁵

The Pittsburgh Courier in a 1931 editorial on birth control emphasized the economic benefits of birth control as a curb on poverty, saying that low wage earners could not give proper attention to great numbers of children, and that the evils of poverty were responsible for broken families and homes. It wrote:

Birth regulation is coming, because it must come in self defense. It may be years before it takes legal form or is accepted, but in a country such as this, where our entire existence is reduced to

⁵ W.G.Alexander, "A Medical Viewpoint," BCR 16 (June 1932): 175.

the question of economics, birth control or some accepted form of regulation must come.⁶

Countless others argued similarly and urged the use of birth control as a conscious strategy to ameliorate poverty. One Afro-American writer linked overpopulation to economic collapse, the final result being war as a means to economic expansion. By example he pointed to China, Japan, Italy and Ethiopia.⁷

Across the nation, poverty was linked to increased fertility. A column written in the early thirties for the California Eagle, an Afro-American newspaper edited by Charlotta Bass, was concerned that the working class "and dark skinned minorities" lived under extreme social and economic stress and wondered how they could secure food, clothing and shelter with growing numbers of children.⁸ This author advocated a classless society as part of the solution to the problem recognizing, as Afro-Americans did in the

⁶ The Pittsburgh Courier 21 February 1931, p. 4.

⁷ Sanger made this point often, especially in her earlier "radical" years. "Birth Control Is Here To Stay," New York Amsterdam News 18 January 1936, p. 8.

⁸ The column was entitled "As I see It" by Sonia. It appeared from the early to mid-thirties in the California Eagle. See especially, 19 January 1934, p.10; 2 February 1934, p.10; 9 February 1934, p.10.

prior decade, that birth control information and devices were withheld by members of the middle class.⁹

Racism against blacks was the reason for their continued economic exploitation. One editorial used this connection as a way to endorse birth control legislation in the Norfolk Journal and Guide in 1936. It wrote "Today ruling class whites want share-croppers to bring forth progeny as early as possible, often, and continue doing so until old age steps in. The larger the family, the more blacks there are to exploit and keep tied to the soil in southern hinterlands." He continued:

there is no point in bringing forth black babies to grow into lynching victims, targets for police bullets, homicide cases involving other Negroes and citizens to be jim-crowed and discriminated against. Nor is there any reason why young Negroes should be brought up in the ill-kept-unsanitary ghettos and amid the tuberculosis and poverty.¹⁰

Racism against blacks was a prominent theme Afro-Americans deployed in constructing a pro-birth control argument. Newell L. Sims summed up this position most

⁹ This observation was not lost on one member of the black working class who recounted that white people and middle-class blacks "do everything they're big enough to do, but they don't have the babies." See, St. Clair Drake and Horace R. Cayton, Black Metropolis: A Study of Negro Life in a Northern City (New York: Harcourt, Brace and Company, 1945), 593.

¹⁰ Norfolk Journal and Guide, 16 October 1936, p. 2.

eloquently in his 1932 essay "Hostages to the White Man." It was a viewpoint stressed well into the forties by numerous and leading members of the black community. He wrote:

The Negro in America is a suppressed class and as such must struggle for existence under every disadvantage and handicap. Although three generations since slavery has in many ways greatly improved his condition, his economic, social and political status still remain that of a dominated exploited minority. His problem is, therefore, just what it has been for three quarters of a century, i.e. how to better his position in the social order. Naturally in all his strivings he has found no panacea for his difficulties, for there is none. The remedies must be as numerous and varied as the problem is complex. Obviously he needs to employ every device that will advance his cause. I wish briefly to urge the merits of birth control as one means.¹¹

In another essay by the same author, "A New Technique in Race Relations," he wrote that birth control for blacks would be a "step toward independence and greater power." In his opinion, a controlled birth rate would free more resources for race advancement. The black press hailed the essay as "revolutionary."¹²

Most of these commentators, well-attuned to the consequences of racism and impoverishment, made the point

¹¹ Newell L. Sims, "Hostages to the White Man," BCR 16 (July-August 1932): 214-15.

¹² Quoted in the Pittsburgh Courier, 28 March 1931, p. 3, and the Norfolk Journal and Guide, 28 March 1931, p. 1. See also "Trying a New Technique," New York Age, 4 April 1931, p. 4.

that high infant mortality, high birth rates and poor health were the results of poverty. Some white observers, seeking to "blame the victim," insisted the opposite, that high birth rates promoted poor health and poverty. There was indeed an "economic ethic" of fertility, prevalent among many Afro-Americans meaning that a family should expand only to its income capacity. However, black acceptance of the "economic ethic" did not mean capitulation to a white ideology. Afro-Americans used the tenets of the economic ethic as a way to criticize capitalism and racism and through their own volition, attain racial and economic justice. As stated above, abnormally high fertility had its historic roots in slavery; therefore, conscious reduction of the birth rate had a far greater political and symbolic meaning for black advocates than it did for white middle class birth controllers. Whereas, after World War I, white birth control advocate's critique of capitalism vanished as the movement began to join ranks with middle class professionals and financiers, Afro-American critique of capitalism and of its connection to black fertility was maintained through at least the mid forties. While black groups, like white groups, also tied birth control to sexual happiness, marital stability, and companionate marriage there is also a significant segment of the community which

pushed beyond and tied it directly to class oppression and linked its use to social and racial advancement under capitalism.

The economic and racial arguments made in favor of birth control use during the thirties were compounded as the practice of abortion increased and spread. One Harlem doctor said in 1932 that many women paid between 25 and 50 dollars to obtain an abortion.¹³ The practice, however, reached far beyond Harlem. The Baltimore Afro-American observed that pencils, nails, and hat pins were the instruments commonly used for self-induced abortions, and the Birth Control Review in 1936 reported that rural black women in Georgia drank turpentine for the same purpose.¹⁴

Although statistics for abortions among black women are scarce, 211 of 730 black women interviewed said that they had had one or more abortions.¹⁵ A black doctor in Nashville in 1940 asserted in the Baltimore Afro-American that abortions among black women were deliberate, not only the

¹³ "Minutes of the Advisory Board Meeting of the Harlem Clinic," 25 October 1932, Box 122b, Folder 1336, Sanger, Northampton.

¹⁴ "A Clinic for Tobacco Road," BCR 3 [New Series] (January 1936): 6.

¹⁵ John Gaston, "A Review of 2,422 Cases of Contraception," Texas State Journal of Medicine 35 (September 1938): 365-68.

result of syphilis and other diseases: "In the majority of cases it is used as a means of getting rid of unwanted children."¹⁶

Abortions were such a popular concern that the Pittsburgh Courier published a lengthy fictionalized series entitled "Bad Girl" by Vina Delmar which dealt with attitudes among male and female Harlem blacks toward abortion in 1930. When Dot, the main character, discovers she is pregnant, she goes to a friend who works in a drugstore. The author writes: "Pat's wonderful remedy didn't help. Religiously Dot took it and each night when Eddie came home she sadly admitted that success had not crowned her efforts. "All that rotten tasting stuff just to keep a little crib out of the bedroom." After a week she was tired of medicine and of baths so hot that they burned her skin. Next, she sought the advice of a friend who told her that she would have to have "an operation" and knew of a doctor who would perform it for fifty dollars."¹⁷

Feminists, too, indicated abortion as a desperate option in the absence of reproductive choices for women in the construction of their argument linking feminism to birth

¹⁶ Baltimore Afro-American 3 August 1940, n.p.

¹⁷ Pittsburgh Courier, 9 March 1935, p. 2; San Francisco Spokesman 1 March 1934, p. 1; Vina Delmar, "Bad Girl," Pittsburgh Courier 3 January 1931, p.2.

control. The Pittsburgh Courier serial "Bad Girl" revealed in feminist tones:

The hospitals are wide open to the woman who wants to have a baby, but to the woman who doesn't want one--that's a different thing. High prices, fresh doctors. It's a man's world, Dot, The woman who wants to keep her body from pain and her mind from worry is an object of contempt.¹⁸

Feminists' viewpoint on birth control could be found in newspaper columns from cities on both coasts. Indeed, "The Feminist Viewpoint" a column in the New York Amsterdam News spoke of the right not to have children in terms that were explicitly feminist. The column predicted that women would soon be able to practice safe birth control and easily obtain a divorce. It also insisted that men and women must be equals.¹⁹

On the west coast, the Los Angeles based California Eagle wrote that science had given the Afro-American woman the "biological freedom" to avoid having large numbers of children. These young Afro-American women were considered a "credit" to the race and praised for choosing a career over

¹⁸ Vina Delmar, "Bad Girl," The Pittsburgh Courier 3 January 1931, p. 2.

¹⁹ "The Feminist Viewpoint" column appeared regularly throughout the thirties in the New York Amsterdam News. The author signed the column T.E.B.

marriage.²⁰ In 1932, in advocating feminism, the newspaper combined many reasons for birth control. It called for complete equality between the sexes, a more desirable economic order, and birth control information distributed to high school and university students, observing that childish morality prevented adequate knowledge of sexuality.²¹

The tone of Jessie Fauset's 1931 novel, The Chinaberry Tree, is a quiescent feminism. Fauset's male characters assert the need for large families and a "definite place" for women in the home. The main female character, however, has a different opinion. She had the "modern girl's own clear ideas on birth control."²²

The pro birth control discourse of the thirties combined elements of economics, race and feminism with the reality of abortion. A new element was introduced by the Afro-American churches: sex education and sexuality. Clergy, however, did not adopt a moralistic tenor. Many recognized that nineteenth century mores were inconsistent with twentieth century reality. The Reverend Adam Clayton Powell

²⁰ Jeanne Londell, "The Modern Negro Woman," California Eagle 16 June 1933, p. 5.

²¹ The California Eagle column which discussed these issues throughout the early to mid-thirties was authored by LaVera White. See especially 12 August 1932, p. 8 and 9 September 1932, p. 8.

²² Fauset, The Chinaberry Tree, 131-32, 187.

of the Abyssinian Baptist Church both endorsed birth control and spoke at public meetings where he denounced the "false modesty" surrounding questions of sex. Ignorance, he believed, led to unwanted pregnancies among young girls.²³ The Grace Congregational Church of Harlem both supported the work of the Birth Control Clinical Research Bureau and urged churches to give more attention to the sex education of young people and supported the work of Harlem's Katy Ferguson Home for unwed mothers.²⁴ George Schuyler, another popular advocate of birth control, wondered how to regard the growing frankness of youth in regards to questions of sex, companionate marriages and the growing practice of pre-nuptial sex experience. In a lecture he delivered on sex at the YWCA in 1930 he recognized that young people were spending longer years single and that sexuality was an issue that could not be ignored.²⁵ Sex education was promoted by many of Harlem's physicians as well.²⁶

²³ "Companionate Marriage Discussed at Forum," New York Age, 12 May 1928, n.p.

²⁴ "Sex Education For Young People Urged by Congregational Church," New York Age, 4 July 1936, p. 12.

²⁵ "George Schyler To Talk On Sex," Baltimore Afro-American, 4 January 1930, p. 16.

²⁶ "Doctors to Launch Health Week at YMCA," New York Amsterdam News, 23 April 1930, p. 13.

Through public lectures sponsored by church groups and civic organizations, newspapers and literary sources Afro-American women and the black community as a whole did, in fact, have a forum for discussing fertility questions in relation to sex roles and sexuality, a forum that other scholars ignore in their claim that sexuality was not part of the birth control discussion among black women. The forum, in fact, was an accessible and public one promoting a sex education dialogue through churches, physicians and the National Negro Health Week.

In both the black and white community, however, the use of birth control continued to raise doubts concerning its efficacy as well as controversy over its ultimate aims. Despite Afro-American women's visible attempts to control their social, economic and sexual circumstances, those who studied contraceptive use in the thirties insisted that black women seemed disinclined towards its use. Many of the studies were comparative by race, giving the researchers ample opportunity to taint their findings with stereotypical racist images. Their "results" were that "only about a third as many Negro as white women resort to contraception." One researcher agreed with this statistic because "It seems probable that there will be little serious disagreement with this figure on the part of those acquainted with the sex

attitudes and mores of the American Negro."²⁷ Some stated that contraceptive use demanded intelligence; this factor made it more prevalent among whites than among "negroes." Another asserted that the experience of contraceptive clinics in cities proved that "any method of contraception" was "not particularly effective with the general population of negroes." Afro-American women needed "something which is more automatic and requires less intelligent cooperation and foresight on the part of the individual."²⁸ The conclusion of another study was that contraceptive failure was highest among black women due to carelessness. He went on to say that "carelessness and indifference about so grave a matter as creating more human beings are probably matters of character, bred in the bone, and unlikely to be rapidly altered by experience."²⁹

Statistics which measured contraceptive use before attendance at a birth control clinic placed Afro-American use low. In one study black couples using contraceptives

²⁷ Raymond Pearl, "Third Progress Report on a Study of Family Limitation," Millbank Memorial Fund Quarterly 14 (1936): 273.

²⁸ Raymond Pearl, "Contraception and Fertility in 2,000 Women," Human Biology 3 (September, 1932): 395.

²⁹ Raymond Pearl, "Contraception and Fertility in 4,945 Women," Human Biology, 4 (May 1934): 381.

measured 15% compared to a high figure of 90% for white New York City couples.³⁰

The studies were contradictory, some simultaneously concluding that Afro-American women did not use contraceptives yet indicating that douching was the preferred method of contraception used by black couples. Since douching was considered an ineffective contraceptive, they neglected to integrate this observation into their understanding of the black fertility decline. Yet, they conceded that douching, according to their estimates, prevented at least 60% of pregnancies that would have been expected had the same women used no contraception at all!³¹

³⁰ Regine Stix, "Contraceptive Service in Three Areas," Millbank Memorial Fund Quarterly 19 (January 1941): 181.

³¹ Regine Stix, "Contraceptive Service in Three Areas: Part 2, The Effectiveness of Clinic Services," Millbank Memorial Fund Quarterly, 19 (January 1941): 324. Studies which clearly indicated contraceptive use were ignored. A nineteen thirties study of Harlem noted the widespread childlessness among its families and concluded that it was "deliberate." See Clyde Kiser, "Fertility of Harlem Negroes," Millbank Memorial Fund Quarterly 13 (July 1935): 284. Approximately fifty-five percent of the Harlem wives of childbearing age were childless. Another related analysis of one hundred thirty nine Afro-American wives of all classes aged forty and over showed that 44 percent of "complete families," meaning unbroken, were childless. From this the author concluded that "the data do not support the hypothesis, sometimes stated that the extremely low birth rates and high proportions of childlessness among urban Negro marriages arise from difficulties of adjustment inherent in the recency of Negro migration." The author surmised that high rents, low incomes and the employment of women contributed to the low fertility rates of Harlem. See

The anti-birth control arguments of the thirties discourse were similar to those articulated in the twenties. Race suicide was the core argument against its use; it generated related questions concerning the future composition of the race, the duty of women to bear children and the goals of white birth control advocates.³²

Toward the end of the thirties the race suicide argument and the goal of racial advancement were used by a minority of the Afro-American population to sustain oppression of women by insisting that women reproduce. It was an attempt to discredit feminist claims to childbearing by choice, a tactic used by anti-feminists in both the black and white communities.

In a letter to the New York Amsterdam News in 1940 an author urged larger families and a healthier family life. The "Negro needed more and better babies to overwhelm the

Clyde Kiser, "Birth Rates Among Rural Migrants in Cities," Millbank Memorial Fund Quarterly, 4 (October 1938): 369-381. A 1933 study of Harlem reported that only 11 percent of Harlem blacks used no contraceptive method, contradicting the figures of white demographers who found non-use to be as high as eighty-three percent. See Natalie Lamport, "The Recreation Rooms and Settlement Birth Control Clinic," September, 1933, Sanger, Library of Congress, 113.

³² In the early thirties, an editorial in the Afro-American newspaper, the New York Amsterdam News, claimed that the only real opposition to birth control was from the (white) Catholic Church. See "Birth Control," New York Amsterdam News, 8 February 1933, p. 6.

white world, in war, in peace and in prosperity." He advocated keeping women home so that they could breed the men and women who would inherit the earth. He blamed black women for displacing men, depressing wages and increasing the welfare roles. "This crisis left only one solution. Either increase the population or bust!"³³

Another writer, who signed his name "A Doubtful Brother, Harlem" responded to the above letter by writing that the "breeding program" which would remove Negro women from "industry, the professions, civil service and all those activities usually engaged in by men" deserved close study. He thought that perhaps this program could be applied to women throughout the world.³⁴

Mabel Staupers of the National Association of Colored Graduate Nurses angrily responded to the promotion of domesticity and large families by writing that the author's proposal to send black women back to the home to breed was illogical. By his conclusions, she argued, it was obvious that the author was more concerned with keeping black women in their "places" than with the progress of the race.. Another writer to the same editorial column agreed with

³³ The New York Amsterdam News, 17 August 1940, p. 8.

³⁴ "Birth Control and the Negro," The New York Amsterdam News, 24 August 1940, p. 8.

Staupers, saying that the suggestion that Afro-Americans outbreed white women was stupid.

Such an argument would cause Frederick Douglass, Sojourner Truth and other exponents of woman suffrage to turn in their graves and pity those who would turn back the clock of progress. The problem of children was made more difficult with strained incomes and a good education for children was out of reach in families such as these... women should have equal opportunity in light industries, and in broad educational programs for training in business and professions and politics. Women should take a lively interest in the affairs of our government. Racial unity in business and religion are important factors in our struggle for improvement. Freedom of the races was not acquired by breeding only, it was always through education and the freedom of women.³⁵

It is significant that the patriotic pro-natalistic ideology so common of the white community of the early 40's was strongly countered by a Afro-American feminist argument that called simply for the equality of women. While personal and sexual fulfillment were important themes, equality in the workplace and in political life were of equal importance. Here, demands for education and economic stability were coupled with demands for a black women's right to choose motherhood. From examples such as these, it is clear that the trajectory of Afro-American women's history in the early twentieth century diverges from that of white women. After women received the vote, a narrowing of

³⁵ The New York Amsterdam News, 14 September 1940, p.

the wide ranging mid-nineteenth century feminist vision of social change, articulated at Seneca Falls in 1848 occurred among white women in the interwar period. McCann and Gordon both assume a similar trend towards conservatism among black women, including their political and reproductive outlook. Such a narrowing of feminist vision, however, is less evident among black women.³⁶

The birth control discourse of the thirties also raised the question of "eugenic" sterilization. It was a practice that some members of the Afro-American community endorsed and others vehemently repudiated. Some blacks wrote that persons who were diseased or of limited mental capacity should not be allowed to wed and have children. One Afro-American advocate of sterilization, writing in the New York Amsterdam News recommended "eugenic" and compulsory sterilization for "mentally and physically unfit" women and men of all races.³⁷

Voluntary birth control practices, however, have at times been wrongly interpreted as tantamount to forced

³⁶ Projecting white women's political trend toward conservatism during the inter-war years onto Afro-American women makes even less sense in light of the fact that most black women in the South could not vote until after the 1965 Voting Rights Act.

³⁷ "Birth Control Gains Sanction," The New York Amsterdam News, 24 January 1934, p.5.

sterilization. Sterilization of minorities and lower income people has had an ignominious past; yet, scholars have not recognized that a dialogue that addressed the issues of eugenicism, birth control and sterilization existed among Afro-Americans. The majority of the community was aware that the two practices were entirely different. The Pittsburgh Courier, for example, clearly favored birth control and was also active in the anti-sterilization movement. It asserted in several editorials that blacks should oppose the sterilization programs being advanced by eugenicists and so-called scientists because they were being waged against the weak, the oppressed and the disfranchised. Candidates for sterilization were likely to be those on relief, the unemployed, and the homeless, all victims of a vicious system of economic exploitation. DuBois, another outspoken advocate of birth control, shared this viewpoint. In his column in the Pittsburgh Courier in 1936 he wrote, "the thing we want to watch is the so-called eugenic sterilization." He added that the burden of such programs would "fall upon colored people and it behooves us to watch the law and the courts and stop the spread of the habit." The San Francisco Spokesman in 1934 called upon black

clubwomen to become active in the anti-sterilization movement.³⁸

Afro-American birth control advocates, then, were aware of the motives of the eugenicists in both communities and sought to create a dialogue that would inform and educate black women to both the value of birth control and the dangers of sterilization.

Some of the themes of the twenties birth control discourse intensified during the Depression as new dimensions were added. The most important aspect of the thirties discourse, however, was that many of the pro-birth control arguments contained within them strategies for organizing. Promoting good health was one such strategy. Health concerns formed the ideological basis which fueled the birth control debate and justified black political activism. Health concerns were absolutely central to all classes of Afro-Americans nationwide. Repeatedly, birth control was described as a crucial resource for black health; improvement of health conditions through birth control was a direct way to help secure justice and

³⁸ "Sterilization," The Pittsburgh Courier 30 March 1935, p. 10; "The Sterilization Menace," The Pittsburgh Courier 18 January, 18 January, 1936, p. 10; W.E.B. DuBois, "Sterilization," The Pittsburgh Courier, 27 June 1936, p. 1; "Are Women Interested Only in Meet and Eat Kind of Club?" California Spokesman 29 March 1934, p. 4.

equality. Black Americans believed that good health was their right, not a privilege. Afro-Americans of all classes demanded the right to good health and used it as a vehicle to both promote and acquire birth control. It was a highly political strategy. To the white community, demands for good health seemed benign. However, under the rubric of health, blacks could demand changes that socially and economically undermined the status quo. Afro-American's notion of health as a right gave them reason to look to the state as a health care provider. Black physicians' almost complete ostracization from white medical societies gave them less reason to support the private, individualistic, laissez-faire health care systems of the white medical world. This allowed them to support public clinics and, in many cases, "socialized medicine." The community orientation of blacks toward solving problems, one which separated them fundamentally from white Americans, also included an expansive notion of community health. Since poor health was the result not of a specific disease but rather of wider social and economic problems, the promotion of health and birth control was easily intertwined with attacks against racism, poverty, and unemployment.

The community orientation of blacks denotes an essential difference in the organizational strategies of

white and black birth controllers. It was the approach they took with many problems of health; organizations to combat tuberculosis and venereal disease, for example, put all of their energies behind mobilization of the entire community for educational purposes. The health infrastructure of the black community was inclusive. Unlike the white birth control leadership, the black birth control leadership was not divided.³⁹ The National Urban League, for example, supported the work of nurses in birth control work, unlike white physicians who excluded nurses from this knowledge and tended to monopolize "scientific" knowledge.⁴⁰

Indeed, the premise of a right to health care is the underlying theme of much birth control discourse. The attainment of good health was stressed by Afro-Americans as their most important challenge. One prominent Afro-American, Kelly Miller, wrote that the Declaration of Independence guaranteed the right to health, which this writer termed the

³⁹ T.J.Woofter, Jr., "Organization Of Rural Negroes For Public Health Work," Proceedings of the National Conference of Social Work (Chicago: University of Chicago Press, 1923), 73.

⁴⁰ National Urban League Papers, (hereafter cited as NULP) Series 5, Box 10, 1935-40. Library of Congress, Manuscript Division, Washington, D.C.

"prime essential." Health, he wrote "was more essential than wealth, knowledge, culture and goodness."⁴¹

Blacks identified poor health as a fundamental community problem and that its causes were multi-faceted. Health "consciousness" was frequently advocated and clearly connected to race consciousness.⁴² Dr. Ruth Temple, an Afro-American pioneer in birth control work in California, in her 1932 California Eagle column, "Health and Progress" made this point when she drew a parallel between health and racial progress and power. She wrote:

It makes us feel that we are taking long strides in health and progress when we examine closely the National Negro Health Week movement. It shows many fundamental principles essential to the progress of a race. First of all it expresses cooperation, no race can climb which cannot cooperate...Just the teamwork within itself means power and progress...⁴³

Blacks made it clear that good health was a galvanizing political concept imbued with symbolic meaning. "We must become health and education conscious in order to survive,"

⁴¹ Kelly Miller, "Why Socialized Medicine is Inevitable," New York Age 6 August 1938, p. 6.

⁴² The New York Amsterdam News 11 December 1929, p. 11.

⁴³ Ruth Temple, "Health and Progress," California Eagle 1 April 1932, p. 8.

was the message from one Afro-American writer.⁴⁴ They were "organizing" for better health and often used metaphors of war to describe their confrontation with poor health conditions. In an article entitled "Get A Thrill For Organizing For Better Health," the author wrote "Negroes are marching forward in every community but with our high death rate we cannot be victorious unless we have an active Health Unit in the procession...Get the thrill! Organize and act immediately."⁴⁵ The San Francisco Spokesman described in 1932 the plan of a black health committee. It was to "present a solid front in attacks on problems of housing, health, delinquency and economic security."⁴⁶ The Negro Organization Society of Virginia, a leader in the organization for birth control clinics in that state, proposed a state wide health program sponsored by private funds. An editorial in the Norfolk Journal and Guide of Virginia, called upon its citizens to "meet this patriotic proposal, for the improvement of the health of her Negro

⁴⁴ "Good Health," Norfolk Journal and Guide 5 March 1938, p. 8.

⁴⁵ James Clarke, "Get A Thrill For Organizing For Better Health, Prof. Clarke Pleads" Norfolk Journal and Guide 3 September 1932, p. 5.

⁴⁶ "Social Agency Groups Planned For Washington," San Francisco Spokesman, 9 April 1932, p. 6.

citizens means better health for all her citizens."⁴⁷ These programs were also described as ways to help raise self-respect in the process.

The desire for good health existed among all classes of Afro-Americans even in remote areas. Dr. Dorothy Ferebee, a black women physician who organized the Mississippi Health Project wrote in 1935: "The Negroes in these rural districts are hungry for health information as evidenced by the expressions of joy on their faces as they stop chopping cotton to listen to the words of health brought by this staff of twelve health workers."⁴⁸ The Survey Graphic concurred, observing that "the Negro's hunger for health was far more acute than found among whites at similar economic levels."⁴⁹

Yet, it was also stressed that health and birth control measures, even with widespread use would not solve all of the black community's problems because some of them were rooted in other causes such as "segregation, denial of opportunity, lack of employment, poor housing, limited

⁴⁷ "Better Health, Better People," Norfolk Journal and Guide, 9 January 1932, p. 6.

⁴⁸ Dorothy Ferebee Papers, uncatalogued manuscripts, Moorland-Spingarn Research Center, Howard University, Washington, D.C.

⁴⁹ J.D. Ratcliff, "Cotton Field Clinic," Survey Graphic (September, 1940): p. 464.

recreational facilities and inadequate medical services."⁵⁰

In recognizing poverty as the fundamental social problem of Afro-Americans, many insisted that birth control be distributed with other health care services and not be treated as a separate "problem." E.S. Jamison, for example, writing in the 1938 Birth Control Review on the "Future of Negro Health" challenged blacks to present an "organized front" so that birth control and other needed health services could be made available to them.⁵¹

Black opinion toward health care systems differed from the majority of the white community in more fundamental ways also. With the exception of New York City, where the opinion among Afro-American physicians was split (which is discussed in further detail in chapter four), Afro-Americans favored the idea of free standing birth control and health clinics. Many white physicians were opposed to the birth control movement for this reason alone. They feared that clinics would destroy the private, fee for service arrangement between physician and patient. Birth control clinics raised fears of state or socialized medicine. Afro-American support of all types of clinics stemmed from the idea that health

⁵⁰ Ibid., 1.

⁵¹ E.S. Jamison, "The Future of Negro Health," BCR 22 (May 1938): 94-95.

was, in fact, their constitutional right. An editorial in the New York Amsterdam News proclaimed that health care was the duty of state and that "Negro" physicians were obliged to contribute their fullest to their race.⁵² One physician from New York City wrote that "Negro doctors must realize that these trends toward the socialization of professional services will increase rather than diminish as time goes on and that it is up to them to keep up step with the times and seek new opportunities for service in the fields thus open." His reasons for this were not simply opportunistic, he recognized the inability of black workers to pay for such services, he continued by saying,

The welfare of the Negro worker is as important to the Negro professional man as it is to the worker himself. The Negro worker must be helped to make his way into industry. New job opportunities must be created for him. His pay envelope must be enlarged. Only when this has happened can the Negro professional man expect his private practice to return to normal. Understanding these things, Negro professional men should first of all join hands with the Negro worker to help him better his position.⁵³

One Afro-American physician wrote in 1935 to the Norfolk Journal and Guide that perhaps the Negro physicians

⁵² "Socialized Medicine," New York Amsterdam News, 21 April 1934, p. 8.

⁵³ "Socialized Medicine Defended," Norfolk Journal and Guide, 22 April 1939, p. 9.

(of Virginia) could lead the masses in its organization for "socialized medicine." ⁵⁴

Such declarations indicate that Afro-Americans took an egalitarian approach toward health care. Black professionals did not see their destiny as separate from that of poor blacks. This allowed them to work together as a community on many issues. Black's involvement in the birth control movement, for example, expanded to include professionals and poor blacks who made their health demands known to both black and white health care providers. It is one more example of health being part of the general struggle among blacks to obtain equal rights and justice.

In addition to the premise of a right to health, blacks upheld a broad view of community participation in political change. Blacks' preferred method for legalizing birth control and their approach toward social change in general was one which embraced the entire community. In fact, black professional groups often worked closely with community groups and other non-professionals to make birth control information widely available.

Poor blacks also played a role in advocating for birth control legalization. One Afro-American newspaper, The San

⁵⁴ "Socialized Medicine," Norfolk Journal and Guide 29 June 1935, p. 8.

San Francisco Spokesman, wrote that involvement in the legislative process to legalize birth control should especially include the poor, since they were the ones most injured by its prohibition. The newspaper promoted a very direct and activist role for blacks on this issue. "To legalize birth control, you and I should make expressed attitudes on this question a test of every candidate's fitness for legislative office," it argued in 1934.⁵⁵ "And those who refuse or express a reactionary opinion should be flatly and uncompromisingly rejected."⁵⁶ Poor Afro-American women were also included in political campaigns in New York City when they signed petitions for the federal legalization of birth control.⁵⁷

Another motif in Afro-American's birth control organizational strategy was the desire for independence from the white community. E.S. Jamison, quoted above, also emphasized independence from the white community when he

⁵⁵ "The Case of D. Devaughn, or Anti-Birth Control on Trial," San Francisco Spokesman, 22 February 1934, p. 6.

⁵⁶ J.A. Ghent, "Urges Legalization of Birth Control: Law Against Contraception Unjust to the Poor," San Francisco Spokesman, 9 July 1932, p. 3.

⁵⁷ E.D. Jenkins, "Report of the Clinical Research Bureau," 2 February 1933, The Papers of Margaret Sanger, (hereafter cited as Sanger, Library of Congress) Library of Congress, (Washington, D.C.: Manuscript Division, Research Department, 1977), reel 33.

wrote, "The Negro must do for himself. Charity will not better his condition in the long run."⁵⁸ Local Afro-American birth control groups were often able to maintain independence from the Planned Parenthood Federation of America (PPFA) even though they accepted and used PPFA's birth control display and educational materials. This happened at the Booker T. Washington community center in San Francisco. A representative from PPFA had sent this center materials and then did not hear from anyone for some time. After almost one year the director of the Booker T. Washington center wrote back to PPFA, informing the staff that birth control programs were flourishing in the center's area. In fact, the group had used the Federation's materials extensively at community centers and civic clubs, and the local chapter of Alpha Kappa Alpha, a national black sorority, had accepted sponsorship of a mothers' health clinic. The PPFA representative described this as typical of many black groups. They would not respond to PPFA communications, but would use their materials and be

⁵⁸ Jamison, 95. DuBois, in the early part of the century, also urged independence from the white community in their strategies for self-improvement. He wrote: "The main movement for reform must come from Negroes themselves, and should start with a crusade for fresh air, cleanliness, healthfully located homes and proper food." See, The Philadelphia Negro, 163.

involved in their own form of community birth control work.⁵⁹

Afro-American birth control advocates also demanded respectful and equal treatment from their white counterparts. One of Sanger's staff members commented that she was confused as to the low return rate of questionnaires sent to Afro-American physicians concerning their knowledge of birth control methods, especially since the National Medical Association had formally endorsed it in 1937.⁶⁰ A memo between two of Sanger's secretaries sheds some partial light on their lack of response. One wrote: thirty letters sent to members of the National Negro Advisory Council. Learned to my regret that a form letter to them receives no acknowledgment, whereas individual letters get excellent response.⁶¹ Mabel Staupers also demanded equal treatment for nurses when she wrote a forceful letter to Sanger explaining the attitude of the New York City Committee towards the Negro Advisory Committee when they took over the financial operation of the Harlem Clinic. (At this point, however, the

⁵⁹ "Activities Report, Birth Control Negro Service," 21 November 1942, Box 22, Rose Papers.

⁶⁰ "Division of Negro Service Newsletter," August, 1941, Box 22, Rose Papers.

⁶¹ Florence Rose to Cele Damon, 10 June 1941, Sanger, Northampton.

clinic was out of Sanger's hands, the New York City Committee was part of the ABCL). She wrote that if the Birth Control Association wanted the cooperation of the nursing profession then they must be treated with proper courtesy, not childishly, as was usual for white groups working with Afro-Americans. "I feel that if any work is being done for Negroes in any community Negroes should share in the planning and in the expense to the best of their ability," she wrote in 1935.⁶²

In sum, the insistence on people's constitutional right to good health was an activist concept, with transforming possibilities, and birth control, with its litany of other related demands was considered "revolutionary." In many ways the black argument did retain the radical outlook of the pre-WWI white birth control movement. Yet on closer observation the argument could be more accurately described as self-help, an organizational style common to black political culture. Black self-help is a coherent strategy which has its historic roots deep in the black community. While McCann concedes that blacks advocated birth control as a form of racial justice she misses many subtle components of the black community's argument. "Racial

⁶² Mabel Staupers to Margaret Sanger, 2 April 1935, Sanger, Northampton.

betterment" and the "economic ethic of fertility" were Afro-American values which happened to mesh easily with those being advocated by the white community. And although blacks agreed with whites on these particular points, they advocated as strongly that they must remain independent of white assistance and opinions. In several important ways, Afro-Americans were successful in their effort at independent organization, demands for equal treatment, and articulation of their birth control goals.

The birth control discourse of the thirties decade was not simply manufactured by Afro-American middle class professionals. It was created also as a response to the demands of even poor Afro-American women and gained momentum from the fact that Afro-American women of all classes eagerly attended birth control clinics and endorsed birth control. Scholars have often portrayed poor women, especially poor rural women as the victims of white eugenicists attempts at fertility control during the Depression. They have been able to make this claim because they have never examined, or taken seriously, the comments of these Afro-American women. They minimize the degree of grassroots birth control support by claiming that its advocacy and use was a black middle class phenomenon. These scholars err when they project a white model of class

relationships onto the black community. As demonstrated above, the professional classes of the black community did not replicate the distance from the masses and hierarchy of organization evident among white organizations. Therefore, the black professional, working and poorer classes worked in concert to produce the groundswell of support for birth control in both the birth control discourse and organization for clinics.

Even to casual observers, the desire for birth control in the black community was readily apparent among all classes, even to casual observers. The author of a study of two rural counties of Georgia noted the use of birth control practices there and explained it as a growing expression of race pride, linking the activities of rural blacks to the pro birth control opinions formulated by professional blacks and editorialists. George Schuyler, editor of the National Negro News explained: "If anyone should doubt the desire on the part of Negro women and men to limit their families it is only necessary to note the large sale of preventative devices sold in every drug store in various Black Belts."⁶³

⁶³ George Schuyler, "Quantity or Quality," Birth Control Review, (hereafter cited as BCR) 16 (June 1932): 165-66. For information on Schuyler see Black and Conservative: The Autobiography of George S. Schuyler (New Rochelle, N.Y.: Arlington House Publishers, 1966).

Social workers, nurses and physicians conveyed demand and positive response for contraceptives among Afro-American women. In the thirties social workers reported that families living on the economic margin often asked where they could obtain contraceptive information and supplies, such as an Afro-American social worker from Harlem who wrote to Sanger in 1932 saying that the conditions among Afro-Americans and Puerto Ricans were "dreadful."⁶⁴ A report of the Harlem clinic in 1932 wrote of the women who visited the clinic that there was a reception room at the clinic which was stocked with free literature. The report stated that the women "hungerly" read them and that those who were illiterate folded them into their pocketbooks for their husbands to read at home.⁶⁵

Women in rural areas were no less eager. Another woman wrote to the Associated Negro Press as a "registered nurse and social worker," saying that her Negro patients were both interested in and benefited by birth control information. It was because of force of circumstances that they are not able to articulate their desires. "I write for them and plead

⁶⁴ Elaine W. Percival to Margaret Sanger, 11 December 1932, Sanger, Library of Congress, 33.

⁶⁵ "The Third Fiscal Year Report of Harlem Branch of the Birth Control Clinical Research Bureau," Sanger, Library of Congress, 33.

their cause to give them access to such information which the medical sciences offer in contraception."⁶⁶

Still another social worker, writing to Katherine Lenroot at the Children's Bureau, explained that her life and work on cooperative farms in Mississippi among sharecropping women, made her appalled by the problems resulting from large families. Despite their families' supposed economic viability, most of the children were unwanted. There were few things, she wrote, "that would mean more to these women than birth control centers or clinics."⁶⁷

A rural public welfare agent in Charlotte North Carolina in 1938 also wrote to Lenroot at Children's Bureau about black women's desire for birth control information. Very aware of the horrible conditions faced by tenant farmers in the South, she wrote

the misery, want and deprivation that is brought on by the continually increasing family of people in this class is pathetic. Women beg for information about fertility control and means of controlling their families. They need an educational program and assistance in establishing clinics for prenatal and postnatal care and most

⁶⁶ Alice Darley to the Associated Negro Press, 23 July 1940, Sanger, Library of Congress, 113.

⁶⁷ Dorothy Franklin to Miss Lenroot, 30 October 1938, Box 659, 1937-1940, Children's Bureau, Central Files (hereafter cited as CBCF) National Archives, Washington, D.C.

of all they need to have birth control made available to them in these clinics.⁶⁸

In a similar vein, Mrs. Phil A. Lipper wrote in 1938 to the Children's Bureau saying:

A story illustrating the necessity of birth control follows: The porter in my office is a colored man about thirty-two years of age. He earns twelve dollars per week is married and has six children the oldest being ten. Last week a seventh child was born but lived only 3 days. The mother, worn out through too frequent child bearing was not strong enough to have the baby. After the little one died, I told the porter that was the last child he was to have, his economic condition could not support so many and his wife needed a rest from pregnancy, He agreed, but said, Mrs. Lipper what can I do? There are too many such men today. They would welcome the information for the betterment of their wives and babies.⁶⁹

Another characteristic letter to Lenroot was from an almost illiterate woman from Crawford, Georgia who said that she had been married seven years, had seven children, and was not in good health. She wanted all her children but was not able to feed and clothe them. Her husband was forty-six and unable to walk. She was twenty-seven, did not want any more children. She requested birth control information. In many ways this example is an especially revealing one. That an isolated, nearly illiterate woman, on her own initiative

⁶⁸ Mrs. O.R. Rowe to Katherine Lenroot, 1 July 1938, Box 659, 1937-1940, CBCF.

⁶⁹ Mrs. Phil A. Lipper to Katherine Lenroot, 29 August 1938, Box 655, 1937-1940, CBCF.

wrote to the director of a federal agency in Washington D.C. shows that Afro-American women would go to great lengths and overcome many barriers to acquire the necessary information to control their reproductive lives.⁷⁰

In other rural areas, a doctor Virginia South who worked for Clarence Gamble in Kentucky in 1937, wrote to Gamble that she contacted a "Negro" maid who said she knew of a number of "colored" women who needed to know about birth control and that she would talk to them about it. South asked her to try to arrange a meeting for her. She did, and South wrote that the response was very good. In Wayland, Kentucky she held another birth control clinic for Afro-American women and wrote that the attendance was splendid, despite the inclement weather.⁷¹

Other reports came from fieldworkers for Margaret Sanger and Clarence Gamble who observed desire for birth control first hand. A Gamble fieldworker wrote that one black woman in Bushnell, Florida with eleven living

⁷⁰ Ima Martin to Abbie Weaver, 1 September 1938, Box 655, 1937-1940, CBCF.

⁷¹ "South Report," 1-21 October 1937, Box 14, Folder 269, Gamble Papers.

children, four dead and two miscarriages was "tickled pink" upon receiving the foam powder.⁷²

Another field representative in 1937 wrote that she saw a

Negro woman carrying in her arms and tugging at her skirts her five children who had walked "a good piece" to get to the birth control advice. When asked if she could not have left her children with the neighbors she said "yes m'am but dis here is my evidence so I can get dat control."⁷³

In rural Georgia Gamble representatives in 1939 wrote that black mothers were "beamingly grateful" for birth control supplies (probably foam powder), and another said to the representative: "honey I got narry thing to give you to show how I does thank you but you jes come back and see me, when my chickens has growed some and I shore Lord will fill you upon fried chicken so you will stay pretty and fat."⁷⁴

In 1940 in Bakersfield, California a Gamble fieldworker wrote that twenty black women attended a meeting and asked that she return. She wrote that the woman "all" gave "excellent" reports on the powder and that they were "one of

⁷² W.C. Morehead, "Interviews," Box 7, Folder 143, Gamble Papers.

⁷³ Hazel Moore, "Report," 1937, Box 22, Folder 10, Rose Papers.

⁷⁴ "Special Interview Reports," 7 May 1939, Box 7, Folder 147, Gamble Papers.

the sweetest most cooperative groups I've ever encountered, and so appreciative." ⁷⁵

Sporadic reports by fieldworkers noted interest in birth control among very poor Afro-American and Mexican women. A fieldworker in California in 1940 reported that a Mothers Meeting was held in the back yard of a Mexican woman's home. Fifteen women were present who had been invited through a local labor organizer. She wrote:

I feel sure this introductory meeting will provide the nucleus for delving out many more needy women, for quite a large number of these mothers were in the fields cutting grapes. Fourteen new patients were supplied with foam powder. A home-call was made in a negro home to instruct a colored woman recuperating from a recent delivery. Her friend, very pregnant, was calling so she too was purely elated to get some powder. Such contacts pretty much reach the dregs of humanity and I consider it extremely important to return. ⁷⁶

The labor organizer assured her of more such groups and in larger numbers in the nearby towns.

In Detroit in 1931 Gamble's fieldworker, Elsie Wulkop, wrote that she had met with the Colored Social Workers and that a black man told her of a woman with twenty

⁷⁵ Mildred Delp, 27 August 1940, Box 4, Folder 73, Gamble Papers.

⁷⁶ Mildred Delp, 28 August 1940, Box 4, Folder 73, Gamble Papers.

children who had tried in vain to get the public health nurse to tell her where to go for birth control.⁷⁷

In 1938 at the Howard County Birth Control Clinic of Maryland the staff wrote that the Negro patients have been a particularly responsive group, eager to tell their friends about the clinic and to urge them to come. The staff also observed that the same class of white women were reluctant to spread the word about birth control. The white women did not want to be accused of "butting in" and preferred that a "professional" such as a social worker talk to a women who might need the advice, even if the advice was badly needed.⁷⁸

In Arizona a Mrs. Alice Preston was interviewed in the late thirties by a Sanger fieldworker. She was 29 with five children. When asked what she thought of the Mothers Health clinic, she responded: "I think it is just swell [sic] its the most wonderful thing in the world. This is my time to be sticking out an I'd be so uncomfortable and so hot." She heard of the clinic through Mrs. Stewart who was the black cook in the home of one of the clinic's board members. The fieldworker added that Mrs. Preston had taken many mothers

⁷⁷ Elsie Wulkop to Clarence Gamble, 29 October 1932, Box 18, Folder 334, Gamble Papers.

⁷⁸ Leonore G. Guttmacher, "Securing Patients for a Rural Center," BCR, (November, 1938): 130-131.

to the clinic.⁷⁹ Gamble fieldworkers were also in Buckeye, Arizona in 1940 serving "colored women, Mexicans and migrants." One wrote that this was a "right heady mixture, but all most congenial." They were receiving birth control instruction with foam powder.⁸⁰

In 1932, at the Maternal Health Center in Philadelphia the black patients were described as "cooperative to a marked degree." One hundred and fifty eight women were fitted for diaphragms, and one hundred and thirty four returned, despite the fact that the clinic was far from their homes. One black woman from the Philadelphia clinic wrote: "I no longer look upon the married women's life as an inevitable and continuous one of sickness and pain. Because I can control the size of my family, I now consider pregnancy as a blessing rather than as an enforced lamentable condition. I personally would like to thank you for the kindness and help shown, without distinction, toward colored mothers."⁸¹

⁷⁹ "Notes on the Mother's Clinic," Box 119, Folder 1212, Sanger, Northampton.

⁸⁰ Mildred Delp, 10 May 1940, Box 2, Folder 33, Gamble Papers.

⁸¹ Lemuel Sewell, "The Negro Wants Birth Control," BCR 5 (May 1933): 131.

In addition to documents from periodicals, social workers, doctors and nurses, birth control clinic reports noted heavy attendance. In 1939 a national study reported that blacks accounted for 11.9 per cent of the total of new patients of 202 birth control centers. The total number was 46,582. The U.S. population of blacks at that time was nine percent.⁸² In Ohio, clinical service for blacks began in Cleveland at least as early as 1928. In one year, 1930-31, the Maternal Health Association of Cleveland reported that the number of blacks grew to 30% of clinic attendance. Black women could also be seen at the Cincinnati General Hospital and at the Mother's Health Clinics in Springfield and Dayton. Studies done in the early 30's for Cleveland and Cincinnati show that black clinic attendance in both cities was almost three times as high as their distribution in the total city population. Social workers there also reported that black women seemed to learn and accept the method of contraception used in the clinic as easily or more easily than white women.⁸³

⁸² Robert L. Dickinson and Woodbridge E. Morris, "Birth Control Centers: Report of 202 in the United States for the Year 1939," Journal of the American Medical Association 115 (24 August 1940): 591-593.

⁸³ "Maternal Health Association, Report of Three Years' Work, March 22, 1928 - March 21, 1931, Cleveland, Ohio," Box 119a, Sanger, Northampton; "Summary of Two Years Work, Committee on Maternal Health, Cincinnati, Ohio," Sanger, Library of Congress, 102; "Mother's Health Clinic,"

The Illinois Birth Control League and the Evanston Illinois News pointedly remarked that American blacks were among the most enthusiastic users of birth control. The Birth Control League in 1931 reported that 1,679 women had been given birth control "advice." Two hundred thirty four were American born blacks and of that number forty-eight were wives of professional and business men, postal clerks and letter-carriers. In 1930 the president of the Illinois Birth Control League reported that Afro-Americans requested birth control instruction much more frequently than eastern European immigrants.⁸⁴

In Indiana the Birth Control League and the Maternal Health League consistently reported that blacks were 30% of their clinic population for the years 1933-35. The Flanner House Settlement for Colored People referred patients to the American Birth Control League clinic. One fieldworker describing Indianapolis wrote that the demand by blacks in

Box 33, Folder 551, Gamble Papers; Carolyn Bryant, "Clinical Service for the Negro," Birth Control Review 16 (June 1932): 176-177.

⁸⁴ "Birth Control League Directs Work Here Especially to Underprivileged," Evanston Illinois News 22 February 1935, n.p; Caroline Robinson, Seventy Birth Control Clinics, (Baltimore: Williams & Wilkins, Co., 1930).

1934 had been "so great that it seems to me imperative that these women be cared for."⁸⁵

Ordinary Afro-American women's requests for birth control, as well as their attendance at birth control clinics, indicate that the thirties discourse was indeed a reflection of the realities of Afro-American women's lives; it included those who had migrated to urban areas as well as those women who remained in the rural South. The thirties discourse also contributed to the rapid establishment of clinics throughout the country. The following two chapters will examine the establishment of birth control clinics in light of Afro-American participation.

⁸⁵ "Annual Meeting of the Birth Control League of America, Indiana Birth Control League, 1935," Box 4, Series I, PPFA; Elsie Wulkop to Clarence Gamble, 14 January 1934, Box 8, Folder 180, Gamble Papers.

CHAPTER 4

AFRO-AMERICAN CLINICS: HARLEM AS A CASE STUDY

Participation in the birth control debate was only one aspect of the black community's involvement in the promotion of birth control. During the thirties birth control clinics for blacks appeared nationwide, many at least partly directed and sponsored by local black community organizations. Most of the organizations had a prior concern with health matters, building from an established network of social welfare centers, health councils, and agencies. Harlem was the site of the first birth control clinic for Afro-Americans in the early twenties, and the Harlem community played a leading role in fostering and articulating birth control ideas among Afro-Americans nationwide. They were aided in this endeavor by the Afro-American press which widely and frequently reported on the opening and progress of the Harlem clinics.¹ The clinic openings, in turn, stimulated the growth of the

¹ The Afro-American press was an important institution in fostering race consciousness. Their content remained independent of white influence, despite their economic links of necessity to white commercial sources. See Drake and Cayton, 398-412.

birth control discourse. This chapter will discuss the opening of the 1929-30 Harlem clinic in detail by examining community support for the clinic among Afro-Americans. It will also explore the relationship between the local black community and the white sponsors of the clinic. Last, it will provide a profile of the average client of the Harlem clinic.

In 1922 the Afro-American community of Harlem had approached Margaret Sanger with a request to help them establish a birth control clinic for black women. Although the first New York City clinic in the Columbus Hill section was unsuccessful because of its location, another clinic, supported jointly by the Urban League and the Birth Control Clinical Research Bureau, opened in Harlem in late 1929. This particular clinic had an advisory board of approximately fifteen members, including Harlem-based journalists, physicians, social workers, and ministers.¹ The advisory board was not controlled by Sanger's

¹ The Advisory Council of the Birth Control Clinical Research Bureau included: Lois Allen of the Urban League; Bessye Bearden, journalist; Dr. Lucien Brown; Dr. May Chinn; Dr. Harold Ellis; Jane Fisher, social worker; Marion Hernandez, nurse; Rev. William Lloyd Imes; Dr. Peter Murray; Dr. Alonzo DeG. Smith, Mable Staupers, then executive secretary of the Harlem Branch of the New York Tuberculosis and Health Association; Dr. James Wilson; Dr. Louis T. Wright and Rev. Shelton Hale Bishop. See Advisory Council of the Birth Control Clinical Research Bureau, Sanger, 33.

selections. She consulted with James Hubert of the Urban League who suggested to her that she organize a committee "a little more representative of Harlem."² In 1929 the Hope Day Nursery for Colored Children in Harlem wrote to Sanger saying that they had heard that she was considering the establishment of a birth control clinic in Harlem and that they believed that such an institution would be of untold value to its people.³ The Social Workers Club of Harlem passed a resolution in 1929 endorsing the work of Sanger and the Birth Control Clinical Research Bureau. They pledged to cooperate in every way possible with those promoting the idea of a Harlem birth control clinic. The New York Amsterdam News carried a news item concerning this resolution with Sanger stating that the staff of the newspaper endorsed the work of the clinic.⁴

Dr. May Chinn, an Afro-American physican from Harlem, wrote that Harlem needed a birth control clinic and that most of the criticism directed against the birth control movement was based on misinformation. In reply to the

² James H. Hubert to Margaret Sanger, 4 December 1930, Sanger, Library of Congress, 32.

³ C.L. Anderson to Margaret Sanger, 23 October 1929, Sanger, Library of Congress, 33.

⁴ James H. Hubert to Margaret Sanger, 15 October 1929, Sanger, Library of Congress, 33; New York Amsterdam News, 16 October 1929, p.3; Robinson, 25.

allegations that clinics give out false information, Chinn argued that "information as is given out by the clinic will be carefully given, and to suit the individual needs of each particular case." Chinn also wrote personal letters of support to Sanger saying that she would be happy to further the cause of the birth control clinic through her medical society. The social workers of Harlem donated a gift of 5,000 dollars for the clinic, about half the sum necessary for the total operation of the clinic. The Harlem birth control clinic was also partially funded by the Rosenwald Fund.⁵

In 1931 Sanger sent out a memo to the Harlem advisory council asking their advice and help in operating the Bureau. She wanted to determine the best way of reaching the women of the Harlem community, educating the public, and how best to maintain the confidence and cooperation of the physicians and social workers of Harlem.⁶ Although Sanger worked in close collaboration with the local black community she did not dominate its organization. Afro-Americans played a prominent role in its establishment as well.

⁵ New York Amsterdam News, 16 October 1929, p. 3; Robinson, 25; May E. Chinn to Margaret Sanger, 7 December 1930, Sanger, Northampton.

⁶ Memo of Margaret Sanger, 13 May 1931, Sanger, Library of Congress, 32.

In gaining support for the Harlem clinic, many of the Harlem clergy were at the forefront in organizing the clinic and educating the Harlem community. Their support began in the latter part of the twenties decade and undoubtedly was a reflection of Afro-American women's support of the movement. One minister on the Harlem advisory council, William Lloyd Imes of the St. James Presbyterian Church, reported that he had held discussions on birth control at his church; at another meeting he announced that if a birth control pamphlet were printed, he would place it in the church vestibule. Rev. Imes favored more publicity for the clinic and believed that the best way to reach the people of Harlem was through Harlem's women's clubs, churches and settlement houses. He also believed that people were worried by the ethical questions concerning birth control and thought that it was up to the ministers to educate their parishioners.⁷

⁷ "Minutes of the First Meeting of 1932 of the Board of Managers of the Harlem Branch of the Birth Control Clinical Research Bureau," 23 March 1932, Sanger, Library of Congress, 33; William Lloyd Imes to Margaret Sanger, 16 May 1931, Box 122b, Sanger, Northampton; Antoinette Field to Margaret Sanger, 5 November 1930, Sanger, Library of Congress, 32. There is no evidence of organized Afro-American Catholic opposition to birth control, and one nationwide study of contraceptive use among black and white women indicated that at least some Afro-American Catholic women used contraceptives. See Pearl, "Contraception and Fertility in 4,945 Married Women," p. 364.

In May, 1933 Sanger wrote to Rev. Imes regarding the lecture series he had planned. It involved talks on the need for birth control by a Dr. Roberts of his church. Imes requested a letter from Sanger, which he could read to his bible class, saying that the Birth Control Research Bureau was behind him in these series of lectures. Sanger wrote to Imes saying that the program he had outlined was excellent, and she was sure that it would bring about a new and constructive understanding of birth control in the community. She went on "I am happy to know of the interest of Dr. Roberts of your church and as a physician he is able to speak authoritatively on this subject from the medical point of view. We will be glad to extend every cooperation and to send you speakers from time to time to talk on various phases of the subject."⁸

Rev. Imes suggested that these lectures be under the direction of Dr. Roberts. Rev. Imes explained that Dr. Roberts would be a great addition to the movement because he represented the strong conservative forces in the community. He was a senior elder of the church and also the family physician for many St. James members. When interviewed, Dr.

⁸ Margaret Ensign to Miss Murray, 29 March 1933, Sanger, Library of Congress, 33; Margaret Sanger to William Lloyd Imes, 26 May 1933, Sanger, Library of Congress, 33; Emmy Jenkins to Margaret Sanger, 27 September 1933, Sanger, Library of Congress, 33.

Roberts said that he once opposed birth control because he felt it was conducive to immorality among young and unmarried persons, but that the reality of changing sexual practices had changed his mind. He knew of a leading Harlem druggist who told him that young high school girls were buying condoms, and in his own practice he knew that most young girls were sexually active.⁹ He spoke of cases presented before the local committee of the Harlem Charity Organization Society indicating a great need for birth control. For an example he told of a mother of seven children whose husband deserted her with each of her pregnancies. The Harlem branch of the Clinical Research Bureau confirmed the reports of Dr. Roberts stating that they had many cases where the first pregnancy was at age fifteen or younger.¹⁰

At one Advisory Board meeting in 1933 Rev. Imes suggested that Afro-American nurses dispense birth control. The medical director of the Harlem clinic, Hannah Stone, a

⁹ For information concerning sexual knowledge among young women see Frazier, Negro Family in Chicago, 197-203.

¹⁰ "Report of E.D. Jenkins, Social Worker," 15 March 1933, Sanger, Library of Congress, 33; Williman Lloyd Imes to Margaret Sanger, 5 June 1933, Sanger, Library of Congress, 33; "Report of E.D. Jenkins, Social Worker," 28 March 1933, Sanger, Library of Congress, 33; Antoinette Field to Margaret Sanger, n.d., Sanger, Library of Congress, 33.

white physician, stated that this was not possible; nurses were only qualified to "assist" the physicians.¹¹ This points to a significant difference in strategy between the approaches of the black and white communities concerning the distribution of birth control devices. Afro-Americans did not differentiate between professional groups; many members of the community were encouraged to participate in birth control work.

Another Harlem clergyman, the Reverend Shelton Hale Bishop, wrote to Sanger in 1931 that he believed birth control to be "one of the boons of the age to human welfare." Hale, too, was one of Harlem's "foremost" ministers in Harlem and one of the first to sanction the use of birth control and support the clinic. Research workers from the Clinical Research Bureau wrote that the churches were making "great headway."¹²

As another example of church endorsement and leadership, the Health Committee of The Abyssinian Baptist Church, sponsored a talk by Sanger in Harlem in December of

¹¹ W. Murray to Margaret Sanger, "Minutes-Advisory Council-Harlem Council," 25 January 1933, Sanger, Library of Congress, 33.

¹² Shelton Hale Bishop to Margaret Sanger, 18 May 1931, Box 122b, Sanger, Northampton; Ogda Jorgenson to Mrs. Pierson, 6 May 1931, Sanger, Library of Congress, 33; Marie F[eir]uson to Margaret Sanger, 9 December 1933, Sanger, Library of Congress, 32.

1932. It was billed as a "mass meeting." The report stated that Sanger was received with enthusiasm by all classes. The church newspaper of the Abyssinian Baptist Church reported that 3000 Harlem women attended the Harlem clinic.¹³

Ministers who opposed birth control could find their power limited. The wife of one Harlem minister, Rev. Edward Clark of the Bethel A.M.E. Church who was opposed to the idea of using his church as a forum for birth control education, told the Birth Control Clinical Research Bureau in 1932 that she would take the matter into her own hands and conduct a "whispering campaign" of support for the clinic among the congregation.¹⁴

Smaller Harlem churches also supported the work of the Clinical Research Bureau. The Grace Congregational Church of Harlem, whose congregation numbered 600, had a full page ad for the Birth Control Clinical Research Bureau in its yearbook for 1933. The Hubert Harrison Memorial Church at

¹³ "Mass Meeting, Hear Margaret Sanger: World Famous Birth Control Advocate in Harlem at the Abyssinian Baptist Church," flyer, Sanger, Library of Congress, 33; "How Do You Feel," The Advance, 12 (3 December 1932): n.p.; Sanger, Library of Congress, 33.

¹⁴ "Report of E.D. Jenkins, Social Worker," 5 April 1933, Sanger, Library of Congress, 33.

149 west 136 street sponsored a talk on the social and community aspects of birth control.¹⁵

Many Harlem agencies were influential in helping to get patients to birth control clinics and to help educate their clients about the availability of birth control services. By the mid thirties in Harlem approximately 48 churches, community groups, social service organizations, newspapers, women's clubs and mother's clubs supported birth control in some respect. Some included the Women's Business and Professional Club of Harlem, the Social Workers Club of Harlem, the Harlem branch of the National Organization of Colored Graduate Nurses, the Harlem YWCA and the Harlem Economic Forum.

The president of the Harlem PTA, Mrs. James Kinloch, told the Clinical Research Bureau in 1933 that the PTA was interested in promoting any program which was for community improvement and believed that birth control was one useful method.

¹⁵ Margaret Ensign to Willa Murray, 23 February 1933, Sanger, Library of Congress, 33; "Harlem Branch Clinical Research Bureau, Monthly Report of Social Work," February, 1934, Sanger, Library of Congress, 33. Hubert Harrison (1883-1927), was a leading Afro-American Socialist in New York City who supported and lectured on birth control. See Joel Rogers, "Hubert Harrison," Negro Studies, Biographical Sketches Works Progress Administration, Manuscript Division, Library of Congress.

The supervisor of the Harlem Children's Center, Mr. Johnson, said that although he would not want to be quoted, he felt their organization would use the Harlem clinic as a community resource and that the bureau should have no hesitancy in planning any meetings or discussions which would educate underprivileged mothers. He preferred it to be done in a "quiet manner" however. The Harlem Children's Center requested a speaker from the Clinical Research Bureau.

Although not all agencies could give the Clinical Research Bureau their full support, many gave partial support and encouragement. The New York City Baby Health Stations were favorable to the Harlem clinic but were curtailed from making referrals by a white Catholic constituency. Instead, they made referrals to the Harlem clinic "unofficially." Big Sisters also could not refer openly because of Catholic pressure. Children's Aid Society agreed to send some mothers. The Children's Welfare Federation was exceedingly interested, but the subject was taboo also because of white Catholic resistance. The Emergency Home Relief workers made referrals as individuals, but it was unclear as to the official stand of the administration. One of their home investigators got into serious difficulty for referring a mother and had to write a

five page letter to the main office, explaining her reasons for the referral after the woman's husband complained. The Secretary of the Baptist Educational Center told the Clinical Research Bureau social worker that they should not lose patience because some organizations could not speak openly for the clinic. Individuals within their organizations were willing to send patients without the official approval of the particular agency. Referral problems were usually due to Catholic involvement in the agency and sometimes just an unease with being straightforward and vocal about the purpose of birth control. Still, unofficial sanction was given by the Harlem Health Center Board of Health and the Henry Street Visiting Nurses Association. The Henry Street Nurses would openly refer patients to the clinic in 1934. The Urban League of Harlem presented lectures on birth control in the early thirties which were very well attended by groups as large as 250 men and 300 black women. Social workers attending these lectures wrote that there was a strong desire on the part of the Urban League to continue these lectures. At one of the Urban League Meetings, when 200 women attended and 20 had to be turned away at the door, the social worker reported that the women were "emotionally stirred on wanting

birth control information for themselves and spoke out in meeting" in favor of the work.¹⁶

After one of the Urban League lectures the following questions related to the physiology of conception and childbearing were asked: Is it necessary to have your husband's consent to come to the clinic? Does contraception cause sterility? Is it a fact that if you have only one ovary that you cannot become pregnant? May anyone go to the Birth Control Clinic or only those who have ill health? What is the cause of inflammation of the womb? If you have ovaries and no tubes can you become pregnant? What is ovary trouble? How do you know you have it? Can you have a baby if you have no womb? Will peritonitis prevent you from becoming pregnant? Will a weak back from a fall cause your womb to turn? If you have had a hard time with the first baby and the doctor says it is dangerous for you to have another, is it true or just a saying? What is the cause of discharge in a man? Is there any danger in becoming pregnant if you have a discharge? If a man has a discharge can a woman catch it? Why is it that so many women cannot

¹⁶ Information on Harlem agencies was compiled from monthly social worker reports of the Harlem Bureau Clinical Research Bureau for the years 1933-34. All taken from Sanger, Library of Congress, 33. Mention of the Harlem Economic Forum is from the Pittsburgh Courier, 14 November 1936, p. 9.

have babies no matter how hard they try? If a man has a discharge can a woman become pregnant? How does a man catch the disease that causes a discharge? When a woman is ruptured, why does it feel like a baby moving? Can a woman become pregnant if the man discharges and the woman does not? Would it be a healthy child? If a woman has a milk leg after the child birth can she become pregnant again? Is there any explanation why a woman who has had one child cannot have any more? Does a woman know when her womb is twisted? Why does a woman have twins? These questions all focus on one topic that was of extreme importance to Afro-American women: health. Not only do they reveal a desire for more knowledge about their own bodies and reproductive capabilities, they are also an indication of the harsh conditions Harlem women faced due to lack of primary health care. These realities made contraceptive services desirable for both reasons of reproductive control and the secondary health benefits to be derived from having fewer children.¹⁷

The People's Educational Forum in Harlem, an interracial group of the Socialist Party with 50 men and women in 1934 listened to a birth control talk by Dr. Marie P. Levinson. The Harlem Christmas Cheer Committee and the Community Mother's Club and the Gynecological Clinic at

¹⁷ Sanger, Library of Congress, '33.

Harlem Hospital were interested in birth control and referred patients to the Harlem Clinic. The Adult Education Committee of Harlem was in favor of facilitating birth control education. The New York City Mission Society requested that a birth control social worker speak to adolescent girls. The Katy Ferguson Home, which worked with delinquent and unmarried girls up to 20 years of age, thought that the clinic was greatly needed. The principal of the PS 119 west 134th street was very much interested in and anxious to cooperate with the clinic. She thought that teachers should hear about the clinic's facilities. This particular school had an unusually extensive community program.¹⁸

The Harlem Branch clinic at 2352 Seventh Ave grew rapidly. It began with one session per week and expanded to six per week at the year's end. Increasingly more Afro-Americans attended the clinic than whites. In 1933, the clinic relocated to an Urban League building. Here, the staff was primarily American.¹⁹

Sanger had always wanted the Harlem clinic to be self-supporting. She wrote in 1932 "it is my hope and prayer that

¹⁸ Ibid.

¹⁹ "Harlem Branch of the Birth Control Clinical Research Bureau, Yearly Report, February 1st, 1931 to February 1st 1932," Sanger, Library of Congress, 33.

we will get such cooperation (financial) among the colored agencies so that I can some day pass this clinic over to the community." However, because of the financial situation of the black clients and the inability of some of the referring agencies to help with money for supplies, Sanger wrote in 1931 that she was "financially swamped," and by 1933 the Julius Rosenwald Fund stopped its contributions to the clinic, although it still continued to operate under the direction of the Urban League and Sanger until 1935.²⁰

A profile of the typical Harlem client follows. One-third of the Harlem patients during 1930 were unemployed. (In the early 30's the total population of New York City blacks was 12%; 18% of whom were unemployed.) The average income of the Harlem patient was 18-22 dollars per week, and by 1932 it had dropped to 10-15 dollars per week. The average number of children was 4-6, and the average wife was employed between pregnancies. The Harlem clinic reported an increasing number of cases where the client's first pregnancy occurred at 15 years of age or younger. Black illiteracy had also doubled in the decade prior to the

²⁰ Margaret Sanger to Michael Davis, 9 December 1932, Sanger, Library of Congress, 29; Margaret Sanger to Ruth Topping, 28 August 1931, Sanger, Library of Congress, 29. There is no mention in the sources I have examined why the Julius Rosenwald Fund stopped its contributions to the clinic.

opening of this clinic. The average Harlem client's husband was 31 years of age. Average duration of marriage was 6.4 years, and, on the average, black women in Harlem had fewer abortions than white women. Before attending the clinic the most popular methods of birth control were withdrawal, douching, and the condom. Despite the existence of religious fundamentalism in the Harlem community, religion was not a prohibitive factor to attendance.²¹ Nor was the Catholic Church a hindrance since only a minority of Afro-American's followed this faith.

Studies of the clinic showed that most patients were referred to the clinic through other patients. In 1930, of 797 patients, 308 of them heard about the clinic through friends. In 1931, 692 of 1325 patients were referred by other patients. Referrals through other sources were low. The American Birth Control League, for example, referred eight and four patients respectively in each of these years.

²¹ "Negro Statistics in Greater New York," Sanger, Library of Congress, 33; Natalie Lamport, "The Recreation Rooms and Settlement Birth Control Clinic, September, 1933, Sanger, Library of Congress, 113.

Black women clients, it seems, were the most effective and successful "advertisements" for the clinic.²²

Evenings sessions were the best attended sessions of the clinic. Even more women took advantage of the clinic when it made efforts to assert itself as part of the community through social functions such as house warmings and teas. Their black clientele, they reported, grew after these.²³

²² "Harlem Clinic," 1930-1931, Sanger, Library of Congress, 33.

²³ Antoinette Field to Margaret Sanger, 3 December, 1930, Sanger, Library of Congress, 33. In 1936 the Birth Control Review printed a patronizing description of black women's clinic attendance in Georgia, explaining at first their lack of interest and understanding. They wrote: "A big black sister punched another beside her and said 'Honey if that ain't but a dollar, I b'lieve I'll jine!'" Her last word told the whole story. Realizing that this new "club" with dollar dues must compete with the "Badges" and "Hot Suppers" of lodge night, with the zest of protracted prayer meetings and open-air "Bapisin's" we changed out tactics completely. Instead of telling about a clinic where physicians prescribed the most scientific method of birth control, we told them there was a lady doctor who had just returned from New York with the latest method for mothers, the same as that used by rich ladies for years." Their Afro-American clientele, they reported, then grew. The "club" connotation is important because if it is in fact how black women interpreted the clinic, then it agrees with other situations where black women attended clinics only when they could observe a community function and community control. The importance of integrating access to birth control with community social functions is also evident in Houston, Texas where Afro-Americans had clinical service available to them in 1936. The Afro-American evening clinic was the most heavily attended clinic due perhaps to the fact that the Houston clinic, while not run primarily by blacks, gave a tea for all the black public health and school nurses. In 1938, 2,422 women had attended the clinic: 1,025

Harlem clinic records reveal that a lack of return visits was often because of a women's inability to pay for supplies as well as her travel difficulties, lack of car fare, and of child care during the day. Some, though, feared that birth control methods could cause sterility or cancer.²⁴

In April of 1933 the Harlem Branch was transferred to the New York Urban League Building at 202 West 136th Street, an Afro-American settlement house. A white physician from the clinic was nonplussed by the reaction of black women to this move. She wrote that for some "unknown" reason the move had increased the attendance of black women. In retrospect, however, it is clear that the success of all clinics with black clientele was dependent on black clients' approval of location and staff. This location was preferable because it had the official sanction of the Urban League, a trusted community organization.²⁵

white, 831 Afro-American and 386 Mexican. See John Zell Gaston, "A Review of 2, 422 Cases of Contraception," Texas State Journal of Medicine 35 (September 1938): 365-368; Sanger, Box 119, Northampton.

²⁴ "Statistical Follow-Up, Month of March, 1933," "Better Health for 13,000, 000," Sanger, Library of Congress, 33.

²⁵ Marie P. Levinson, Sanger, Library of Congress, 32; This preference for black personnel and location in black communities was observed in many other locations. At the Irene Kaufman Settlement in Pittsburgh, most of the Afro-

In 1933 the Harlem clinic sent out questionnaires to Harlem women asking about their negative and positive experiences with birth control devices. When asked why the birth control method was either uncomfortable or why they had become became pregnant, one said that she had burned herself with strong Lysol douches and that the pessary floated around and annoyed her husband. Another said she was nervous and that her back ached after intercourse. One described it as hurting the womb. Those who became pregnant said that they had failed to use it exclusively or had used

American clients seem to have preferred to attend this clinic, because it was nearer to their homes. The Pittsburgh Planned Parenthood clinic encouraged an interracial board, staff and patient load. The Pittsburgh staff wrote that "Attendance of Negro patients at the IKS settlement was undoubtedly stimulated by the employment of a nurse well-known in the Negro community. The decrease in attendance of Negroes at the downtown clinic, where blacks had attended since its opening in 1931, may also be due in part to the fact that a Negro woman physician who had been on the staff of the downtown clinic died in 1936 and could not be replaced." By 1945 the clinic in Pittsburgh understood how the black women in the community functioned. A personal friend of Margaret Sanger's wrote to her explaining "We've just added a Negro social worker to build up our clinic in the Negro district where attendance has been lower than it should be." The New Jersey Birth Control League wrote in 1937 that the colored social worker who was employed part time had made excellent contacts among her people. See "Changing Clientele of the Planned Parenthood Clinic of Pittsburgh, 1932-1947," Sanger, Library of Congress, 118; Anna Jane Phillips to Margaret Sanger, November, 1945, Sanger, Northampton; "Englewood Maternal Health Center," Bulletin of the New Jersey Birth Control League, (May 1937): 6.

a torn pessary. The other reason was lack of money for additional supplies. The questionnaire also inquired as to the usefulness of birth control. The answers were "Our home relationships improved", "Our home is much happier," "I'm not so nervous," "I've gained in weight," "I have no fear of pregnancy," "I used to become pregnant once every year before using it, no more fear of this," "So satisfactory, I've referred several friends," "First year in 13 of marriage I've not had baby or miscarriage, I feel so safe, It has successfully prevented pregnancy." Clients themselves stated that the birth control advice had been helpful because "I can now have pleasure without worrying about the outcome," "I surely think the method is a wonderful thing." "It helps solve a difficult problem," "A great idea," "My salvation," "I now feel free," "We both enjoy relations now," "A great benefit to humanity," "I can now enjoy coitus without fear of pregnancy."²⁶

A testimony of a black woman who had been a patient at the Harlem clinic since 1927 wrote in 1932,

²⁶ "Statistical Follow-Up, March, 1933," Sanger, Library of Congress, 33. Emmy D. Jenkins, "Harlem Branch Clinical Research Bureau Monthly Report of Social Work," February-May, 1933," Sanger, Library of Congress, 33. These statements may also be the statements of white women. The reports of the Harlem Branch, even when it moved to the Urban League building in April of 1933, did not differentiate these personal testimonies by race.

It is no hard task for me to write on this subject and further its praise. I had been practicing all forms of birth control before coming to the clinic but of no avail. I had seven children in eight years, six of them living and it nearly wrecked our married life, physically and financially. My baby is now five years old and I have never had a mishap only last May I was careless and used a cup with a hole in it, but it was no fault of the treatment as I knew I was doing wrong. So that shows how it has helped. I have told all my friends about it and they come here also for they know it must be good if it can stop my family. I can never praise it enough and only wish I had known long before I did as it is so simple and my husband and I am pleased with it and the method is so clean.²⁷

From these above statements it is clear that black women did indeed think in terms of their sexual pleasure when questioned about birth control. Scholars are mistaken when they state that this was not an aim.

Data collected from the Harlem clinic provided observations of black women's sexuality that defied the stereotypical images. Letters below between Norman Himes, the noted historian of contraception, and Margaret Sanger concerning the effectiveness of birth control methods among black women are two such examples that defy stereotypical convention, but the letters also reveal the errors about black sexuality prevalent among biased, white researchers. Raymond Pearl, a researcher who conducted many fertility

²⁷ Unsigned letter to Margaret Sanger, 1932, Box 122b, Sanger, Northampton.

studies for the Millbank Memorial Fund, claimed that the efficacy of birth control methods among Afro-Americans was lower than among whites due to their carelessness which he considered a "racial defect." (Note Pearl's racist observations of Afro-Americans in other studies, see Introduction, p.6.) Himes wrote to Sanger thanking her for turning over the records of the Harlem clinic and allowing him to examine them in light of Pearl's "findings". Sanger wrote two letters to Himes explaining her personal observations:

Whether Professor Pearl's implications concerning the efficacy of methods and the likelihood of their being less effective among the negroes than among the whites is correct or not, I cannot say. We do know from the report of the physicians who are working at Harlem that there are less inhibitions among the negro women and also that the negro women learn the technique of procedure with greater ease and facility than does the average white woman.²⁸

Further she writes:

I am in entire accord with your judgment that whatever differences exist between the races are a consequence not of racial circumstances but of such social factors as differences in intelligence, home conditions, intensity of the

²⁸ Margaret Sanger to Norman Himes, The Papers of Norman Himes, (hereafter cited as Himes Papers) 10 January 1933, Box 45 Folder 516, Francis A. Countway Library of Medicine, Harvard University, Boston, MA.

desire to apply contraceptive knowledge effectively, etc.²⁹

The major source of opposition to the clinic in Harlem came from some of the Harlem physicians who were atypical of black physicians nationally. Many of the "established" black physicians in the community were reluctant to support the work of the birth control clinic. It was not because they were dispensing birth control however; rather, they believed that the clinic would take business away from them and that the clinic system would destroy the private relationship between patient and physician. In fact, the two major black medical societies in Harlem were at odds over the future of clinic practice. Some doctors opposed venereal disease clinics for the same reason. They even objected to the sign outside the clinic because it was construed as "advertising."

In New York City black doctors had formed their own medical societies, and though they faced much professional discrimination from organized white medical groups, at least they were established enough to fear what they saw as the encroachment of what looked like "state medicine." Although part of the black "elite" agreed with white physicians that birth control should be distributed from a hospital, black

²⁹ Margaret Sanger to Norman Himes, 7 January 1933, Gamble Papers.

doctors were, in fact, ostracized by white doctors and white hospitals. They were also struggling with their own internal problems of professionalization. Thus, they cannot be grouped together with other white "professionals." Their concerns were complex, although on the surface their behavior and response to questions may have appeared to be similar.

The behavior of Harlem's black physicians cannot be generalized to the nationwide population of black physicians. As discussed elsewhere, physicians outside New York City seemed to favor the inclusion of birth control into public health programs and in fact supported "socialized medicine" in many cases. The fears of New Harlem's physicians, however, were premature. It was never the goal of the Birth Control Clinical Research Bureau to take business away from the local doctors. The Bureau constantly pointed out that a great majority of the patients who used the clinic were too poor to afford the services of a private doctor and that the private doctors were not equipped to provide information. In fact the BCCRB actually tried to increase the local doctors' practices by offering them a series of Demonstration clinics and keeping their names on file for referrals. Doctors did respond but not in

great numbers. In a two year period the clinic trained ten physicians who ultimately became involved in the field.³⁰

In June of 1935 the American Birth Control League offered to take over the operations of Sanger's BCCRB. The ABCL was left a fund by an unnamed source to establish a free clinic in Harlem for underprivileged blacks. At this point the Urban League evidently was not in a position to assume responsibility for maintaining the clinic financially, although they made it known that they preferred an Afro-American clinical staff. Sanger did, in fact, hand over the operations of the clinic to the ABCL and it continued to operate under its auspices. By 1935 she was becoming more and more involved in her international work and also working for the passage of national legislation; most of her time was spent in Washington D.C. and touring the world.³¹

³⁰ "Minutes of the Organization Meeting of the Board of Managers of the Harlem Branch of Birth Control Clinical Research Bureau," 20 May 1931, Sanger, Library of Congress, 33; "Minutes of the Second Meeting of Managers of the Harlem Branch of the Birth Control Clinical Research Bureau," 17 June 1931, Sanger, Library of Congress, 33; "The Minutes of Advisory Council of the Harlem Branch of the Birth Control Clinical Research Bureau," 28 October 1931, Sanger, Library of Congress, 33.

³¹ Hazel Zborowski to Margaret Sanger, 15 March 1935, Sanger, Northampton; Margaret Sanger to Hazel Zborowski, 20 May 1935, Sanger, Northampton; "Resume of Meeting Held at 515 Madison Avenue, American Birth Control Office," 28 May 1935, Sanger, Library of Congress, 33; Margaret Sanger to James H. Hubert, 11 July 1935, Sanger, Library of Congress,

In conclusion, Harlem was the locus of support for birth control organizing among Afro-Americans. The organization for clinics was initiated by the local Afro-American community, and Margaret Sanger followed their lead. Afro-American women readily attended clinics when they recognized that the Afro-American community was an integral part of their development. Except for some of its physicians and perhaps some Garveyites, birth control in Harlem was supported ideologically by an entire community. The ministers in Harlem were a strong supporting force, encouraged by the great receptivity among black women to birth control programs. Concrete, community-wide efforts were made by professionals and non-professionals alike to educate, support, promote, and deliver birth control services.

Reports of Afro-American's women's reactions to birth control methods, in retrospect, defied the stereotypes of their contemporaries as well as later scholars. Researchers and some white birth control advocates insisted that black women would have difficulties learning to use such birth control devices as the diaphragm. Clinicians at the Harlem clinic, however, discovered that Afro-American women learned

33. It is not known how long the Harlem clinic continued to operate under the auspices of the ABCL.

the technique faster and with greater ease. Afro-American women also indicated that increased sexual pleasure was one of the benefits of contraceptive use, an aspect of black women's desire, overlooked by those who argue that black women's concern with respectability precluded a feminist demand for sexual pleasure. Previous chapters have shown, however, that birth control discourse did include feminist goals. While sexual pleasure per se was not an overtly stated aspect of the feminist argument, black women, when questioned in private, indicated otherwise. Sexual pleasure, and autonomy, then, must be added to the racial and economic factors motivating Afro-American women to use contraceptives.

CHAPTER 5

AFRO-AMERICAN CLINICS: THE NATION

The birth control movement of the thirties was spectacular for its growth of birth control clinics. This was due to organizational support from many different sources nationwide. Private organizations, public groups, and countless individuals worked together and sometimes at odds to provide birth control services to both black and white women. Nationally, the American Birth Control League, The Birth Control Clinical Research Bureau and the Farm Security Administration made birth control services available, although none had a "national" program, and birth control was not part of the FSA's official program. Well known national figures such as Clarence Gamble and Robert Dickinson financed and distributed birth control supplies, but there were many local individuals all over the country, such as Ruth J. Temple in Los Angeles, a black physician, who financed and directed her own clinic. Public health and city health departments often dispensed birth control supplies and services, though as official state wide policy in only two states. Public health departments in other states also dispensed services and supplies, but policies

could vary within the state and even within the county. In the absence of federal birth control policy, contraceptive distribution was often contingent upon the personal beliefs of the local public health official.

Birth control supplies were dispensed in public health facilities, birth control clinics, general health care clinics, hospitals, settlement houses, churches and mobile clinics. Methods of birth control likewise varied. In some places women were fitted by a physician for a diaphragm, and in other places social workers distributed cans of foam powder or contraceptive jelly. Although women in remote areas were more often given foam powder, they also were fitted for diaphragms, and women in urban areas were also given contraceptive jelly. The choice usually depended on staff availability, not staff beliefs about a particular woman's ability to use the method.¹ In some places it was the responsibility of the women to obtain services, and in others it was distributed to them in their homes.

Birth control services were financed through local tax dollars, organizational funds, and money from private individuals. There were no national programs that directly funded birth control services, but money earmarked for other

¹ Better Health for 13,000,000, Sanger, Library of Congress, 33.

federally approved health programs was diverted covertly to state birth control programs. Any number of the above combinations existed in any given state. Statewide public health programs operated in tandem with private organizations. Nowhere was there uniformity of services, even among clinics that were officially affiliated with Sanger's Clinical Research Bureau or the American Birth Control League.

Throughout the thirties the meaning of BCCRB affiliation was unclear and support to local clinics from the BCCRB appeared minimal. When a clinic "affiliated" with Sanger, it received fifty dollars worth of supplies.² In 1936 two of Sanger's secretaries exchanged memos saying that Sanger needed a monthly statement so that she would have "a better idea about this question of affiliation that she has at present."³ Sanger wrote in 1936 that there needed to be a special fieldworker sent out to survey "standards, procedure, costs and general set-up and atmosphere." Sanger had received reports that abortions and sterilizations had occurred in affiliated clinics, and she insisted that these clinics be checked so that only properly qualified clinics

² Margaret Sanger to Mrs. Kate Rice Ripley, 21 May 1936, Sanger, Northampton.

³ Florence Rose to Cele Damon, 3 October 1936, Sanger, Northampton.

were affiliated with the BCCRB.⁴ The majority of birth control clinics in the country even by 1940 were not affiliated with the Birth Control Federation of America. A chart prepared by the BCFA in 1940 listed the total number of clinics nationwide at 553. Only 167 of them were certified by the BCFA. Approximately half the clinics were located in hospitals or in public health quarters, the other half were listed as located in "other" quarters. A little less than half of the total number of clinics were funded through tax dollars. By far the largest number of affiliated clinics were in New York; they numbered 45. The second largest number of affiliated clinics were in Pennsylvania with 14 and third was New Jersey with 12.⁵

Past histories of the birth control movement have mistakenly assumed a tight connection between the national organizations and their local affiliates. In the early '30's the state of California offers a telling example of the problem with this interpretation. County health departments there supplied birth control devices, but their distribution was "unofficial," so that distribution was contingent on approval of individual county health officers. As a result,

⁴ Margaret Sanger to Marion Paschalk, 12 September 1936, Sanger, Northampton.

⁵ "Distribution of Birth Control Clinics and Clinical Services," 21 March 1940, box 657, CBCF, National Archives.

the individual officers preferred to do their work "quietly," and at least one county health officer wrote to the Birth Control Clinical Research Bureau that he did not want to become affiliated with the organization because it would stir up too much controversy and that he did not want to be bound to the rules of the national organization. A California representative of Planned Parenthood told this county health officer that "the signing of the card was only a courtesy card and that all it did was to give an official record of reliable medical centers giving scientific and medically sound contraceptive instructions. The only obligation was for the affiliated clinic to issue an annual report."⁶

The birth control organizations in New York City have been credited as having national influence when in fact it appears that the majority of clinics were not even affiliated with the Birth Control Federation of America. Those that were affiliated were concentrated in the New York, Pennsylvania, New Jersey area. Scholars who write about the birth control movement as though it were a national, standardized, well organized and funded movement

⁶ M. A. Gifford to Gladys Delancy Smith, 14 December 1937; Gladys Delancy Smith to Myrnie A. Gifford, 17 December 1937; M.A. Gifford to Gladys Delancy Smith, 21 December 1937, Sanger, Library of Congress, 38.

are, thus, given to overstatement. While the influence of Sanger and the idea of birth control gained national prominence, the organizational strategies, methods and motives of local groups vastly differed. The experience of New York cannot be projected nationwide; local areas must be considered separately.

The unsystematic, fragmented nature of birth control distribution services within the white community allowed Afro-Americans to shape the birth control movement and clinics according to their own priorities by working with white groups with similar goals. This was true in every region of the country except the deep South. While Afro-American women in this region attended birth control clinics in numbers comparable to those in other states, Afro-Americans in the deep South did not assume the organizational control, nor did they advocate for birth control in the degree to which Afro-Americans did in other regions.

This chapter will provide numerous sketches of Afro-American involvement in the establishment of clinics, while further describing the fragmented character of the white movement. The states of the Deep South will be considered separately, using South Carolina and Alabama as examples, and, outside of the South, regional variations within the

Afro-American movement will be considered. The states of Virginia and California are examined together because Afro-Americans organized with both private and public agencies in these states to distribute contraceptives. Tennessee, Maryland, West Virginia and Kentucky are likewise considered together because Afro-Americans in these states affiliated chiefly with private agencies.

Two states, Virginia and California, were a mix of public and private agencies which provided blacks with birth control. They were also states of significant local Afro-American organizing.⁷ The approach to birth control in these states will be compared to Harlem's clinical development, to each other, and to the national birth control movement.

Virginia boasted considerable birth control activity by at least 1937. In Virginia, the resources for birth control came from many sources. Progress often depended on the goodwill of an individual commissioner, governor or public health official. The influence of the major birth control organizations did not mandate policy or have control over the local practices in the state of Virginia. Observers in Virginia wrote that Afro-Americans there were more responsive to birth control programs than whites, an

⁷ I have considered the states of Virginia and Tennessee as part of the "upper" South.

observation commonly reported throughout the country. In 1937 a representative for the Birth Control Clinical Research Bureau wrote that in 1937 it was not possible to meet all the requests for speeches before Afro-American groups in Virginia. An unusually complex mix of public and private groups worked both to provide and frustrate the delivery of birth control services to Afro-American women. An astute observer of Virginia accurately remarked that there were "more politics involved in some of these little counties than in New York City."⁸ Organizationally, Afro-Americans were very active in this state. Services varied in each city and county; what follows will be sketches of a number of Virginia locations.

In Richmond, Virginia in 1937 Afro-Americans independently formed a "Negro Committee for Maternal Health" at the Phyliss Wheatly Branch YWCA. The purpose of this group was educational and to make birth control available at the City Health Department and to support the birth control services at the out-patient clinic at the Medical College of Virginia. Black physicians there, unlike the physicians in

⁸ Hazel Moore to Clarence Gamble 26 October 1937, Box 43, Folder 708, Gamble Papers. Except where otherwise noted, the following narrative of Virginia is from Box 43, Folders 707-710, Gamble Papers and "Birth Control for the Negro, Report of Hazel Moore, 1937," Rose Collection, Box 22, Folder 10.

Harlem, fully supported this work, and many were members of the committee. The out patient clinic was called the maternity hygiene clinic, and services were extended to unwed mothers. This "Negro" group also wrote to the Birth Control Clinical Research Bureau requesting funds for a black medical social worker who understood the needs of the local people. The service at the Virginia Medical College was deemed good as a result of the involvement of an Afro-American maternal welfare committee and an Afro-American worker. Unlike Harlem, the ministers were, generally, unsupportive. The state organization of black public health nurses, in fact, accused the churches of ignoring the demand for birth control. Many doctors of the Old Dominion Medical Society, (Virginia's state organization for Afro-Americans) who were excluded from white medical societies, showed much interest in birth control programs. The Women's Auxiliary of the Old Dominion adopted a resolution calling on the State Board of Health to make birth control available to black women.

In Fredericksburg in 1937 there was also a "Negro Birth Control League." Its members raised funds for supplies for patients and also promoted the use of a birth control clinic in the City Health Department, which operated in conjunction with the Birth Control Clinical Research Bureau in New York

City. The City Board of Health reported an increase among Afro-American clients after the formation of an Afro-American committee. As in many locations nationwide, patronage of Fredricksburg's Afro-Americans increased when they realized that Afro-Americans were involved in its organization and that it was not solely controlled by whites.

In Norfolk, the black birth control clinic was held in conjunction with a venereal disease clinic and opened to all child bearing age women. All women in Virginia, regardless of marital state, could receive contraceptives. By contrast, in Harlem, black physicians objected to dispensing birth control in venereal disease clinics, and, took into account a woman's marital status when dispensing birth control. In Norfolk, two Afro-American doctors and four Afro-American nurses dispensed contraceptives.

In Lynchburg, the City Health Department gave birth control service on request, possibly due to the influence of the "Negro Birth Control Committee" there which raised funds for supplies for local black women. In Portsmouth, Virginia blacks were seen under the auspices of the Birth Control Clinical Research Bureau, and contraceptives were dispensed by the city health officer. In Alexandria, blacks could be seen at the Well Baby Clinics at the City Health Center for

birth control services. The funding was from both the city and the Birth Control Clinical Research Bureau. The city health doctor, however, was criticized by private white doctors who prevented the city from offering pre and post natal care in their programs. This was due to the private doctors' fear of state medicine. This fear, however, appeared among white doctors, not Afro-American.

In Spotsylvania Co., the county nurse, who also worked for the Red Cross distributed birth control supplies. The state supervisor of nurses objected because she was a nurse, not a physician. Such an attitude reflected desire to keep the professional hierarchy in tact. But this was never an issue in the Afro-American community. Afro-American nurses were encouraged to distribute supplies. In this case, however, since the state of Virginia did not fund birth control, the Red Cross did not have to obey, and continued to distribute supplies in rural areas.

In Yorktown, Virginia, local doctors, the county nurse and the supervisor of Public Welfare opposed birth control programs. Yet, in Warwick county, the supervisor of Public Welfare was a strong advocate and as an individual took a lead in pushing for birth control.

An unusually large group of Afro-Americans in Elizabeth City County worked with Hampton Institute to develop health

committees and birth control programs. Afro-American educational institutions in this state and in others were instrumental in fostering birth control consciousness and offering substantial organizational support to the movement. Hampton sponsored and paid for the services of the black public health nurse in the county schools. An observer wrote that this woman was largely responsible for the birth control interest in the community and that Afro-Americans generally were more responsive to programs than were whites. A report of comparative pregnancy among white and blacks at the Duke University Medical School in Charlotte in 1942 concluded that the "Negro patient is often more appreciative, cooperative and receptive to maternal welfare programs than the indigent Southern white."⁹

A Mr. William Cooper of the Hampton Institute who did extension work for black health in Virginia requested funds from the Birth Control Clinical Research Bureau for Hampton Institute's birth control clinic. It was under the supervision of the Hampton nursing service, not the county health department. Clarence Gamble and Margaret Sanger donated funds to the Hampton clinic in 1937, and an Afro-American nurse at Hampton Institute was trained at the Birth

⁹ "Mrs. Mary C. Terrell Interviews Heads of Birth Control Bureau," New York Age 4 April 1942, n.p.

Control Clinical Research Bureau in 1939.

In Hampton, black and white women's clubs petitioned the doctors of the county to open a clinic under the county health services and to ask for the services of a black nurse. These clubs appeared before the staff of Dixie Hospital stating, "We vote to endorse the formation of a birth control clinic to be sponsored by Dr. Porterfield of the District Health office and to be operated in conjunction with the prenatal and syphilis clinics already in operation there."¹⁰

The State Board of Health denied permission to the county to operate the birth control clinic. The state wanted no connection between the clinic at Dixie and the county Health Department, although state public nurses could refer cases to the clinic. The white doctors at Dixie Hospital approved of the birth control clinic. When the State Board denied permission, the director of the county health unit, who was in agreement with the Dixie staff, advised the commissioner of health advised him that the people of the county demanded a clinic. He said that the state board would be criticized by all the clubs if they refused to operate the clinic and accept the services of a nurse. It was

¹⁰ "Report of Hazel Moore," 8 June 1937, Box 43, Folder 708, Gamble Papers.

learned unofficially that the state commissioner of health was instructed by the governor to ignore birth control work until after the elections. A fieldworker in Virginia wrote to Sanger explaining that there was enough interest and support to go on with the work at Dixie Hospital but that it seemed wise to continue the fight for it being under the auspices of the county health department. Dr. Portersfield, the county director, stated that "they are so confused in the state office," he feels "they will jump on him one day and say go ahead the next."¹¹ He thought it best to delay the service until more pressure was put on the commissioner. However, if the commissioner continued to obstruct, Dr. Portersfield would simply include it in the prenatal and venereal disease clinics as much as possible and hope that we (BCCRB) will furnish the nurse for the work and place her under the auspices of the director of the Hampton School of Nursing and Dixie Hospital. By July of 1937, Portersfield stated that he was still bound by the orders of the commissioner but he had given out about ten cans of foam powder in the pre-natal clinics. Portersfield told the local doctors that if they wished to include birth control in the public health programs, he was willing to have it as part of

¹¹ "Report of Hazel Moore," 8-14 June 1937, Box 43, Folder 708, Gamble Papers.

the maternal health program. In other words, he would not promote or urge it, but if they wished to include it, they have his permission. The fieldworker continued by explaining that there was so much opposition to public health programs from local white physicians who feared state medicine that Portersfield's position was a wise one.

Black and white women's clubs joined together to organize a committee of public welfare to act on the birth control issue. They submitted a petition to the commissioner but received no reply. An Afro-American club did receive an answer from the commissioner in which he stated he could do nothing until the Virginia Medical Society acted. This Afro-American group then drafted another protest to the commissioner, pointing out that the Afro-American doctors were not represented on the Virginia Medical Society and that they did not feel obligated to take orders from it.¹²

In sum, Virginia is an important state to examine since it exemplifies many common black approaches that differentiate it from the Harlem case study. The state of Virginia received more unqualified support from its black physicians and among the black physicians, there was no fear

¹² This account is derived from Hazel Moore's report cited in footnote number 11. Neither this report nor subsequent ones indicated how the conflict between the Afro-American physicians the Virginia Medical Society affected the distribution of contraceptives.

that clinics were a form of socialized medicine that would take away their business. Nor was there a concern about providing birth control services in venereal disease centers as there was in Harlem. Virginia was also unlike Harlem because Virginia's ministers did not come out strongly in favor of birth control, whereas in Harlem, ministers were leaders of community support. On the other hand, like Harlem, Virginia, was a site of local black initiative and organization for birth control. In Harlem and at the Hampton Institute birth control committees evolved from a growing concern with health. The women's clubs were an active and respected source of political change and both sites had at least one interracial birth control committee.

Common to black approaches but unlike those of the white community was black willingness to work for birth control through a multiplicity of supportive organizations. Blacks sought help from The Birth Control Clinical Research Bureau, the American Birth Control League and independent funders. They also did not differentiate among clinic sites, as long as it served Afro-American women. It could be in a church, settlement house, hospital or public health facility. They also were more open-minded about personnel. They did not demand that doctors distribute birth control devices. White groups, and individuals, including Sanger,

had specific notions about the organization of clinics, who should be in control and where they were held. In Virginia, as in many other locations with a black population, there was an increase in attendance at some of the clinics when it was discovered that a black committee was behind the clinic.

In California, especially in the cities of Los Angeles and San Francisco, Afro-Americans supported birth control. Like Virginia, it too, had a number of public and private agencies providing birth control. Again, Afro-Americans accepted support from many different sources. Black physicians were actively involved, and there was also no apparent fear of state medicine among them. Black ministers do not seem to have been involved with advocacy for birth control in California. Private Afro-American clinics also grew out of established health committees or clinics. California was one of two states in which Afro-Americans actually owned and operated their own clinics.¹³ California

¹³ Oklahoma City, Oklahoma was the other, in 1938 under the auspices of the Maternal Health Organization and fourteen black women's clubs a birth control clinic for Afro-American women was established. The clinic was directed by two Afro-American physicians and one Afro-American clubwoman. The clinic was held at the Brockway Recreation Center. Mrs. Maude Brockway was the Afro-American clubwoman under which the clinic operated. This suggests that this black clinic was privately run and probably financed with Afro-American funds. See "Birth Control Clinic Set Up for Negroes; Sponsored by Clubs," Oklahoma City Times 28 February 1938, n.p.

is also a good example of how Afro-Americans used information sent out by the then PPFA but tailored it to their own advantage, (the example described in chapter three) further evidence that the PPFA did not dictate policy. But Californians distinctly saw birth control as part of a larger movement for radical social change, some advocating the elimination of class inequality as well as complete sexual equality for men and women.¹⁴ Although Harlem blacks often advocated nearly the same, they often couched their demands in more acceptable language, eschewing the terminology of class.

California provides two exemplary models of local Afro-American initiative. One was the Los Angeles Outdoor Life and Health Association. In 1938 a black woman physician was doing birth control work at their clinic. It was also a tuberculosis clinic where all races were welcomed. A Gamble fieldworker who visited the center wrote:

I have never met with a more representative alert group of people who so quickly grasped the need for this service and then were in action. They have a marvelous attitude toward a health program and are most humanitarian and have expressed a wonderful spirit of cooperation.¹⁵

¹⁴ See column "As I See It," by Sonia and columns by LaVera White in the Los Angeles based California Eagle for the early 1930's.

¹⁵ "Report of Gladys Delancy Smith," 20 February 1938, Box 3, Folder 60, Gamble Papers.

They wanted to be affiliated with the clinic in New York.

Another physician, Dr. Leonard Stovall, a member of the above organization and also affiliated with a health center in east Los Angeles, offered birth control services at his clinic. It was open to clients of all races. He, too, was interested in cooperating with Gamble and invited a Gamble fieldworker to a YMCA meeting because he thought it would be an excellent way to launch a birth control campaign. It was a private center owned and operated by three Afro-American doctors and one Afro-American nurse. He described his staff members as "vitally" interested in birth control.¹⁶

Also in Los Angeles, the previously cited Ruth J. Temple, who pioneered in both the fields of preventative medicine and birth control, was the first Afro-American woman doctor in the county of Los Angeles. Born in 1892 in Natchez, Mississippi, she was the daughter of a clergyman and graduated in 1913 from the Loma Linda Medical School, the first Afro-American woman to do so. She also held a master's degree in public health from Yale University. In 1941 Temple was appointed director of District Health for Southeast Los Angeles. In 1946 she was appointed assistant city health officer. She was also founder and chair of the

¹⁶ "Report of Gladys Delancey Smith," 7 February 1938, Box 3, Folder 60, Gamble Papers.

Community Health Association, Inc., an organization which worked locally to educate citizens on disease prevention and internationally with seventeen African countries and health groups throughout the world. Temple received honors from former president John F. Kennedy and then-Governor Ronald Reagan. Described in 1938 as a leader in health education for Negro Health Week, she had started her own clinic in 1934 and a birth control clinic in 1935, called the Birth Control Center at the Ruth J. Temple Institute. Her birth control services were an integral part of the prenatal, postpartum and child welfare services at the clinic. Described in 1942 as successful in obtaining the support of the people in her district, her clinic and its message reached all classes. It was located in the "industrial" section, yet audiences who attended lectures and demonstrations were described as "decidedly cosmopolitan" and included "members of the Negro, Jewish, and white American races." Temple, who perhaps advocated feminism, described herself as "a woman who desires to work with women."¹⁷

¹⁷ See (Culver City) Ingkewood News 4 July 1983, p. 30; "Birth Control Clinic Opened," Los Angeles Sentinel 28 March 1935, p. 10; "Birth Control Institute has Opening on the 19th," California Eagle 22 March 1935, p. 2; Nadina R. Kavinoky to Clarence J. Gamble, 1 April 1938, Box 3 Folder 58, Gamble Papers; Ruth J. Temple to Clarence J. Gamble, 30 March 1938, Box 3, Folder 58.

In addition to private agencies, some of California's public health departments supplied birth control devices for black women as early as 1933. Yet the work of the county health departments and city health departments, like many in Virginia, was "unofficial." Distribution of services depended upon the approval of individual county health officers. County nurses could refer women but most county health officers were fearful of local, especially church, opposition and preferred to work "quietly." Because of this fear at least one county officer wrote that he did not want to become affiliated with the National Clinical Research Bureau, fearing it would stir up controversy and that it would be bound to the National organization.¹⁸

In 1935 the nurse in charge of the Birth Control Educational Center stated that the County Welfare workers indirectly referred mothers to them but that the San Francisco Department of Health and the County Welfare Department never gave official approval.¹⁹ As noted in an earlier chapter, the Booker T. Washington Center in San Francisco maintained their independence from the Planned Parenthood Federation of America even though they accepted

¹⁸ M.A. Gifford to Gladys Delancey Smith, 21 December 1937, Sanger, Library of Congress, 38.

¹⁹ Sanger, Library of Congress, 38.

and used PPFA'S birth control display and educational materials.

Throughout the pages of two of California's Afro-American newspapers, (The San Francisco Spokesman and the Los Angeles, California Eagle), black Californians' different attitude toward birth control from the rest of the country was evident.²⁰ Their pro birth control argument, as noted in earlier chapters, recalled the radicalism of white birth control advocates. Yet on closer observation the California perspective seems to be more accurately described as a self-help style common to black political culture. Although, in Virginia, Afro-Americans advocated as strongly for birth control, California blacks were self-consciously class and gender conscious, arguing for sexual equality and for involvement of all classes of blacks in the legislative process to legalize birth control. They realized the monopoly of information held by whites and especially the middle classes and wanted a more equitable distribution of information, including information on birth control and sexuality. Afro-American's advocacy of health and birth

²⁰ This was especially evident in the early thirties.

control programs were one avenue to self-improvement and social change.²¹

Afro-Americans in Virginia and California worked with a number of organizations and individuals to provide services for Afro-American women in public and private facilities. In four states, Tennessee, Kentucky, Maryland and West Virginia, Afro-Americans were also active at the local level in providing services to their community. In these states, however, Afro-Americans acted primarily in concert with

²¹ These themes appeared in the columns of the California Eagle during the years 1930-1935. See columns "Health and Progress" by Ruth J. Temple; "As I See It" by Sonia and also columns by LaVera White and Jeanne Londell. Ruth Temple's birth control advocacy was contained within a larger, and feminist framework for women's health. This perspective is evident in one of her many columns when wrote "just this week a wonderful woman was in a certain doctor's office and was told she had a tumor which should be removed. She went away to "talk it over" with her husband. What does he know about tumors and their dangers? What qualifies him as a wise counsellor to a sick person? Will this same person be among the large numbers of black American women who will die this year from tumors because she neglected herself until all hopes for recovery had passed? How many women who read this are harboring within their bodies the germ of a fatal tumor which will sap their vitality and exact their life if longer neglected? Can we not awaken? With the terrible record and high death rate which Negro women of Los Angeles showed last year from tumors can't we call a halt and right about face and determine to give ourselves medical care right now of the right kind that our lives may be lengthened. Ruth J. Temple, "Health and Progress," California Eagle 6 May 1932, p.8; See also "The Case of D. Devaughn, or Anti-Birth Control on Trial," San Francisco Spokesman 22 February 1934, p.6; J.A. Ghent, "Urges Legislation of Birth Control: Law Against Contraception Unjust to the Poor," San Francisco Spokesman 9 July 1932, p.3.

private agencies such as the Birth Control Federation of America. Although clinics did exist in public facilities in some of these states, such as West Virginia and Maryland, Afro-Americans chose not to become involved with the groups providing these services. And, in Kentucky and Tennessee, Afro-Americans fought to establish clinics against overt white hostility to birth control programs in general.

Kentucky was a state of little birth control activity and one in which the public health facilities did not distribute birth control. The official policy of the State Health Department was that birth control was not the function or responsibility of the health department and that no funds or personnel could be used for that purpose. The State health officer strongly opposed the inclusion of birth control into public health services. In the years from 1933 to 1940 approximately twenty-five local organizations in the state endorsed birth control, but no statewide organizations developed. There was also much Catholic opposition, and the medical establishment in the state did not formally endorse birth control even though the American Medical Association had done so four years earlier. Not surprisingly, Kentucky was considered by birth control organizers such as Clarence

Gamble as an unfavorable state in which to conduct birth control work.²²

Despite these obstacles, Afro-Americans established private clinics for their communities. Their clinics, like other private Afro-American clinics nationwide, were located in churches and settlement houses of Afro-American communities. In Louisville in 1936 a clinic for blacks run by Afro-Americans operated in the parish house of the Afro-American Episcopal Church. It was operated by an Afro-American staff. Another Louisville clinic, named the Plymouth Settlement, was located in an Afro-American settlement house.²³

²² "A Public Health Child-Spacing Program Survey and Analysis of Kentucky," 25 August 1941, Box 14, Folder 284, Gamble Papers.

²³ "Annual Reports of the State Member Leagues for 1936," Box 4, Series I, PPFA; (Louisville, Kentucky) Courier-Journal, 24 April 1938, n.p; In 1938, Cincinnati, Ohio had two Afro-American clinics outside of the hospital clinic. One was at the Carmel Center the "colored" social center of the Presbyterian Church. A black nurse and physician attended. The second clinic opening was due to the efforts and stimulation of an Afro-American committee composed of black teachers, social workers, physicians and ministers. Future clinics for Afro-Americans in Cincinnati were anticipated with full black staffs and in the heart of the Afro-American section.

Birth control services in Chicago for Afro-Americans began in their section of the city in the late 20's with the help of the Urban League. By 1941 many black clinics were in operation in Chicago, albeit "quietly." Afro-Americans received services at the Abraham Lincoln Center, The Chicago Lying-In Dispensary and the Parkway Community House, a black settlement house. See Cincinnati Committee on Maternal Health," Box 119, Folder 1215, Sanger, Northampton; "Ohio,"

Although Tennessee was a state, like Kentucky, of much public opposition to birth control clinics in public health facilities, a number of private sites, as well as numerous Afro-American individuals, promoted birth control. In the late 1930's it was also one of the demonstration sites for the Birth Control Federation of America's "Negro Project."

Tennessee's backwardness is evident in that it did not have a maternal health organization until 1939. White doctors opposed public birth control clinics and put up a "very conscious and active opposition" to anything that seemed like "socialized medicine." The public health commissioner limited the distribution of birth control services to medical indications and, like white physicians elsewhere, opposed nurses distributing contraception. He allowed the use of public health centers for birth control distribution, but no public health personnel could participate in the program. The commissioner was emphatic that birth control was a matter for private physicians and he successfully prohibited birth control programs from county health departments. However, city health departments in Nashville, Knoxville and Chattanooga had clinics since

1938, Box 33, Folder 553, Gamble papers; "The Annual Report of the Illinois Birth Control League," April 1931, Box 1, Series I, PPFA; "Activities," 21 November 1942, Rose Collection; "Illinois Birth Control League," BCR 6 (March 1938): 64.

1937. In Tennessee, birth control was supported by key individuals not organizations. As late as 1941, no organization actively supported the birth control movement.²⁴

Afro-American physicians, by contrast, worked to provide birth control services much earlier in the decade. The presence of Meharry Medical College stimulated the organization for birth control interest, as was the case in Virginia and West Virginia. Two Afro-American physicians there, Michael J. Bent and W.H. Grant, began investigating birth rates among the Afro-American university faculty and Afro-Americans on relief in 1934. They found that the academic blacks had an average of 1.1 children while those on relief had an average of 3.5. With this in mind, in March of 1935 they established a birth control clinic in the Department of Preventative Medicine at MeHarry Medical School. It appears to have started with no outside financial help, either public or private. Dr. Bent was described as one of the "foremost authorities on public health among Negroes and a "pioneer" in the field of birth control work." His associate, W.H. Grant, was the secretary of the Southern Colored Medical Society. In 1937 the clinic was transferred

²⁴ "A Public Health Child-Spacing Program Survey and Analysis of Tennessee," 29 August 1941, Box 40, Folder 664, Gamble Papers.

to the Department of Obstetrics and Gynecology; and it received funding from Clarence J. Gamble. With the addition of Gamble money a white women physician, Margaretta Bowers, appeared on the scene. She wrote that she would very much like to work in the clinic and that

colored doctors here are rather ostracized. They are not admitted to our county societies and are rarely given credit for ability and training. Among their own people they have great influence and leadership. As a women physician I have learned to sympathize with them.²⁵

A Gamble fieldworker corroborated this claim. She observed that there was much interest by the staff of black hospitals to get birth control included with the other hospital services but that they were stymied in their efforts by whites and because of the low opinion of black doctors.²⁶

Field workers from the BCCRB also were involved with birth control education at the Meharry Medical school clinic. The Meharry clinic combined birth control services

²⁵ Margaretta Gardner Bowers to Dr. Dickinson, 4 September 1937, Box 37, Folder 614, Gamble papers.

²⁶ Charles Gardner Bowers and Margaretta Keller Bowers, "The Use of Foam Powder and Sponge as a Contraceptive Agent," Box 39, Folder 642, Gamble Papers; E.R. McKinnon, "Tennessee Report no. 8" 13 November 1937, Box 37, Folder 617, Gamble papers; "Tennessee," 1937-38, Box 37, Folder 617, Gamble papers; Margaretta Keller Bowers to Dr. Dickinson, 4 September 1937, Box 37, Folder 614, Gamble Papers; E.R. McKinnon, "Tennessee Report no. 11," 4 December 1938, Box 37, Folder 618, Gamble papers.

with pre-natal and post-partum care. Bowers, although she worked and empathized with Afro-American physicians, was not enthusiastic about the use of Afro-American nurses in contraceptive distribution. However, the approach of the Afro-American community was maintained:

the prevailing principle is to train Negroes to take care of their own problems. In this type of work colored nurses of necessity, must be used. She will be able to contact the various social organizations of colored women. She can be used because of her public health training to make home visits and begin the distribution of foam powder in the home.²⁷

The policy at Meharry, like many other black birth control centers, was to give birth control supplies and instruction to all women, married or single.²⁸

The situation at Meharry resembled aspects of Afro-American practice in many other parts of the country. Afro-

²⁷ Margaretta Keller Bowers to Clarence Gamble, 16 November 1937, Box 37, Folder 614, Gamble Papers.

²⁸ Margaretta Keller Bowers to Clarence Gamble, 27 November 1937, Box 37, Folder 614, Gamble Papers. The difference between Afro-American and white organizational styles was evident in an announcement of the American Birth Control League's annual conference. In 1935 the ABCL held their fourteenth anniversary meeting at the Wabash YMCA in Chicago; a black YMCA. The public was invited to all but the physician's conference. This, undoubtedly must have been due to the influence of the American Birth Control League, for as we have observed nationwide, Afro-American organizational style was inclusive; they sought to interest all "professional" and all community members in the education and distribution of birth control devices. See "Birth Control League Plans Chicago Meet," Chicago Defender 19 January 1935, p. 13.

American physicians did not object to "clinics", or to Afro-American nurses distributing supplies. Black physicians' marginalization allowed them to become less invested in the form of privatized medicine promoted by the powerful white medical societies. Operating from the outside of the medical mainstream, black physicians were able to actively promote free standing clinics, work to provide combined health and preventative care measures and to work cooperatively with a variety of non-professional community members.

The pre-existence of the black institutions attracted white groups to Tennessee. In 1939 in Nashville the Birth Control Federation of America in cooperation with the city health department, Meharry Medical School and Fisk University, established a "Negro Project." Meharry, then, played a leading role in the state organization for birth control. The two clinics were under the direction of Afro-American doctors and nurses and operated out of the Bethlehem Church Center and the Fisk University Settlement House. Clients were first seen at home by a public health nurse to explain the nature of services available at the clinic and evaluated for other possible health problems. The project in Nashville was located in the Bethlehem center, a black social service settlement and the Fisk University Settlement House. Both clinics were under the direction of

Afro-American doctors and nurses. The program was supplemented by nine black public health nurses who did home visits and performed general health services including birth control. Afro-American women undoubtedly were attracted to the clinics because of the dual function of many of the clinics. There were five thousand home visits in Nashville in a two year period. Black women who discontinued use of the service gave as reasons lack of transportation, suitable clothes to appear in public and childcare. Some of the clinic's clients were as young as fourteen, and most had less than a fifth grade education. Nashville was the only documented location where religious values prohibited the use of birth control among blacks. A large percentage of the patients belonged to certain Baptist denominations that believed contraceptive use was a sin. However, despite religious objections, the Nashville workers observed that "it is remarkable that 55 percent of the total number of patients instructed used the method consistently and properly." In Nashville it appears that blacks did indeed set policy. The operating procedures, location of clinics and treatment of black women clients followed the preferred patterns of Afro-American birth control advocates nationwide.

In contrast to the previous states discussed, West Virginia was unique in that it organized in 1938 the West Virginia Maternal and Child and Health Council. It was the first state wide birth control organization sponsored and funded by Afro-Americans. Like Tennessee and Virginia, interest was stimulated by two Afro-American educational institutions, the West Virginia State College and the State Teachers' College. The Council's board was composed of members of the West Virginia Negro Medical Society and social workers, ministers, teachers and nurses. This is similar to other areas where blacks were involved with the initial organization; physicians were not opposed to the establishment of clinics and worked willingly together with "non-professionals." The council promoted birth control education and worked towards the establishment of birth control centers for Afro-American mothers. Local groups in seven West Virginia towns cooperated with the council in this endeavor. A representative of the American Birth Control League helped to organize the council.²⁹

In Maryland, the city of Baltimore's organization mirrored West Virginia. In 1935 the black community began organizing, and by 1938 the Northwest Health Center was

²⁹ "West Virginia," BCR 1 (October, 1938): 121. The State Teacher's College was located in Bluefield, an area with a large Afro-American population.

established, sponsored and staffed by Afro-Americans. The Baltimore Urban League played a key role in the clinics' initial organization, and the sponsoring committee of the clinic was composed of numerous members of Baltimore's black community, including ministers, physicians, nurses, social workers, teachers, housewives and labor leaders. The Urban League was particularly pleased that they had initiated and arranged the clinic's organization. An Urban League official wrote in the early 40's that the clinic could not keep up with the demand for clinic services.³⁰

The organization for birth control among Afro-Americans in the Deep South, however, was very different from that of the North and other regions of the United States. What is most striking is the almost complete absence of Afro-American institutions in the organization for birth control work. The absence of Afro-American presence was not due to an absence of black women's desire for contraceptives. Nor was it due to a lack of groups providing services. The same arrangement of organizations, both public and private, existed in the Deep South as elsewhere. The remainder of

³⁰ E.S. Lewis and N. Louise Young, "Baltimore's Negro Maternal Health Center, How It Was Organized," BCR 8 (May 1938): 93-94; Edward Lewis to Eugene K. Jones, 14 September 1940, Series v, Public Relations Department 1913-63, container 10, Health Programs, NULP; "Baltimore Birth Control Clinic," BCR, 5 (May 1929): 137.

this discussion will describe and assess the character of the birth control movement in the Deep South, using South Carolina and Alabama as examples.

South Carolina was a state not noted for the quality and scope of its public health programs, especially as they pertained to black Americans. And, until the late thirties when federal monies began to standardize public health programs, health agencies were often distinguished by personal leadership. As Edward Beardsley writes, "an official who understood the social and economic basis of ill health, was racially fair minded, and had some command on outside sources of funds could often put together a health program which came far closer to addressing blacks' major problems." Indeed, these factors were evident in much of the birth control organization in the state of South Carolina due to the leadership of a white female physician named Hilla Sheriff.

Sheriff, a native of South Carolina, was born near Easley, South Carolina; she was one of seven children. She received her undergraduate degree from the College of Charleston, MD from the University of South Carolina and a Master's degree in public health from Harvard in 1937. She arrived in Spartanburg, S.C. in 1929 and began her practice as a private pediatrician but soon began public health work

in Spartanburg county in 1931 through the hospital clinics unit of the American Medical Women's Association. She gave up her private pediatrics practice for public health in 1933 when she became director of the Spartanburg County Health Department. She was the first women in South Carolina to head a county health unit.³¹ Sheriff ultimately headed the state's Division of Child and Maternal health. She worked with both private medical groups, the state department of health and the federal government. Her "work" with the federal government, however, was not overt. Since the federal government would not directly fund birth control programs, Sheriff, on her own initiative, used funds slated for other maternal health care purposes toward birth control programs.³²

³¹ Julie Lumpkin and Joe Bowie, Hilla Sheriff: She Came to The Country, unpublished transcripts, Columbia, South Carolina.

³² When questioned about federal funding for birth control programs Sheriff responded: (when quoting a government funding agency ob-gyn consultant in D.C). "Hilla, you've got family planning in this thing. You've got contraceptive clinics. You can't do that the people up here say." He reminded Sheriff that proposals for health funding could not have the words family planning or contraception written in them. Sheriff responded to the federal official, "Do you believe in Post-Partum examination? He said oh yes, I'm an obstetrician." Sheriff explained, "So I said to the man in Washington, I'm gonna do something to try and help these women and we'll call them post partum clinics but we'll be giving some contraceptive advice." Julie Lumpkin and Joe Bowie, Hilla Sheriff: She Came to the Country, unpublished transcripts, Columbia, South Carolina.

Sheriff was the subject of a video documentary entitled Hilla Sheriff; She Came To The Country, produced by the Columbia, South Carolina educational television station. Portions of the video as well as transcribed, but unused, interviews describe the organization and distribution of birth control services in South Carolina. Portions of a taped interview with Sheriff as well as excerpts from an interview with Catherine Greene, one of the women with whom she worked and who today lives in Spartanburg, South Carolina follow.

Greene began working with Sheriff in 1936, before South Carolina had a state birth control program and when child spacing clinics were under the direction of the American Women's Hospital Association. The clinic was funded through the Millbank Memorial Fund, and patients were referred from all sources, including private doctors who were not participating in birth control work. Clinics were held in the outpatient departments of a local hospital. The types of birth control supplies distributed were the diaphragm, condom, foam powder and spermicidal jellies. Greene thought that Spartanburg county was one of the first counties in the state using these means of birth control. The Spartanburg County Health Department distributed birth control information and supplies as part of a general program for

health, maternal and child health and infectious diseases. The clinics were called Child Spacing clinics and most of the families they reached were rural: farmers, farm laborers and textile workers. The Afro-American women they reached were either maids, institutional aids, cooks, laundresses or farm helpers. The educational and income level of these women were very low. Single mothers were not denied services, and no separate sessions were held for black women. Some objection came from husbands, because they thought that it interfered with "their [manly] nature." Problems with the contraceptive methods were usually minor physiological irritations, a patient running out of supplies or failures due to non use. Greene believed that black women saw the need for birth control in terms of their health, economic and social standing. Frequent pregnancies interfered with their income, as well as their physical well being and their way of life.

The staff of the county health department included an Afro-American registered nurse and nutritionist. Greene wrote that Afro-American nurses were "great about referring families for services, as well as giving patient instruction." The black public health nurse had the same role as the white public health nurse. Each nurse took care of the "child spacing patients" in her district. The county

was divided into districts, and each nurse was responsible for supervising each patient. This included visiting, instructing in the use of birth control and delivering supplies. Greene remembered that midwives did not take a particularly active role in their child spacing programs other than to refer women to the clinics. Black doctors were not opposed to the programs and referred some of their own private patients to the clinics. It is Greene's opinion that no black churches or community organizations were involved in the organization for birth control.³³

Sheriff's ETV interview includes an important description of her experiences working among rural black and white women. When explaining the conditions for child-bearing women she recalled:

It seemed so many times it was her 19th pregnancy... It was not only in the rural textile areas, it was all over South Carolina. So that's the way I became interested in some method of keeping them from getting pregnant so frequently because it took so much care from the little ones, she needed a rest period...That's how I became interested in family planning. You can't totally plan the family but you can help her with some prevention and so that's how we started family planning. How we could do the best with what people knew and what they had available and what you could teach. For instance Spartenberg Co. where I was first so interested in family planning had a large textile population. They were fine people of course but they couldn't make a go on the crops, tenant farmers and non tenant farmers, poor people that every county has, but the textile

³³ Catherine Greene to Jessie Rodrique, 15 March 1989.

people were a little different and left their children to fend for themselves. We wanted to know if they could use the known methods and the safe methods. And one of the methods was contraceptive jelly and a diaphragm. It was not harmful and had to be fitted. Along with that we found many conditions that we could treat that otherwise wouldn't have been known: vaginitis, cervicitis, V.D. warts, various abnormalities and anemia. We did complete physicals; it was one of the services that we offered to the women. It was very heartening because if we did decide to fit them with a diaphragm we then had to come back within a set period of time, usually within two weeks. A lot of good [health] by-products came from the contraceptive work.

Sheriff used different methods of contraception in different areas. In one county she tried a cotton sponge, a piece of absorbent cotton tied very tightly on a string and soaked in vinegar. It was "one of the things that wouldn't hurt anyone." In general, however, "we had to have money with which to buy contraceptive jelly which was supposed to be spermicidal. It went into the cap of the diaphragm we had to have money to buy the diaphragms, we had to have, places set up for the clinics." Sheriff wrote annually to the Children's Bureau in D.C. for funds but cautioned, "You have to watch when you're dealing with public money and you're dealing with people who don't understand the problems and with a governmental agency ...be real careful."³⁴

³⁴ Julie Lumpkin and Joe Bowie, Hilla Sheriff; She Came to the Country, (Columbia, South Carolina: Educational Television, 1987), video documentary.

In addition to the leadership provided by Sheriff, in 1939, The Birth Control Federation of America established a "Negro Project" demonstration site based in the rural counties of Berkeley, Kershaw and Lee counties. In Berkeley County, South Carolina, BCFA clinic sessions providing both medical care and birth control services were held eleven times each month at different locations in the county for rural women, seventy percent of whom were black. Even in the absence of Afro-American organizational support, Afro-Americans demanded that contraception not be separated from other health concerns. One major donor to the BCFA program, who was aware of Afro-Americans health demands, insisted that he did not want his funds "diluted with a lot of general health work."³⁵ Upon hearing this claim, Dr. Robert Seibels, chairman of the Committee on Maternal Welfare of the South Carolina Medical Association advised Sanger, that the BCFA's "programs would be more effective if included in other programs to improve the general health of the local blacks." He thought that this was a "sound and logical method to follow in rural health work."³⁶ Seibels also thought that funds for publicity were unnecessary because he

³⁵ Gordon, 333.

³⁶ Robert Seibels to Margaret Sanger, 29 January 1940, Sanger, Northampton.

knew of one public health officer who had been involved in the practice of medicine in one particular county for thirty years. Seibels wrote:

this health officer has made himself known to every family and has the "underground telegraph" completely at his disposal. If he wanted twenty recently married negro women to come to a contraceptive clinic he could pass out the word and have them: an outsider coming in would have difficulty getting the names of these people and would run himself ragged trying to get them to come and might not have an audience after six months work.³⁷

Seibels claimed that South Carolina was often criticized because its focus appeared to be primarily on Afro-Americans. He refuted the criticism by explaining :

The work in the public health in South Carolina has been criticized because among its beneficiaries Negroes are overwhelmingly in the majority. In some of our prenatal clinics 98% of the patients who receive the benefits of this care are Negroes. We have not especially sought the people from this race but have simply given our help to those who were willing to receive it and these are usually Negroes.³⁸

The motives of South Carolina's public health officials are unknown. Their distribution of contraceptives was perhaps part of a racist plan to reduce the numbers of Afro-Americans in their state. Yet, as the discourse of Afro-

³⁷ Robert Seibels to Margaret Sanger, 29 January 1940, Sanger, Northampton.

³⁸ Robert Seibels to Claude Barnett, 11 July 1940, Sanger, Library of Congress, 113.

Americans revealed, birth control was part of a strident demand among blacks for health care. The health care demands of the Afro-American community were tacitly understood by health officials. Southern white public health officials knew that the Afro-American community was organized. Even without overt institutional backing a black "network" was firmly intact as evidenced by the comment of the "underground telegraph;" black public health nurses were able to get "great" referrals among their people. They knew that programs would fail without the general acceptance of the black community and, in this case, without the knowledge that individual Afro-American nurses were part of the distribution process. An informal but influential network existed among local Afro-Americans. Through these channels, blacks were able to make their needs known to the white community of health providers. Knowing this, it is probably correct to assume that even if racism was a motivating factor of white birth control advocates, they were still forced to respond to the wishes of blacks. If so, Afro-Americans had the means available to subvert the motives of white birth control advocates by insisting that birth control was included with general health care programs.³⁹

³⁹ Edward Beardsley in his book A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South (Knoxville: The University of Tennessee Press, 1987) observed the same type of interaction among the black

and white communities in regard to health care and leadership when he quotes a leading black pro-birth control physician. He writes: "Bousfield pointed out that there was a right and a wrong way to approach the black community. The first rule was that if one used the word "Negro" one must spell it with a capital N". The second maxim governed direct address: in speeches before black audiences, it was well to "make no reference to the race question. Leave out former experiences with colored people, forego any expression of your own lack of prejudice and omit the "darky" story in dialect." Blacks wanted to be talked to like any other group of people, with the same show of respect. Finally, there was the matter of community contacts. "The Negro community is not unorganized. There will be leaders and pseudo-leaders. There will also be the usual proportion of fools, objectors, politicians, and ambitious self-seekers and obstructionists." If health boards honestly wanted to influence conditions in black neighborhoods they had to work through true leaders. Picking contacts whose only qualification was their syncophancy toward whites, Bousfield suggested, would doom programs at birth." p. 92. Although Beardsley is unaware of birth control programs, his assessment of the role of "laymen" (although a majority of them were "laywomen") in community health efforts concur with mine. He writes: "A strong case could be made that while physicians and health agencies were best equipped in terms of training and resources to promote the advance of preventative medicine in the early twentieth century, actual progress came as much at the hands of laymen as experts. The case for the importance of lay influence is strongest perhaps for work among Southern blacks, who had fewer doctors of their own to consult and who could expect less help from public health agencies. In the period from 1910 until the late 1930's (when an infusion of federal money permitted a dramatic expansion of government services), a number of valuable projects were launched among Southern blacks to provide the health care that underfunded public agencies were unable or disinclined to offer. Ranging from basic services, like home sanitation and immunizations, to more venturesome projects such as erection of hospitals and training and employment of public health nurses and physicians, private programs fell mostly into two categories, each with a distinct mission and leadership. On the one hand there were the corporate undertakings, such as the health work of the Rockefeller Foundation, the Rosenwald Fund, and the Duke Endowment, which rested on the secure basis of vast private fortunes, undertook large-scale

Like South Carolina, Alabama is another example of a state in the Deep South with limited Afro-American organizational participation. Alabama contained aspects of the birth control movement that existed throughout the country; public health facilities as well as private organizations distributed contraceptives; funding for clinics came from disparate sources; and a strong white Catholic opposition existed. The absence of Afro-American organizational presence, however, did not reduce the desire among Afro-American women for contraceptives; they eagerly attended clinics. As in numerous locations, the success of the programs were in a large part due to the influence of one Afro-American nurse.

projects, and served a regional clientele. In contrast to these were programs started by Negro laymen and laywomen, which depended primarily on the small contributions of the black community. Necessarily limited in scope, these projects were nevertheless an important complement to the bigger foundation programs: their leaders had a first-hand knowledge of the problems of black communities, enjoyed their trust, and were thus able to reach them as no other group could." p.101. The necessity of providing health care with birth control to rural Afro-Americans was also observed in Florida where Clarence Gamble and a private donor established a clinic on Boca Grande, Florida. Gamble's white fieldworker wrote to him in 1937 explaining that the women were enthusiastic and grateful for contraceptives, but that they were allowed to give birth control instruction only after they had gained the confidence of the local people by giving them other medical care. See Elsie Wulkop to Clarence Gamble, 11 and 23 January 1937, Gamble Papers.

Birth control programs in Alabama began in 1932 for white women. The clinic operated out of the Hillman Hospital in Birmingham and was sponsored by a white lay group and a group of physicians. Some funding was provided by Clarence Gamble and the BCFA. The BCFA was impressed with the Birmingham clinics because their public health system was controlled by the Alabama Medical Association rather than local city officials. Unfortunately, control by white medical societies worked to discriminate against blacks, since the white medical societies barred Afro-American physicians from working in many health care facilities.

This first clinic met serious opposition from two quarters: white Catholics and many Birmingham residents who were also opposed to its placement at the county hospital. A new clinic was housed in the association of the Anti- TB association. Because of the opposition, volunteers talked quietly to women's clubs, social workers, and to the visiting nurses of the health department. No publicity was given the movement, except for letters to the local newspaper and the controversy stirred up by the opposition of religious groups.

Five years later, the original benefactor of the white clinic donated money for an Afro-American clinic. Many whites thought that Birmingham Afro-Americans would not be

interested. However, a survey by Afro-American nurse, Minnie Howard, revealed that health, social and economic conditions for black women were "ghastly." She observed that black women needed the service more than white women. Through her efforts a black clinic opened at 2019 6th Avenue South, one morning a week. Howard spent half of each day speaking to the Afro-American community. Another clinic for blacks was opened later and both operated under the auspices of the Birmingham Maternal Welfare Association. Howard was especially active in birth control work in the state and assisted at these clinics, the local Planned Parenthood affiliate, and at state department clinics. She provided birth control instruction to the white county health officers.⁴⁰ In 1941, a staff member of the state department of health wrote of Howard

this particular worker, who is a negress, stays closely behind these patients, checking upon them to see that they continue the use of the contraceptive. We were agreeably surprised to find how many were anxious for this help and how many appeared to use it intelligently.⁴¹

In 1940 a Gamble fieldworker wrote that Howard had conducted a program that featured the birth control film,

⁴⁰ Charles Zukoski, The Alabama Experience, (unpublished manuscript): 129-131; "Report of Greene County, Alabama," Box 1, Folder 12, Gamble Papers.

⁴¹ Lee F. Turlington, "Report of Alabama State Health Department," 6 June 1941, Box 1, Folder 7, Gamble Papers.

Why Let Them Die? with the aid of the Works Progress Association. She asked the Gamble fieldworker to speak at another meeting of over 500 where she was showing the film in February of 1940. Howard felt that the birth control film was of great value and well received by Afro-Americans.⁴² Personal correspondence between myself and Charles F. Zukoski of Birmingham, Alabama's PPFA confirm the reports of Howard's success in the published literature. In February of 1989 Zukoski wrote:

She was hired here in the early years of the family planning work here for the specific purpose of finding out if black women of reproductive age would be interested in birth control and as a result of extensive field work and her wide acceptance with them, she reported that they were definitely so interested.⁴³

The birth control programs in Birmingham, Alabama for Afro-American women were a success because of their connection to an influential, community insider, Minnie Howard, an Afro-American public health nurse. Reliance upon a key insider in the black community was essential. Afro-American women would not attend clinics until they could

⁴² E.R. McKinnon, "Report of Alabama," 12 February 1940, Box 1, Folder 5, Gamble Papers.

⁴³ Charles F. Zukoski, Jr. to Jessie M. Rodrique, 22 February 1989.

discern a clear connection to the Afro-American community.⁴⁴ Although there was indirect mention of support by some Afro-American community groups in Charles Zukoski's history, they were not specifically named and were not so vocal as were Afro-Americans elsewhere. Compared to California, whose residents made far-reaching "radical" claims for the use of birth control, Afro-Americans in Birmingham and in Montgomery, Alabama were almost silent in their birth control work, preferring not to arouse controversy.⁴⁵

⁴⁴ This was also the case in Miami where, in 1936, Lydia Devilbiss established a private Mothers Health Clinic for both Afro-American and white women. Letters to Sanger reveal that she was clearly an outsider and had no knowledge of how the local Afro-American community operated. Her clinics were well attended, however, because of a black female assistant and local birth control desire. She wrote that her assistant had so many cases that she could not take on anymore and that each time she went into a neighborhood the Afro-American women gave her the names of seven or eight more prospective clients. In 1936 Devilbiss wrote that her Afro-American assistant had eight hundred cases and accepted one hundred new cases each month. She estimated that there were at least one thousand Afro-American women who could not be reached because of the clinic's lack of funds. See Lydia Devilbiss to Margaret Sanger, 17 August 1936 and 30 September 1936, Sanger, Northampton; Lydia Devilbiss to Hazel Zborowski, 23 October 1935, Sanger, Northampton; Lydia Devilbiss to Dr. Norton, 8 October 1937, Sanger, Northampton.

⁴⁵ In Montgomery, Alabama in 1940, two Afro-American physicians at an Afro-American hospital, the Fraternal Hospital, established a birth control clinic there against unfavorable conditions. During 1940, they had only treated about 15 patients and only those who could pay the 75 cents for supplies. Unmarried mothers, those they described as the neediest, were not able to get supplies because they feared criticism if they instructed unmarried mothers, even those cases where

Physicians here followed the pattern of their Harlem colleagues and did not give out birth control supplies or information to unmarried women. The more conservative approach of Afro-Americans in Alabama (and the example of Georgia) possibly derived from the presence of white Catholics, whose influence made it difficult for all birth control groups working in the state. Catholic opposition in Kentucky, however, did not deter Afro-Americans from establishing their own clinics. The conservatism may also be due to the presence of PPFA. From personal correspondence with Mr. Zukoski I learned that this particular clinic in Birmingham had a very close relationship with the national office. They received funding for many projects, were reviewed often, and supplied with the latest literature. Yet, PPFA was prominent in Virginia, where they did not have

medical need was clearly demonstrated. They also did not have a lay group to back them and to provide money. A Gamble worker encouraged them to seek community help, but they disagreed, thinking it best to remain quiet. This situation was also the case in Georgia. At Grady Hospital in Atlanta, a black hospital, the services were provided by the resident physician, Dr. Ingram. He was fearful that the clinic would be publicized. It was conducted by the Jewish Service League and within the pre-natal clinic. He wanted to enlarge it but wanted no lay interference, keeping it as a regular part of Grady Hospital with no outside subsidy and no follow-up work done. See E.R. McKinnon, "Listing of Interviews," 28 October 1940, Box 1, Folder 6, Gamble Papers; "Weekly Field Report," 23 April 1939, Box 7, Folder 146, Gamble Papers.

such an effect. This was perhaps due to superior birth control organizing among Afro-Americans through the Hampton Institute, independent committees, women's clubs and medical societies. The most compelling reason for the absence of Afro-American organization in Alabama was its location in the Deep South. Afro-Americans in this region experienced more racial prejudice, had fewer sources of institutional support, and, thus, were unable to fashion a movement which resembled that of other regions. Even with limited overt support, however, Afro-Americans in the Deep South were still able to make their health and contraceptive needs known to the white community of health care providers through the determination of key individual women and an informal network of community support.

Afro-Americans had access to one other major source of birth control programs. These were included in the Farm Security Administration's Rural Resettlement Project beginning in 1937. Such programs, though limited and indirect, are a good example of the fragmented nature of birth control services in the United States. The absence of federal policy on birth control allowed Afro-American migrants to shape the procedures affecting the distribution of services. Afro-Americans in at least the following states were affected by these programs: California, Virginia,

Georgia, Florida, Alabama, Arkansas and Arizona.

Afro-American migrant women, like other rural women, readily took advantage of birth control services. Describing a camp in Arizona, Mildred Delp wrote:

The camp population here is only 50 families out of which a fine representation of 21 women came to hear about birth control. Nearly all who came were Negroes and the teaching was well received. This is a very isolated camp-miles from nowhere... 10 new mothers requested foam jelly, 1 re-check and one diaphragm user, a Negro, also was given Bilco jelly (She received her fitting in Tucson). This group represented a picture of high fertility, and were most responsive to the subject of contraception.⁴⁶

At another camp in Arizona Delp wrote that the (black) mothers "flocked" to the birth control meeting despite the oppressive heat. Many older women also attended, who, although they did not need the information, were "most grateful" to learn and pass on the information. This "network" approach to birth control education was characteristic of Afro-American women nationwide.⁴⁷

Like Hilla Sheriff's arrangement with the federal government in South Carolina, funding was "covert" and

⁴⁶ Mildred Delp, "Arizona Field Reports," 9 April 1942, Box 23, PPFA.

⁴⁷ Mildred Delp, "Arizona Field Reports," 26 July 1940, Box 23, PPFA.

unofficial.⁴⁸ A procedure for approaching black and white families was outlined by the Director of the Rural Resettlement Project for North Carolina and Virginia. He wrote:

Workers for birth control should not approach the Community Manager on the project but could approach any individual families and a small group of homesteaders could request the house or community house for a meeting. A birth control worker could of course make a house to house campaign in the settlement without asking any Resettlement officials.⁴⁹

A fieldworker for Clarence Gamble described her method of reaching the mothers in the transient camps. She first met with the committee of the Camp Union, a democratic organization of the camp inhabitants, to ask whether they wanted the mothers told about birth control. When the Union requested the service, a time was set for a meeting, and it was announced by the the Union committee. At the meeting a

⁴⁸ Hazel Moore to Mary Winsor, 30 May 1938, Box 22, Folder 303, PPFA; Other Federal agencies were also slow in recognizing birth control programs. It was not until 1942 that the U.S. Public Health Service drafted a policy that allowed them to recognize proposals from an individual state department of health regarding birth control programs as legitimate. The Children's Bureau by this time still did not overtly fund maternal health programs which included child spacing. States which applied to the Children's Bureau for such funding had to avoid using the term "child spacing." See D. Kenneth Rose to Doctor Reynolds and Doctor Cooper, 11 March 1942, Sanger, Library of Congress, 118.

⁴⁹ Hazel Moore to Dr. C. Gamble, 18 March 1937, Box 22, Folder 303, PPFA.

general talk regarding the need and safety of birth control was provided along with an offer of individual instruction. About half the mothers usually attended. They were allotted 15 to 20 minutes each for instruction. A moderate fee was charged in an attempt to cover costs of the supplies. Preceding the above meeting a call was made on the local physicians until one was found who would support the arrangements. Much effort was spent building up local good will, and this seemed successful. The Camp nurses were permitted to assist with the program, provided they were willing to report, if asked, that they do it without instructions from their supervisors and "in their own spare time." Supplies were left with each cooperating nurse for refills.⁵⁰ Field representatives who worked for the BCCRB were instructed to memorize and answer all questions regarding their involvement and relationship to the Federal agency in the following manner.

Nurses employed by the Federation are providing assistance to rural mothers under the guidance of local physicians. In some localities there are, connected with government projects persons who see the need and who are cooperating as individuals. We know of no Federal agency that is financing birth control.⁵¹

⁵⁰ Clarence Gamble, "California Transient Camp Program," 1 April 1939, Box 3, Folder 62, Gamble Papers.

⁵¹ "Bulletin to Field Representatives," 8 May 1939, Box 22, Folder 303, PPFA.

Like Afro-Americans in other rural areas who helped to determine the nature of birth control programs through their insistence of the inclusion of health programs, Afro-American migrants also exerted a degree of control over their lives in the camps. They were able to "set the camp [birth control] policy through their own council." Mothers arranged for the use of their own tents or shacks as birth control demonstration sites. For example, it was not until the Community Council at Shafter, California approved of establishing a birth control service were the workers allowed in.⁵² Clearly, even isolated Afro-American migrant women shared similar needs and concerns with their settled, urban counterparts and, as their personal desires and economic and social circumstances dictated, were quick to take advantage of methods to control their childbearing on their own terms.

These examples of birth control programs from the Deep South and FSA show that lack of overt institutional support did not deter the Afro-American community from shaping the delivery of birth control services according to their particular needs. Afro-Americans in the Deep South and in

⁵² Grace Naismith, "A Birth Control Pioneer Among the Migrants," The Reader's Digest 255 (July 1943): 85-88; Gladys Delancey Smith, "California," 17 January 1938, Sanger, Library of Congress, 38.

migrant camps were as desirous of birth control programs as were blacks elsewhere in the country. The birth control movement neither vanished, nor was it manipulated by white birth control advocates in the absence of visible and vocal support of middle class, professional Afro-Americans, incontrovertibly proving that the movement for birth control clinics in the Afro-American community was based on the wide spread support of the general populace.

Outside the Deep South, there was a solid network of Afro-American support for birth control through their women's clubs, physicians, clergy, social workers, public health nurses and medical schools. Wherever it was possible, Afro-Americans worked through their own institutions and accepted as well support from compatible sources. They fought white Catholic opposition, bureaucratic opposition and the class priveledge bias of birth control information. Afro-American advocates helped to set the terms of the birth control movement in their particular communities by their insistence of the inclusion of health programs and imbued the movement with their own meaning by interpreting birth control as a tool for social change.

CHAPTER 6

CONCLUSION

Afro-American participation in the birth control movement diverged from that of the white community in several characteristic ways. The most distinct and fundamental difference was that Afro-Americans, well after birth control had become a single-issue reform measure in the white community, viewed and discussed birth control as part of their broad, political agenda for social change. The birth control debate included discussions of health, racism, sexuality, gender, economics, and class. This wide-ranging approach to social change was forged in the pre-migration period when blacks realized that they would have to wage war against inequality on many fronts, politically, economically and socially and continued during the interwar period, reinforced by the impact of migration, urban plight and the Great Depression.

Afro-American women of all classes and in rural and urban areas, showed a strong and fervent desire to control their childbearing. The desire of black women to control their fertility was not simply a middle class, urban phenomenon. Afro-American women, drawing on a large body of contraceptive folklore, began to make attempts to control

their fertility, some speculate, during slavery. Folk method use continued into the twentieth century, and, when these methods failed, Afro-American women did, indeed, resort to abortion.

Past studies of the fertility drop among Afro-Americans during the early twenties have accounted for it by stressing involuntary factors such as poor health, unusual marriage patterns, the male-sex ratio imbalance, migration and urbanization. This incomplete and misleading interpretation is due to scholars' overreliance on limited written documents. As this study has shown, rural Afro-American women, in remote areas, although dismissed by many investigators as incapable of making conscious choices, also showed a strong desire to control their fertility and made, in some cases, dramatic and persistent efforts to secure contraceptives. In fact, observations of black women in clinical settings suggest that they were quite eager to learn the methods of birth control and were more likely to inform other women about the values of birth control.

The Afro-American community's approach to birth control involved unique features. The concept of each person's right to good health provided Afro-Americans with a tool for organizing their demand for birth control. Good health was a pivotal political goal for Afro-Americans since attainment

required attention to racial, economic and social problems. Improvements in health could be linked to Afro-Americans' strides toward equal rights and justice. White birth control organizers were forced to respond to black demands for good health, and, thus, health programs were included with birth control programs when they were specifically requested by the Afro-American community.

Afro-Americans also defined themselves apart from white birth control advocates by their community inclusiveness. Afro-Americans encouraged professionals and non-professionals alike to participate in birth control organizing. In many cases, this dichotomy between professional and non-professional made little sense since the needs and desires of professionals and ordinary Afro-Americans were often the same. In fact, the success of a particular program or clinic was determined by the approval its users. Afro-American women refused to attend clinics where they could not determine its connection to the Afro-American community and were extremely successful at making their health needs and demands be part of birth control programs.

Areas of organizational support among Afro-Americans were not determined by white influence. Many clinics and programs grew out of established Afro-American institutions,

such as medical schools, state teacher schools, universities, and also out of black health agencies, social welfare organizations and churches. Most were in areas of large black populations. Yet, even programs which emanated from institutions such as the church were a reflection of the groundswell of grassroots support among Afro-American women for birth control. Organized opposition to birth control was minimal. Some physicians disapproved, although in general, Afro-American physicians were more likely to support birth control than were white physicians. Even Marcus Garvey did not specifically condemn birth control until 1934.

Afro-American birth control supporters had close ties of necessity to white birth control organizers yet insisted on their organizational independence. As a result, blacks were able to select individuals and organizations that complemented their own goals due to the vast organizational fragmentation of the white birth control movement. This allowed Afro-Americans to tailor their programs, clinics and educational outreach to suit the needs of each particular locale.

In their ideology and in their practice blacks were indeed a vital and assertive part of the birth control movement. Scholars who have focused on the racism of the

white movement have portrayed Afro-Americans as passive victims of a white eugenicist and capitalist ideology. By excluding the role of Afro-Americans in the history of birth control they have missed central dimensions of the evolution of birth control in the twentieth century as well as major and subtle components of the birth control debate in both communities.

APPENDIX

NATIONAL SPONSORING COMMITTEE DIVISION OF NEGRO SERVICE 1942

Florence Alexander	Jackson College, MS
Bessye J. Bearden	National Council Negro Women
William H. Bell	Pres., Alcorn A. & M. College, MS
F.D. Bluford	Pres., Agricultural & Technical College, N.C.
Leo Bohanon	Case Work Dept., MN Dep't of Public Relief
Artemisia Bowden	Pres., St. Philip's Jr. College, TX
Dr. Charlotte H. Brown	Pres., The Palmer Memorial Institute, N.C.
Lucian Brown, M.D.	2460 Seventh Ave, NYC
Raymond Brown	Omaha Urban League, NB
Lewis Bruce	Albany Racial Council, NY
Dr. H.H. Butler	Darlington County Training School, S.C.
May E. Chinn, M.D.	NYC
Frank Chisholm	New England Headquarters, Tuskegee, Inst., CN
F.G. Clark	Pres., Southern University, LA
Rufus E. Clement	Pres., Atlanta University, GA
Maymie L. Copeland	State Jeanes Supervisor, KY
Floyd C. Covington	Urban League, Los Angeles, CA
Dr. William DeBerry	Dunbar Community League, Springfield, MA
M.W. Dogan	Pres., Wiley College, TX
N.P. Dotson, Jr.	Y.M.C.A., Summit, N.J.
Rev. T.H. Dwelle	Fayetteville, N.C.
Rev. Willard Edington	Loudon, TN
Rev. S.T. Eldridge	Berean Baptist Church, NY
J.M. Ellison	Pres., Virginia Union College, VA
Rev. Joseph Evans	Church of Christ, IL
Louise Evans	Cleveland Heights, Ohio
Dr. J.M. Franklin	Prairie View State Normal and Industrial College, TX
John M. Gandy	Pres., Virginia State College, VA
Lester B. Granger	National Urban League, NYC
Wiley Hall	Richmond Urban League, VA
Dr. Mason Hawkins	Baltimore, MD
Wayne Hopkins	Armstrong Ass'n of Philadelphia, PN

C.C. Hubbard	Lincoln High School, Missouri
James C. Hubert	Urban League, NYC
Jane Hunter	Phyllis Wheatley Ass'n Cleveland, OH
Rev. Wm. Lloyd Imes	St. James Presbyterian, NYC
Harold Lett	New Jersey Urban League, Newark
Dr. Julian H. Lewis	University of Chicago
George Longe	Albert Wicker Jr. High School, LA
Arnold Maloney	Howard University, Wash., D.C.
H. Sherman Manuel, M.D.	Columbus, OH
Benjamin E. Mays	Pres., Morehouse College, GA
Clifford Minton	Urban League, Little Rock, AK
J. Arnett Mitchell	Champion Ave. Jr. High School., Columbus, OH
R. Maurice Moss	Urban League, Pittsburgh, PA
James Nabrit, Jr.	Howard University, Washington, D.C.
H.A. Parris, M.D.	Rich Square, NC
William Pickens	Defense Savings Staff, U.S. Treasury, Wash., D.C.
Henry Pope	City-Wide Citizen's Committee, Harlem, NYC
A.G. Richardson	State Board Of Education, VA
Rev. James H. Robinson	Church of the Master, NYC
L.J. Searcy	Community Welfare League, Memphis, TN
Rev. Glenn Settle	Wings Over Jordan Broadcast, CBS, OH
Mrs. Andrew Simkins	SC Tuberculosis Ass'n
J. Caswell Smith, Jr.	Urban League, MA
Mrs. Ora Brown Stokes	National Youth Administration
A.A. Taylor	Fisk University, TN
Mrs. Rebecca Taylor	The Chicago Defender, IL
Rev. G.J. Thomas	Wentz Memorial Cong. Church, Winston-Salem, NC
George W. Thompson	Ass'n for Colored Community Work, Akron, OH
T.W. Turner	Hampton Institute, VA
J.T. Wardlaw	Massillon Urban League, OH
Thomas A. Webster	Urban League, Kansas City, MO
Charles Wesley	Howard University, Washington, D.C.
Helen Whiting	Department of Education, GA
Sidney Williams	Urban League, Cleveland, OH
Millard Wood	Urban League, Lincoln, NB
Dr. Louis T. Wright	Harlem Hospital, NYC

BIBLIOGRAPHY

PRIMARY SOURCES

BOOKS

- DuBois, W.E.B. The Philadelphia Negro: A Social Study. (1899; repr. New York: Schocken Books, 1967).
- DuBois, W.E.B. "The Damnation of Women." in Darkwater: Voices from Within the Veil. ed. Herbert Aptheker (1920; repr. New York: AMS Press, 1969).
- DuBois, W.E.B. The Negro American Family. Atlanta: The Atlanta University Press, 1908.
- Fauset, Jessie. The Chinaberry Tree: A Story of American Life. New York: Stokes, 1931.
- Frazier, Franklin E. The Negro Family in Chicago. Chicago: University of Chicago Press, 1932.
- Garvey, Amy-Jacques. Philosophy and Opinions of Marcus Garvey. New York: Atheneum, 1969.
- Haynes, George. Negro Newcomers in Detroit. (1918; repr. New York: Arno Press, 1969).
- Hill, Robert A. The Marcus Garvey and Universal Negro Improvement Association Papers. Berkeley: University of California, 1983.
- Himes, Norman. Medical History of Contraception. Baltimore: Williams & Wilkins, 1936.
- Johnson, Georgia Douglas. Bronze: A Book of Verse. (1922; repr. Freeport, N.Y.: Books for Libraries Press, 1971).
- Kiser, Clyde. Group Differences in Urban Fertility, A Study Derived from the National Health Survey. Baltimore: Williams & Wilkins, 1942.

- Kiser, Clyde. Sea Island to City; A Study of St. Helena Islanders in Harlem and Other Urban Centers. (1932; repr. New York: Atheneum, 1969).
- Kopp, Marie E. Birth Control in Practice: Analysis of Ten Thousand Case Histories of the Birth Control Clinical Research Bureau. New York: Robert M. McBride and Company, 1933.
- Larsen, Nella. Quicksand., and Passing. ed. Deborah E. McDowell. New Brunswick, N.J.: Rutgers University Press, 1986.
- Martin, Tony. Race First: The Ideological and Organizational Struggles of Marcus Garvey and the Universal Negro Improvement Association. Westport: Greenwood Press, 1976.
- Powdermaker, Hortense. After Freedom: A Cultural Study in the Deep South. New York: Viking Press, 1939.
- Puckett, Newbell Niles. Folk Beliefs of the Southern Negro. New York: Dover Publications, 1926.
- Raper, Arthur. Preface to Peasantry: A Tale of Two Black Belt Countries. Chapel Hill, N.C.: University of North Carolina Press, 1936.
- Robinson, Caroline. Seventy Birth Control Clinics. Baltimore: Arno Press, 1930.
- Scott, Emmett. Negro Migration During The War. New York: Oxford University Press, 1920.
- Stein, Judith. The World of Marcus Garvey: Race and Class in Modern Society. Baton Rouge: Louisiana State University Press, 1986.
- True, Alfred. A History of Agricultural Extension Work in the United States 1785-1923. Washington, D.C.: Government Printing Office, 1928.
- Washington, Booker T. A New Negro For A New Century (1900; repr. Miami: Mnemosyne Publications, Inc., 1969).
- Woodson, Carter. A Century of Negro Migration (1918; repr. New York: AMS Press, 1970).

ARTICLES, PAMPHLETS, PROCEEDINGS

- Alexander, W.G. "Birth Control For the Negro: Fad or Necessity?" Journal of the National Medical Association 24 (August 1932): 39.
- "Annual Report; Spartanburg County Department of Health." 9,10 (1934-1935): 24-27.
- Beebe, Gilbert W. "Differential Fertility By Color For Coal Miners In Logan County, West Virginia." The Millbank Memorial Fund Quarterly 2 (April 1941): 189-195.
- "The Birmingham Maternal Welfare Clinic, Birmingham, Alabama." Journal of Contraception 5 (May 1938): 115.
- Boulware, T.M. and R.C. Stewart. "A Negro Demonstration Center For Maternal and Newborn Care in Alabama." Southern Medical Journal 36 (December, 1943): 784-791.
- Burrill, Mary. "They That Sit in Darkness." The Birth Control Review 9 (September 1919): 5-8.
- Cornely, Paul B. "Trends in Public Health Activities among Negroes in 96 Southern Counties During the Period 1930-1939." American Journal of Public Health 32 (October, 1942): 1117-1124.
- Dickinson, Robert L. and Woodbridge E. Morris, M.D. "Birth Control Centers: Report of 202 in the United States for the Year 1939." Journal of the American Medical Association 115 (August, 1940): 591-593.
- DuBois, W.E.B. "Black Folks and Birth Control." The Birth Control Review 16 (June 1932): 166-67.
- Dubois, W.E.B. "Birth." The Crisis 24 (October 1922): 248-250.
- Ferebee, Dorothy. "Planned Parenthood as a Public Health Measure for the Negro Race." Human Fertility 7 (January 1942): 7-10.
- Ferebee, Dorothy. "Project Reports." The Aframerican Women's Journal 1, 2 (Summer and Fall 1942): 9-11, 24.

- Garvin, Charles. "The Negro Doctor's Task." The Birth Control Review 16 (November 1932): 269-70.
- Gaston, John. "A Review of 2,422 Cases of Contraception." Texas State Journal of Medicine 35 (September 1938): 365-68.
- Grimke, Angelina. "The Closing Door." The Birth Control Review 9 (September 1919): 10-14; cont., (October 1919): 8-12.
- Guttmacher, Leonore G. "Securing Patients for a Rural Center." The Birth Control Review 23 (November 1938): 130-131.
- "Illinois Birth Control League." The Birth Control Review. 22 (March 1938): 64.
- Jamison, E.S. "The Future of Negro Health." The Birth Control Review 22 (May 1938): 94-95.
- Johnson, Charles S. "A Question of Negro Health." The Birth Control Review 16 (June 1932): 167-69.
- Kennedy, Anne. "History of the Development of Contraceptive Materials in the United States." American Medicine 41 (March, 1935): 159-161.
- Kiser, Clyde. "Birth Rates Among Rural Migrants in Cities." The Millbank Memorial Fund Quarterly 4 (October 1938): 369-381.
- Kiser, Clyde. "Fertility of Harlem Negroes" The Millbank Memorial Fund Quarterly 13 (July, 1935): 273-285.
- Lewis, E.S. and N. Louise Young. "Baltimore's Negro Maternal Health Center: How It Was Organized." The Birth Control Review 22 (May 1938): 93-94.
- Naismith, Grace. "A Birth Control Pioneer Among Migrants." The Reader's Digest 255 (July 1943): 85-88.
- Nelson, Alice Dunbar. "Woman's Most Serious Problem." The Messenger 3 (March 1927): 73.
- Nixon, Nora. "A Clinic for Tobacco Road." The Birth Control Review 3 (January 1936): 6-7.

- Overton, John and Ivah Uffelman. "A Birth Control Service Among Urban Negroes." Human Fertility 7 (August 1942): 97-101.
- Owen, Chandler. "Women and Children of the South." The Birth Control Review 3 (September 1919): 9, 20.
- Pearl, Raymond. "Contraception and Fertility in 2,000 Women," Human Biology 3 (September 1932): 363-407.
- Pearl, Raymond. "Contraception and Fertility in 4,945 Married Women. A Second Report On A Study of Family Limitation." Human Biology 6 (May 1934): 355-401.
- Pearl, Raymond. "Second Progress Report On A Study Of Family Limitation." The Millbank Memorial Fund Quarterly 12 (July 1934): 248-269.
- Pearl, Raymond. "Third Progress Report On A Study Of Family Limitation." The Millbank Memorial Fund Quarterly 14 (July 1936): 258-284.
- Peeples, Andrew. "South Carolina State Board of Health: A Brochure Describing the Organization and Services of the South Carolina State Board of Health." The South Carolina State Board of Health (January, 1941).
- Ratcliff, J.D. "Cotton Field Clinic." Survey Graphic 9 (September 1940): 464-467.
- Rogers, J.A. "The Critic." The Messenger 4 (April 1925): 165-166.
- Schuyler, George. "Quantity or Quality," The Birth Control Review 16 (June 1932): 165-66.
- Sewell, Lemuel. "The Negro Wants Birth Control." The Birth Control Review 5 (May 1933): 131.
- Sims, Newell L. "Hostages to the White Man." The Birth Control Review 16 (July-August 1932): 214-15.
- Staupers, Mabel K. "Family Planning and Negro Health." National News Bulletin of the National Association of Colored Graduate Nurses. 14 (May 1941):1-10.
- Stix, Regine K. "Contraceptive Service in Three Areas." The Millbank Memorial Fund Quarterly 19 (1941): 304-326.

- Valien, Preston and Alberta Price Fitzgerald. "Attitudes of the Negro Mother Toward Birth Control." The American Journal of Sociology 55 (1949): 279-283.
- "West Virginia." The Birth Control Review 23 (October 1938): 121.
- Wharton, Don. "Birth Control: The Case for the State." The Reader's Digest 211 (November 1939): 26-29.
- Winslow, C. A. "Birth Control as a Public Health Problem." The Birth Control Review 3, 4 (December-January, 1937-38): 31-33.
- Woofter, T.J. "Organization of Rural Negroes for Public Health Work." Proceedings of the National Conference of Social Work Chicago: University of Chicago Press, 1923: 72-75.

SECONDARY SOURCES

BOOKS

- Anderson, Jervis. This Was Harlem: A Cultural Portrait, 1900-1950. New York: Farrar Straus Giroux, 1981.
- Beardsley, Edward H. A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South. Knoxville: University of Tennessee Press, 1987.
- Bethel, Elizabeth Rauh. Promiseland: A Century of Life in a Negro Community. Philadelphia: Temple University Press, 1981.
- Farley, Reynolds. Growth of the Black Population; A Study of Demographic Trends, Chicago: Markham Publishing Co., 1970.
- Franklin, John Hope and Alfred A. Moss, Jr. From Slavery to Freedom: A History of Negro Americans. New York: Alfred A. Knopf, 1947. 6th edition
- Frazier, Franklin E. The Negro Family in the United States. Chicago: University of Chicago Press, 1964.
- Freedman, Estelle B. and John D'Emilio. Intimate Matters: A History of Sexuality in America. New York: Harper & Row, Publishers, 1988.

- Giddings, Paula. When and Where I Enter: The Impact of Black Women on Race and Sex in America. New York: Bantam Books, 1984.
- Gordon, Linda. Women's Body, Woman's Right. New York: Penguin Press, 1977.
- Gottlieb, Peter. Making Their Own Way: Southern Blacks' Migration to Pittsburgh, 1916-1930. Urbana: University of Illinois Press, 1987.
- Grossman, James R. Land of Hope: Chicago, Black Southerners, and the Great Migration. Chicago: University of Chicago Press, 1989.
- Gutman, Herbert. The Black Family in Slavery and Freedom 1750-1925. New York: Pantheon Books, 1976.
- Haller, Mark H. Eugenics: Hereditarian Attitudes in American Thought. New Brunswick, N.J.: Rutgers University Press, 1984.
- Henri, Florette. Black Migration: Movement North 1900-1920. New York: Doubleday, 1975.
- Hofstadter, Richard. Social Darwinism in American Thought. New York: G. Braziller, 1959.
- Jones, Jacqueline. Labor of Love, Labor of Sorrow: Black Women, Work, and the Family from Slavery to the Present. New York: Basic Books, 1985.
- Joyner, Charles W. Down By the Riverside: A South Carolina Slave Community. Urbana: University of Illinois Press, 1984.
- Lewis, David Levering. When Harlem Was In Vogue. New York: Vintage Books, 1979.
- Lieberson, Stanley. A Piece of the Pie: Black and White Immigrants since 1800. Berkeley: University of California Press, 1980.
- Logan, Rayford. Howard University: The First Hundred Years, 1867-1967. New York: New York University Press, 1969.
- Low, Augustus and Virgil A. Clift. Encyclopedia of Black America. New York: McGraw-hill Book Co., 1981.

- Marks, Carole. Farewell--We're Good and Gone: The Great Black Migration. Bloomington: Indiana University Press, 1989.
- Meier, August and Elliott Rudwick. From Plantation to Ghetto. New York: Hill and Wang, 1966.
- Meir, August. Negro Thought in America, 1880-1915: Racial Ideologies in the Age of Booker T. Washington. Ann Arbor: University of Michigan Press, 1966.
- Neverdon-Morton, Cynthia. Afro-American Women of the South and the Advancement of the Race, 1895-1925. Knoxville: The University of Tennessee Press, 1989.
- Osofsky, Gilbert. Harlem: The Making of a Ghetto: Negro New York, 1890-1930. New York: Harper & Row, 1963.
- Ploski Harry A. and James Williams. The Negro Almanac: A Reference Work on the African American. 5th ed. Detroit: Gale Research Inc., 1989.
- Pollard, William L. A Study of Black Self-Help. San Francisco: R&E Research Associates, 1978.
- Reed, James. From Private Vice to Public Virtue. New York: Basic Books, 1978.
- Ross, Edyth L. Black Heritage in Social Welfare, 1860-1930. London: Metuchen, N.J.: Scarecrow Press, 1978.
- Savitt, Todd L. Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia. Urbana, University of Illinois Press, 1978.
- Schuyler, George. Black and Conservative; The Autobiography of George S. Schuyler. New Rochelle, New York: Arlington House, 1966.
- Weiss, Nancy J. Farewell to the Party of Lincoln: Black Politics in the Age of FDR. Princeton: Princeton University Press, 1983.
- Weiss, Nancy J. The National Urban League, 1910-1940. New York, Oxford University Press, 1974.
- Weisbord, Robert G. Genocide? Birth Control and the Black American. Westport, CT: Greenwood Publishers, 1975.

Wright, George C. Life Behind A Veil: Blacks in Louisville, Kentucky, 1865-1930. Baton Rouge: Louisiana Univeristy Press, 1985.

ARTICLES

Brown, Steven. "Sexuality and the Slave Community." Phylon 42 (Spring, 1981): 1-10.

Dawson, Deborah A. and Denise J. Meny and Jeanne Clare Ridley. "Fertility Control In the United States Before the Contraceptive Revolution." Family Planning Perspectives 12 (March/April, 1980): 76-86.

Engerman, Stanley. "Changes in Black Fertility, 1880-1940," in Family and Population in Nineteenth Century America. ch.3. ed. Tamara K. Hareven and Maris A. Vinovskis. Princeton: Princeton University Press, 1978.

Fee, Elizabeth and Michael Wallace. "The History and Politics of Birth Control: A Review Essay." Feminist Studies 5 (Spring 1979) : 210-15.

Hine, Darlene Clark. "Rape and the Inner Lives of Black Women in the Middle West: Preliminary Thoughts on the Culture of Dissemblance." in Unequal Sisters: A Multi-Cultural Reader in U.S. Women's History. ed. Ellen DuBois and Vicki L. Ruiz. New York: Routledge, 1990: 292-297.

Hudson, Jack. "Birth Control Legislation." Cleveland-Marshall Law Review 9 (1960): 245-257.

Jones, Woodrow and Mitchell F. Rice. "Health Care, Civil Rights and the Black Community." Policy Studies Review 3 (August, 1983): 114-119.

McFalls, Joseph and George Masnick. "Birth Control and the Fertility of the U.S. Black Population, 1880-1980." Journal of Family History 6 (1981): 89-106.

Ram, Bali. "Regional-Sub-cultural Explanations of Black Fertility in the United States." Population Studies 30 (1976): 553-59.

Ray, Joyce M. and F.G. Gosling. "American Physicians and Birth Control, 1936-1947." Journal of Social History (Spring 1985): 399-411.

Rodrique, Jessie M. "The Black Community and the Birth Control Movement." in Passion and Power: Sexuality in History. ed. Kathy Peiss, Christina Simmons and Robert A. Padgug. Philadelphia: Temple University Press, 1989: 138-154.

"Scapegoating the Black Family: Black Women Speak." The Nation vol. 249 4 (July 24/31, 1989): 110-151.

Simson, Rennie. "The Afro-American Female: The Historical Context of the Construction of Sexual Identity." in Powers of Desire: The Politics of Sexuality. ed. Ann Snitow. New York: Monthly Review Press, 1983: 229-235.

Smith, Peter. "The History and Future of the Legal Battle Over Birth Control." The Cornell Law Quarterly 49 (1964): 275-303.

Spillers, Hortense. "Interstices: A Small Drama of Words." in Pleasure and Danger: Exploring Female Sexuality. ed. Carol Vance. Boston: Routledge, 1984: 73-100.

Tolnay, Stewart E. "Black Fertility in Decline: Urban Differentials in 1900." Social Biology 27 (Winter, 1980): 249-60.

Tolnay, Stewart E. "Family Economy and the Black American Fertility Transition." Journal of Family History 11 (1986): 267-283.

Uhlenberg, Peter. "Negro Fertility Patterns in the United States." Berkeley Journal of Sociology 11 (1966): 54-65.

NEWSPAPERS (1920-1945)

The New York Amsterdam News
 The Chicago Defender
 The Pittsburgh Courier
 The Norfolk Journal and Guide
 The San Francisco Spokesman
 The California Eagle
 The New York Age
 The People's Voice

Cleveland Gazette
 Michigan Chronicle
 Nashville Globe
 Baltimore Afro-American
 Palmetto Leader
 The Guardian
 The Michigan Chronicle
 The Louisville Defender
 Detroit Tribune
 Nashville Globe and Independent
 Oklahoma City Times
 Raleigh North Carolina News and Observer

ARCHIVES

Planned Parenthood Federation of America Papers. Sophia Smith Collection, Smith College, Northampton, Massachusetts.

Florence Rose Papers. Sophia Smith Collection, Smith College, Northampton, Massachusetts.

Margaret Sanger Papers. Sophia Smith Collection, Smith College, Northampton, Massachusetts.

Margaret Sanger Papers. Library of Congress, Washington, D.C.

The Papers of the National Urban League. Library of Congress, Washington, D.C.

The Papers of Clarence Gamble. Countway Library of Medicine, Harvard University, Boston, Massachusetts.

The Papers of the Children's Bureau. National Archives, Washington, D.C.

National Committee on Maternal Health Papers. Countway Library of Medicine, Harvard University, Boston, Massachusetts.

Peter Murray Papers. Moorland-Spingarn Research Center, Howard University, Washington, D.C.

Dorothy Ferebee Papers. Moorland-Spingarn Research Center, Howard University, Washington, D.C.

Works Progress Administration. Negro Studies, Biographical Sketches. Manuscript Division, Library of Congress.

UNPUBLISHED DISSERTATIONS, MANUSCRIPTS, DOCUMENTARIES

Harris, William. "Family Planning, Socio-Political Ideology and Black Americans: A Comparative Study of Leaders and a General Population Sample." Ph.D. dissertation, University of Massachusetts, 1980.

Lumpkin, Julie and Joe Bowie. Hilla Sheriff; She Came to the Country. ETV, Columbia, South Carolina, 1987.

McCann, Carole. "Race, Class and Gender in U.S. Birth Control Politics 1920-1945." Ph.D. dissertation, University of California, Santa Cruz, 1987.

Zukoski, Charles. "The Alabama Experience: From a Life Story of Charles Frederick Zukoski." unpublished manuscript.

