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**ON THEIR OWN TERMS: AFRICAN AMERICANS AND BIRTH CONTROL
IN THE RURAL SOUTH, 1900-1942**

A Thesis in

History

by

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ABSTRACT

This dissertation challenges 20th century U.S. birth control historiography by incorporating rural African Americans into the narrative. Beyond the important project of recovering citizens too often cast as passive players in their reproductive destinies, this work enhances understanding of how rural African Americans helped shape social and political reform in the decades before World War II. Localized interactions between birth control advocates and their rural “clients” illuminate tensions of class, race, region and gender in the context of national crisis and social rehabilitation. I explore how rural African Americans conceived notions of uplift, respectability, citizenship, progress, and modernization. Specifically, I look at how health ideologies relying on mutualism and female health authority influenced birth control educational strategies that differed from urban-based organizational models highlighting gender and class hierarchy and medical expertise.

TABLE OF CONTENTS

Chapters

Introduction	1
I. “Family Planning and African American Life in the Rural South: 1900-1929”	25
II. “Public Health Work among Rural Black Southerners and Alternative Routes for Birth Control Education”	72
III. “White National Birth Control Organizing in the Black South: Getting It Wrong”	107
IV. “Getting it Right: Birth Control Organizing from the ‘Inside Out’”	144
V. “Birth Control Education and New Deal Black Youth: Tensions Between Mutualism and Individualism”	180
Conclusion	215
Appendix.....	224
Bibliography	229

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INTRODUCTION

Introduction

An old home in rural Esmont, Virginia, was slated for demolition in the fall of 1999, when a curious local resident discovered a trove of papers in its attic. The house had been abandoned and boarded up for half a century, and all that time lay over 250 letters, photographs and sundry items spanning the 1890s through the 1950s, packed away into three boxes. This small archive had belonged to the Yanceys, a rural African American family, and such a find for this time period was rare indeed. Rarer still was one particular item, a catalog from the National Sales Company of New York City, addressed to the mother of the family, Harriet, and dated 1930. Its pages advertised an array of birth control devices, including a 14-karat gold instrument for dilation of the cervix that in all likelihood was meant for abortion. The manufacturer offered a 10% discount to the holder of the catalog for providing the names and addresses of “twelve married women between 20 and 40 year of age.”¹ Did Harriet Yancey mention the catalog’s benefits to her neighbors? If so, in what context? A meeting of the local women’s club chapter? A church picnic? Many such questions will remain unanswered because there is so little evidence left by rural people from this time period on such personal matters. As one

¹National Sales Company Catalog, 21 October, 1930, R0140, Benjamin F. Yancey Papers (hereafter Yancey Papers), Special Collections, Alderman Library, University of Virginia (hereafter Alderman, UVA). On the discovery of the papers, see “Newly Discovered Papers of Early Black Educator Present Rich Resource on Segregation-Era Rural Virginia,” 20 March, 2000, on “University of Virginia News” website. The Yancey Papers can be accessed electronically at the website created by the university’s Virginia Center for Digital History, “Race and Place: An African-American Community in the Jim Crow South” (hereafter “Race and Place”). Website: http://jefferson.village.virginia.edu:8065/saxon/servlet/SaxonServlet?source=/vcdh/xml_docs/yancey/all.xml&style=/vcdh/xml_docs/yancey/all.xml&level=intro

historian has succinctly put, “Examination of the intimate lives of rural folks is not easy.”² Through investigating the dynamics of communities like Esmont and the various channels through which birth control information arrived, one can begin to glean the ways birth control in the South may have changed rural black people’s lives. One of the key features of how this occurred was the development of a rural health network.

A Rural Black Health Network: Mutualism, Female Authority and Birth Control

In the rural South of the early twentieth century, black and white families were routinely very large, and effective birth control was not easy to come by. But it was accessible to far greater an extent than most people – lay and professional alike – have surmised.³ The central problem for scholars in studying African Americans’ experiences around birth control is that its potential to expand personal freedoms existed against the backdrop of a professional medical ideology and economic system that ran roughshod over those freedoms. In the South this dilemma was exacerbated by the region’s white supremacist political and social ideology and its ensuing repressive economic regime. Black people faced obstacles in almost every arena of public life. In the realm of reproductive planning, however, liberating possibilities existed relatively outside of that public eye. Rural black southerners had many reasons to want smaller families and significant numbers participated in the expanding commercial market of contraception during these decades. Despite a climate of oppression and privation, they also set about

²Jack Temple Kirby, *Rural Worlds Lost: The American South, 1920-1960* (Baton Rouge, LA: Louisiana State University Press), p.161.

³See Margaret Jarman Hagood, *Mothers of the South: Portraiture of the White Tenant Farm Woman* (Charlottesville, VA: University Press of Virginia, 1996, c.1939), p. 123, and Jessie M. Rodrique, “The Black Community and the Birth Control Movement,” in Kathy Peiss and Christina Simmons, eds., with Robert A. Padgug, *Passion & Power: Sexuality in History* (Philadelphia: Temple University Press, 1989).

organizing collectively to learn about birth control in the context of general programs for health improvement. In countless communities across the Jim Crow South, African Americans forged strategies and preserved traditional health ideologies that helped make birth control a general part of community health.

This dissertation links the issue of birth control directly with the broader agenda of public health rather than isolating it within its own solitary movement. My subjects are rural people who lived remote from large, well funded research institutions and hospitals, and who did not have the political or social clout to lobby their legislators on the matter of contraception, or any health matter. Their health resources came most often from their own local gardens and their health experts were women from their own communities. Historians have just begun to flesh out how a rural health network grew in the United States over the first few decades of the twentieth century, a network that included not only midwives and lay healers but federal Agricultural Extension Service agents, community-based voluntary associations, local members of the YWCA, Parent Teachers Association, and more.⁴ In the following chapters I make the explicit connection between this emerging public health network and the development of rural black southerners' strategies for family planning. Furthermore, I argue that rural black people exerted an influence on the mainstream white birth control movement of the mid twentieth century.

Rural African Americans carved out their own channels for health work, including birth control, from broader programs of uplift that developed in the South during the 1910s and 1920s. African Americans suffered greater poverty and higher

⁴See Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995), especially chapter six, "Sharecroppers and Sorority Women: The Alpha Kappa Alpha Mississippi Health Project."

infant and maternal mortality than any other group in the early twentieth century and more so in the rural south. They were denied equal access to government resources of health, education, and economic opportunity, and by this point southern legislatures had stripped black southerners of the vote. Health remained one of the few areas left to African Americans in the South to organize openly and aggressively for improving their lives.⁵ Unlike other venues for uplift, such as politics and the pursuit of wealth, black health activism was relatively unthreatening to white people, serving the public across the color line. It elicited almost no retaliation by hostile white neighbors or legislators in the South; in fact, the planter class that employed the bulk of black agricultural laborers stood to gain from improvements in their workers' fitness. I concentrate on three channels of uplift that black southerners used to improve their health: the Agricultural Extension Service (AES), the National Negro Health Week (NNHW), and Jeanes teachers, specially funded black teachers who worked throughout the rural South. While laying out the way these programs evolved into an alternative health network for southern African Americans, I trace how they each were guided, to varying degrees, by ideologies of mutualism and female health authority that emanated from their rural clients.

In order to survive life in the Jim Crow South, Africans Americans followed a well established tradition of mutualism, or interdependence, to shore up the resources in their communities and protect one another from harm.⁶ Mutualism was an ideology that

⁵Smith, *Sick and Tired*.

⁶Julie Saville has explored how freedpeople conceived of individual freedoms time and again as inexorably embedded in a collective identity, and how this ideology of interdependence influenced how African Americans shaped their new lives in the Reconstruction period. Julie Saville, *The Work of Reconstruction: from Slave to Wage Labor* (Cambridge: Cambridge University Press, 1994). Also see Dylan C. Penningroth, *The Claims of Kinfolk: African American Property and Community in the Nineteenth-Century South* (Chapel Hill: The University of North Carolina Press, 2003).

sustained people at the neighborhood level. It meant sharing what you had with someone who had less, and the expectation was that down the line when you were in need, someone in your community would do you a good turn. The temptations and tensions raised by urban bourgeois living had begun eroding community solidarity among urban African Americans by the early twentieth century.⁷ Rural black communities, however, although deprived of the city's opportunities for upward mobility, were able to maintain their cohesion relatively well. People shared with one another the tasks and duties of agricultural labor, sustenance, education, and health care. They forged much of their mutualism through engaging in politics that was grassroots, a term I use to designate organizing that is localized and that relies in large part on a community's own residents to manage programs and secure resources. As such, grassroots community organizing dovetailed easily with the ideology of mutualism. Because at times health involved life and death matters, mutualism thrived among rural black southerners in this arena. In particular, mutual support was crucial for women to navigate the dangerous waters of childbirth.

Ordinary women were the health authorities in black rural communities and they routinely exchanged health remedies and caregiving with one another. Historians have recovered substantial documentation of midwives' health work and to some extent of other healing experts, but not as much on laywomen.⁸ Good health relies mostly on the

⁷ Elsa Barkley Brown, "Negotiating and Transforming the Public Sphere: African American Political Life in the Transition from Slavery to Freedom," *Public Culture*, vol. 1, Fall, 1994.

⁸For a discussion of female healers and the nature of health work in slavery see Sharla M. Fett, *Working Cures: Healing, Health, and Power on Southern Slave Plantations* (Chapel Hill: The University of North Carolina Press, 2002). Examples of scholarship on twentieth century African American layhealing are John Lee and Arvilla C. Payne-Price, "An African-American Folk Healer," and Arvilla C. Payne-Price,

mundane practices of good nutrition and sanitation, and women's daily health work is not likely to have aroused much comment, let alone documentation. Midwives, on the other hand, were subject to surveillance by medical officials by the 1920s, and midwives' efforts during slavery were duly recorded by plantation officials attentive to slaves' reproductive capacity.⁹ Well into the twentieth century, rural black women performed an array of health tasks in their own homes, but also in local community settings. They addressed issues of pregnancy, childbirth, and infant care, as well as general healing and the rituals of dying. Routinely women shared new health remedies with one another, but they also maintained the practices inherited from their ancestors, including those of birth control. When outsiders arrived in black communities to conduct clinics and public health education during the Progressive Era, they recognized the need to enlist local women's cooperation.

My project demonstrates how an alternative health network, developed by rural African Americans, influenced the centralized, institutional, and hierarchical birth control movement that has long dominated medical, public health, and birth control histories.¹⁰ My study details in particular how the Birth Control Federation of America (BCFA) adapted its organizing strategy to that of rural black southerners. In its Negro Project

"African-American Folk Medicine in the Southeast Lowlands of the United States," in Brett Williams, ed., *The Politics of Culture* (Washington, D.C.: Smithsonian Institution Press, 1991).

⁹Deborah Gray White, *Ar'n't I a Woman? Female Slaves in the Plantation South* (New York: Norton, 1985), p. 90. On midwives' roles generally during slavery, see Todd Savitt, *Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia* (Chicago: University of Illinois Press, 1978), pp. 182-4. On midwives' roles in assisting with birth control and abortion during the slavery era, see Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), p. 47.

¹⁰Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Penguin Books, 1974); David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven and London: Yale University Press, 1970); James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, 1978).

from 1940-1942, it became increasingly reliant on women lay health workers and a grassroots, mutualistic health network.¹¹ Until roughly a decade ago, historians studying birth control focused inordinately on the initiator of the white-led movement, Margaret Sanger, and national birth control organizations' battles in the courts of law, legislation, the medical profession, and elite public opinion. The narrative of the birth control movement almost inevitably proceeded from the top down of a male-dominated establishment of professional medicine, and from the center out of a middle-class, white organizational framework.¹² In these histories, government agencies, philanthropies, and the cadre of middle-class professionals they employed have featured as the actors in health services. Their clients have been portrayed as the passive recipients of aid or victims of medical malfeasance and neglect.¹³ I shift attention to the lower tiers of grassroots organizing and discover a modicum of power and influence by the class of patients targeted by the birth control movement. Grasping this power compels a reconsideration of rural black people's relationship to eugenicist birth control efforts.

¹¹A similar ideology obtained for black women's general activism across the South during the Progressive Era as investigated by Stephanie Shaw in *What A Woman Ought to Be and to Do: Black Professional Women Workers During the Jim Crow Era* (Chicago: The University of Illinois Press, 1996). Shaw coined the term "social individualism" to describe the philosophy whereby many black female reformers aspired toward higher social status for themselves while maintaining a commitment to enhancing the lives of their fellow community members.

¹²Scholars are beginning to explore grassroots birth control efforts but their subjects typically are white people. Examples of this scholarship are Marianne Leung, "'Better Babies': The Arkansas Birth Control Movement During the 1930s," (Ph. D. diss., the University of Memphis, 1996,) and Jimmy Elaine Wilkinson Meyer, *Any Friend of the Movement: Networking for Birth Control, 1920-1940* (Columbus, OH: Ohio State University Press, 2004).

¹³For example, historian Edward Beardsley contributes significantly to the history of medicine in the rural South by describing the political, economic, and social neglect of black and white southern rural millworkers' health in the first part of the twentieth century. While Beardsley establishes these important larger parameters, he pays less attention to workers' own health ambitions and actions. He assumes that in the face of "immediate and insistent crises concerns over health didn't rate a high priority." Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), p. 34.

My study departs from one of the dominant tendencies of medical historiography concerning race and reproduction – to focus on eugenics as the overarching narrative. Eugenics was a pseudoscience aimed at improving the human population through deliberate breeding practices. Eugenicists called for legislation restricting marriage to those designated “fit,” and publicly called for birth control of certain “undesirables” in society. This qualification covered the “feebleminded,” criminals, epileptics, and disproportionately targeted the poor and people of color. Behind the doors of institutions and clinics, doctors often employed sterilization toward eugenicist ends. The practice arose in the United States in the 1890s as a response to an expanding immigrant population, one notably of darker hues than earlier immigrant stock. Many historians, in emphasizing eugenics, have tended to render black people as passive victims of a new “master” class of scientists and public health officials that emerged in the Progressive Era.¹⁴ Eugenics is inarguably a critical dimension to the story of racialized violence and injustice within the development of United States public health policy, but it was not the only, or even the dominant, experience of average black people with respect to reproductive control.

This dissertation argues that not only were rural African Americans active in seeking out birth control for themselves, but their traditions of collective organizing influenced the strategies of the most powerful birth control organization in the nation. My

¹⁴Robert Weisbord, *Genocide? Birth Control and the Black American* (Westport, CT: 1975); John D’Emilio and Estelle Freedman assert in their broad history of American sexuality that in the 1930s, “Birth control became less an issue of freedom for women, and more a method of regulating the poor.” John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper & Row, 1988), p. 242. Edward Larson argues that eugenical sterilization of African Americans did not occur to any marked degree until beginning in the 1930s in the South. Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: The Johns Hopkins University Press, 1995).

work contributes to a growing body of scholarship that recognizes and illustrates how marginalized populations willingly pursued and used birth control in the early decades of the birth control movement.¹⁵ Other scholars have addressed how middle-class African Americans practiced birth control and included it as part of their racial uplift philosophy.¹⁶ Recent work has also begun uncovering a spectrum of motivations and a range of choices by the poor, regardless of race, around sterilization and contraception. Johanna Schoen deftly demonstrates that birth control programs for North Carolina's poor were not solely a matter of the state exercising coercion on powerless victims. She concludes that it was "the individual interactions between patients and health and social work professionals" that determined patients' experiences with the birth control movement.¹⁷ My study continues this theme of agency for rural African Americans across the South around family planning. My approach is unique, however, in that I extrapolate that volition from the individual to the collective.

My dissertation illustrates the powerful role mutualism played in organizing health work, and birth control work, in rural black communities. Historians have mostly considered the issue of birth control within the rubric of individualism, but rural black mutualism brings an important new perspective to the history of reproductive control as a

¹⁵Historians have addressed agency among poor black people regarding reproduction. In 1989, Jessie Rodrique wrote an important article challenging the profession's myopia with respect to black people's active role in birth control advocacy and practice. Rodrique stated that "Contraceptive use was one of a few economic strategies available to blacks, providing a degree of control within the context of the family economy." Jessie M. Rodrique, "The Black Community and the Birth Control Movement," p. 139. Dorothy Roberts has also argued that historians make a mistake in thinking that the early birth control movement was "diametrically opposed to the interests of Black citizens." Roberts, *Killing the Black Body*, p. 82.

¹⁶Michele Mitchell's recent work considers how urban middle-class African Americans in the late nineteenth century developed an ideology around birth control and reproduction for purposes of race "uplift." Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill, NC: University of North Carolina Press, 2004), especially chapter three, "Hope of the Race: Sexuality, Reproduction, and Afro-American Vitality."

¹⁷Johanna Schoen, *Choice & Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: The University of North Carolina Press, 2005), p. 238.

force for group survival and social change.¹⁸ Instead of concentrating on the dynamics between individuals and the health institutions that treated them, I analyze how communities of rural black people in the South and their health ideologies affected those institutions. This perspective offers a new way to consider current public health issues beyond the traditional paradigm of institutional policymaking. Many people consider themselves exempt from the policymaking process because they do not have access to institutions that dictate the flow of government monies and direct scientific research. Yet often these people are part of community-based strategies that, through revealing lessons learned only from daily lived experience within unique communities, can more effectively shape policy formation.

Throughout this study I am mindful of class differences that shaded the interactions between and among birth control organizers, leaders in the rural health network, and ordinary rural people participating in these programs. Historians have noted that health provided an important arena for cultivating middle-class leadership as Jim Crow foreclosed so many other avenues of power to African Americans.¹⁹ My project complements this line of investigation. It examines what happened when middle-class health activists interacted with working-class clients in grassroots birth control programs such as the one launched by the BCFA. This kind of analysis is mostly missing in

¹⁸See chapter “Birth Control and Feminism” in Carole R. McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994). Dorothy Roberts critiques this rubric as “limited by the liberal ideals of individual autonomy and freedom from government interference.” She suggests, rather, “an expanded and less individualistic conception of reproductive liberty that recognizes control of reproduction as a critical means of racial oppression and liberation in America. Roberts, *Killing the Black Body*, p. 6.

¹⁹Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington: Indiana University Press, 1989); Susan L. Smith, *Sick and Tired*.

histories of health. My dissertation shows that working-class, rural African Americans utilized the health arena as a means to improve their lives during Jim Crow, as did the middle class, but it emphasizes that mutualism, rather than the cultivation of leadership, was their priority.

I also pay attention in this dissertation to the fact that women and men had different concerns about family size and different considerations when approaching the matter of birth control. I focus on women's experiences with birth control because pregnancy and childbirth took their toll on a woman's health and sometimes took her life. Furthermore, although women's interests in a smaller family sometimes conflated with those of men, fathers almost always stood to benefit from more family members available for field work, whereas every birth increased women's work of childrearing and housekeeping. My focus on women also reflects the fact that most birth control programs at this time, including the BCFA's Negro Project under scrutiny in this study, targeted women much more than men. Women took center stage in the everyday performances of grassroots community health work and they also played leadership roles regarding major health issues within their communities. For these reasons, women figure more prominently than men in the following pages.

The Practices and Institutions of Rural Black Birth Control

Reconstructing the world of birth control in the rural South is a difficult enterprise, but an important one. My project provides a corrective to the commonly held belief that rural African Americans in the early twentieth century were wholly unaware of birth control. This assumption is a vestige of attitudes promoted by historians and social

commentators from that time who viewed poor southerners, black and white alike, as “backward,” not in step with modern ways, and generally ignorant about anything beyond their limited and isolated rural worlds.²⁰ In truth, rural southerners of the early twentieth century had several birth control options available to them. These included, albeit to a limited extent, advanced technologies such as diaphragms and condoms sold on the spreading national market. For my purposes, I do not try to provide a comprehensive account of exactly what, and in what proportions, various methods were used and how this varied by region. I do provide enough information, however, for a general picture of what kinds of birth control might have been in rural women’s, and men’s, line of sight. Throughout this dissertation a basic assumption holds, that in the first half of the twentieth century, across many of the southern states, at least a portion of rural black people attempted to limit their reproduction.

I explored a number of less commonly used sources to discover birth control types, availability, and practices among rural black southerners. I relied on written accounts as well as interviews to glean their personal experiences and thoughts around family planning. Sociological studies and surveys provided context for the daily challenges surrounding birth control practices in this population and also the challenges rural black people faced in confronting those conducting such studies. Records around consumer practices yielded important information on frequency and types of purchases, and advertisements helped juxtapose rural health practice and ideology against more bourgeois, middle-class, and urban values. Numerous articles in medical, nursing, and

²⁰As two historians of southern health write, “Progressives ‘and urban ones especially, sought to rid the region of the principal causes of backwardness. Health reform was high on their agenda.’” Todd L. Savitt and James Harvey Young, eds., *Disease and Distinctiveness in the American South* (Knoxville: The University of Tennessee Press, 1988), p. 15.

birth control journals provided a lot of information about professionals' opinions on reproduction and the working classes, as well as a broader context of political and social concerns and ambitions of those advocating and remonstrating against contraception.

Central to my study were sources regarding rural black organizing institutions arising in the first three decades of the twentieth century. I focus on three programs that addressed health issues among rural African Americans in the South: the Agricultural Extension Service (AES), the National Negro Health Week Campaign (NNHW), and Jeanes teachers. While the NNHW was explicitly geared to health, the AES and Jeanes teachers included health in their broader missions of uplift. These particular programs played an important role, one underappreciated by historians, in promoting birth control among a group of people not easily reached by progressive reformers. AES agents, NNHW fieldworkers, and Jeanes teachers cooperated with one another, sharing venues, literature, resources, and at times even personnel. Participants in these programs discussed health topics, including those relating to sexual and reproductive health, and laid the groundwork for making formerly taboo subjects like venereal disease prevention and birth control more publicly acceptable. These alternative health channels all accorded more attention to rural black people's traditional values and strategies than professional medical institutions or government managed programs. The extent to which they promoted mutualism and female health authority, however, depended on their relationships with governmental or philanthropic agencies outside the community domains of their rural clients.

The AES, NNHW, and Jeanes teachers all employed a relatively grassroots strategy that fit well with the mutualistic strategies in place in rural black communities.

The Agricultural Extension Service originated in 1902 and operated for just over a decade under the auspices of the Rockefeller Foundation's General Education Board, a philanthropy based in the North. Home demonstration agents in the program traveled to rural communities to train women, for the most part, in domestic tasks, childrearing, nursing skills, and general health, at times including birth control. The major drawback of AES work was that sometimes staff engaged in surveillance of rural clients, especially black clients, to heed white planters' desires for stable workforces and to keep state officials apprised of any subversive activity.²¹ When the federal government took over the administration of the Service and enlisted state governments' involvement, it forbade any further involvement of philanthropies. Black extension work received disproportionately less funding and some agents sought alternative sources of funding for their clients, often through the public education system.²² This necessary flexibility decentralized black extension work further and linked it more tightly to other black uplift work. The Jeanes teacher program was one channel to which black AES fieldworkers frequently turned in order to enhance resources for their clients.

My dissertation explores in some depth Jeanes teachers' pivotal role in the nexus of a grassroots health network evolving during this time, and highlights their prominence in grassroots birth control education. Historians have only just begun to recognize the important place Jeanes teachers held in progressive reform among black Southerners. Of the three health programs under discussion, the Jeanes teachers' work was by far the most intensively grassroots in its structure. The Jeanes Foundation originated in 1908 to target

²¹Lu Ann Jones, *Mama Learned Us to Work: Farm Women in the New South* (Chapel Hill: The University of North Carolina Press, 2002), p. 146.

²²Jones, *Mama Learned Us to Work*, p. 143.

small rural black schools in the South, and it was privately funded and managed. The teachers it supported were overwhelmingly female. They came from the rural communities they served and they enjoyed the deepest camaraderie with their clients among the three types of health workers I investigate. Jeanes teachers visited schools and secured cooperation from local residents to conduct a wide spate of community health programs. They often interacted with federal and state public health agencies as well, and sometimes helped staff government-sponsored health programs and clinics. From the 1910s through the 1930s, Jeanes teachers collaborated with officials of the Rockefeller Foundation, the Rosenwald Fund, the Red Cross, and many national and local health organizations. They were critical figures in helping rural black communities get needed health services from outside resources, eventually catching the attention of the nation's largest birth control organization in the late 1930s. Throughout the 1920s and 1930s, Jeanes teachers were closely involved with a group working explicitly on public health in rural black communities – the National Negro Health Week campaign.

A group of middle-class black professionals started the National Negro Health Week in 1915, an annual program initially privately managed and funded at the local level. The campaign was grassroots in its operations, but did not experience the same close connection as AES agents and Jeanes teachers did with rural clients because the NNHW was an annual event, not consistently integrated into daily life. The campaign began in African American communities across southern states, and eventually throughout the entire country. NNHW organizers arranged for lecturers to visit rural communities and give lessons on a range of health topics, and they disseminated educational literature issued by government agencies such as the United States Public

Health Service. Promotional materials of the Health Week often proclaimed the virtues of health for African Americans, especially tying good health to worthiness of, and demands for, citizenship. When the USPHS took over management of the NNHW campaign in the early 1930s, this compromised the autonomy of the NNHW somewhat, but it also afforded the campaign more publicity and more resources.

The above programs perpetuated mutualism and female health authority to varying degrees, according to the extent of their grassroots nature. The National Negro Health Week elicited the participation of all community residents, but its operations relied more on outside experts, often with professional credentials. This was not true of the Agricultural Extension Service and Jeanes work that utilized female workers who had little to no training in medicine or nursing. During the Health Week, outside medical professionals' opinions were likely to supersede female health authority and NNHW officers were more likely to manage their programs in a hierarchical manner. AES and Jeanes agents who worked closely with rural people were more inclined to reflect their clients' own ideologies and appreciate the strategies that worked in their communities. The Extension Service's operations and Jeanes teachers' work ran throughout the year and integrated health with other community uplift projects. Rooted more in the daily activities of rural life, then, these programs relied on and reinforced the mutualism already in place. Furthermore, they took advantage of health resources and strategies already in use in rural communities, rather than rely solely on professional medical protocol. Jeanes teachers, especially, embodied rural African Americans' ideology of female health authority and their proximity to clients inclined them to reinforce mutualistic approaches to health work.

The fulcrum of my dissertation is where the health ideologies and strategies of these three programs intersected with the Negro Project conducted by the Birth Control Federation of America from 1940-1942. This project sponsored clinical birth control work in the South as well as an educational program aimed at the nation's African American population. The BCFA was overwhelmingly a white, middle-class, and hierarchical organization and its promotional strategy until this point was centralized, operating through medical institutions and a bureaucracy of professionals. Managers of the Negro Project encountered the mosaic of grassroots health programs I have described that ran under the steam of mutualism and that was led primarily by laywomen. Not only did the Negro Project show definitively that many rural African Americans were eager to practice family planning, it revealed the power of rural black people's health ideology to influence a major, national birth control organization to adopt some of their ways.

The Negro Project provides a vehicle to observe how these grassroots strategies interacted with the institutional professional ideology of the mainstream birth control movement. Historians have not explored the Negro Project beyond a fairly cursory treatment.²³ This story of collective agency in rural African American communities of the Jim Crow South is an important and positive complement to the eugenicist abuse narrative. Historians have documented how this tragedy unfolded in institutions as well as private doctors' offices from the late nineteenth century through the late twentieth century. The story I tell occurred outside these institutions and offices, in the community health structures of rural black communities throughout the South; in country stores, school clinics, home demonstration meetings, teacher conferences, and churches. I was

²³In Gordon's volume on the history of the modern birth control movement in the United States, she devotes two pages to the Negro Project conducted by the Birth Control Federation of America.

able to decipher its operations and trace changes in policies during its tenure through examining the underutilized Florence Rose Papers in Smith College's Sophia Smith Collection. These papers contained Birth Control Federation of America field agents' reports and official publications, articles about the BCFA's programs, and detailed records of the Federation's administration of the Negro Project.²⁴

A final feature of my dissertation is an examination of how changes in southern black secondary education changed the dynamics of birth control education in rural African American communities. The collective agency and female dominated health ideology evident in rural black health programs of the 1900s through the 1920s benefited two generations of African Americans. These traits lost some of their cohesion and force by the late 1930s, however, and changing attitudes toward mutualism, individualism, family, and occupational ambitions in the New Deal youth cohort reflect this fact. A particularly rich bevy of evidence allowed me to glimpse the nuances of birth control attitudes and practices of the black adolescence coming of age at this time. It is a collection of interviews at Fisk University that has been vastly under-utilized by historians. To my knowledge, no other historian since the 1940s has made use of this data to illuminate birth control ideology and practice. Fisk sociologist Charles Johnson conducted a program in the late 1930s to interview adolescents and their family members on a range of questions about their lives and aspirations. These included questions about sex, family size, and birth control. This new generation of young African Americans developed aspirations markedly more linked to bourgeois materialism than the previous generation. They held a more materialistic outlook on issues of marriage and family size,

²⁴Rose was Margaret Sanger's secretary and maintained records of the Division of Negro Service that ultimately supervised the Negro Project.

one that considered their individual social and economic advancement more than the collective survival that framed the decisions of their parents' generation. An irony lay in the fact that these young black people experienced the full advantage of a strong mutualistic network for birth control education, yet directed their sights on a distinctly individualistic future.

Chapter Summaries

I arrange this dissertation in five chapters. After laying out the general nature of black rural life in the South and the range of birth control methods available, I introduce the three grassroots health programs that set the stage for how rural black Southerners became involved in a project initiated by the Birth Control Federation of America. I analyze the interaction between the white-led Negro Project and its black clientele, demonstrating how rural African Americans' vibrant mutualism and esteem for female health authority compelled the national Federation to change its promotional strategies. Then I demonstrate some of the consequences these developments had for the new generation of rural youth coming of age at the tail end of the New Deal era. I compare their attitudes toward family planning with those of their parents' generation in light of the remarkable growth in availability and tolerance of birth control over the 1930s. I conclude with some thoughts on how this study's findings can help historians frame better questions about how public health policy gets formed and by whom.

Chapter one provides a general picture of rural African Americans' lives in the Jim Crow South during the first three decades of the twentieth century. It defines the rigid economic system and political culture of white supremacy that forced black people to the

bottom tier of farming opportunities. Poverty rendered their health the worst in the nation, yet pervasive discrimination, backed by the constant threat of white violence, limited black people's options for accessing the region's meager health services. The chapter argues that despite such onerous circumstances, African Americans cultivated a mutualism that bound their communities together and strengthened their own reserves regarding health care. Furthermore, black women maintained the authority they had long held in matters of birth, healing, and dying, and took leading roles in the grassroots health network emerging at this time. They continued their ancestors' traditional practices for caring for families and neighbors, and for regulating births. Here I raise the question of how African Americans figured family size into their strategies to improve their lot, and I discuss the birth control methods, commercial and home-grown, they used.²⁵

Chapter two examines in detail how those health ideologies and strategies became integrated into the organized, grassroots-based health network that evolved in rural black communities over the 1910s and 1920s. It addresses three specific venues of health work as described above: The Agricultural Extension Service; the National Negro Health Week; and Jeanes Teachers. I compare and contrast how, to a varying degree, these different types of health work engaged mutualism as a strategy and reinforced women's health authority. Each program had its particularly useful qualities as well as its drawbacks. While the Jeanes program never enjoyed the breadth of resources available to the Extension Service, for example, the itinerant teachers were able to develop a deeper understanding of their client communities. The overwhelming and significant fact about

²⁵Many such methods persisted from the slavery era throughout this time period. For a discussion of the various terms and euphemisms applied to contraceptive and abortive techniques in the nineteenth century United States, see Janet Farrell Brodie, *Contraception and Abortion in 19th Century America* (Ithaca: Cornell University Press, 1994), pp. 5-6.

this medley of health strategies was the great extent to which they overlapped and complemented one another. They occasionally substituted staff, combined outreach programs, and piggybacked on each other's educational and publicity literature. These programs all touched upon sexual and reproductive health issues and by the 1930s included birth control education. The combined effect of these three channels of health work went beyond increasing rural African Americans' awareness of birth control. Together the programs formed a tight network that confronted white, middle-class, professional birth control advocates arriving in their communities by the 1930s. Rural black people were ready with their own ideas about birth control and strategies to obtain it already in place.

Chapter three introduces the Northern-based Birth Control Federation of America, and examines how this national public health institution fared in its early efforts to launch a birth control campaign in the black South. It shows the middle-class, white, patriarchal assumptions the organization brought to bear on its administration of the Negro Project. In turn, it argues that these assumptions were undermined by the realities of mutualistic, female dominated health ideologies that had long existed in the rural black South. The Federation initially privileged physician, and therefore also predominantly male, authority and hierarchical, centralized, and institutional strategies for its Project. It also presumed that in the black South a minister's authority held sway over the community and that these men should conduct the educational component.²⁶ The chapter shows how quickly the emphasis on male authority, professionalism, and a centralized, institutional strategy collapsed in the face of rural black people's social mores and their strategies and

²⁶Gordon, *Woman's Body, Woman's Right*, p. 333.

ideologies around health. It argues that ministers in fact did not hold firm claims to moral authority, and that nurses and other lay female health workers were integral to the birth control network.

Rural African Americans' health care infrastructure, based on a mutualistic ideology and female authority, compelled the BCFA to operate along different lines and expand their leadership to women lay health workers. Chapter four demarcates the shift BCFA project planners made away from concentrating on physician and ministerial authority. Rural people's traditions of community-based mutualistic health strategies, consolidated during the public health work of the Progressive Era, came to provide a crucial infrastructure for the Negro Project. The first part of this chapter presents the evolution of the National Advisory Council (NAC), a network of middle-class African American reform workers tapped by the BCFA to help it develop the correct approach to an African American audience. This Council provided invaluable access to its wide range of organizational resources for the education part of the Negro Project. Class and regional tensions pervaded the Council's involvement with the bulk of working-class and rural African Americans around issues of contraception and racial uplift.²⁷ The second part of the chapter treats in more depth two areas of birth control work conducted by representatives of the NAC. Dr. Dorothy Ferebee led the Alpha Kappa Alpha Sorority (AKA) in a health project among Mississippi sharecroppers each summer from 1935 to

²⁷ Scholarship remains scant on intra-race gender and class conflict. In 1992, Evelyn Brooks Higginbotham called for historians to address "the empirical reality of gender conflict within the black community or class differences among black women themselves." Evelyn Brooks Higginbotham, "African-American Women's History and the Metalanguage of Race," *Signs*, vol. 17, n. 2, 1992, p. 274. Michele Mitchell noted that the tendency to downplay tensions within the African American population persists, in part due to the "prickly" situation of exposing strife where "themes of collective survival, community mobilisation, and institution building are of signal importance to the field." Michele Mitchell, "Silences Broken, Silences Kept: Gender and Sexuality in African-American History," *Gender and History*, vol. 11, n. 3, November, 1999, p. 440.

1942, and began including contraceptive service during the tenure of the Negro Project. Next I investigate in depth the role of the Jeanes teacher in conducting reproductive health work and analyze why and how, in contrast to the middle-class leadership, she was so effective. Ultimately such figures influenced the Planned Parenthood Federation of America (BCFA's new name as of 1942) to adopt a more decentralized and female-dominated approach when it continued its national work after the termination of the Negro Project.

In Chapter five I consider a new form of birth control education in the rural South that departed from the adult-centered community organizing efforts delineated in prior chapters. The southern progressive education movement, as well as New Deal federal programs, belatedly addressed the dearth of secondary educational opportunities for southern African Americans over the 1920s and 1930s. Rural black people had been partaking in an expanding commercial market of birth control, evolving their own health network for birth control promotion, and embarking on birth control programs that operated on a national scale. This decade of depression was also a decade of explosive growth in birth control availability, discussion and tolerance. Youth increasingly formed a subculture separate from the rest of the community as their rates of high school matriculation escalated. Life and learning in the high school drew youth away from the more familiar authority of their parents. They were heavily influenced by an expanding entertainment and fashion popular culture that pushed values of individualism and material acquisition. As a result, a set of new motivations guided their behaviors around sex and the use of contraception. The mutualism that underlay birth control strategies and ideologies of their parents' generation, was transformed for younger African Americans

to a more individualistic framework for marriage and family formation. This final chapter speculates about the advantages and disadvantages of this transformation and its effects on traditional mutualism.

CHAPTER ONE

“Family Planning and African American Life in the Rural South: 1900-1929”

Introduction

The experience of slavery lay a generation or more behind African Americans at the dawn of the twentieth century, but freedom had not yielded the promises of equal citizenship. The vast majority of black people still lived in the South, where governments had all but erased their political rights and severely curtailed educational and employment opportunities. African Americans still lived within a society infected with violent white supremacist ideology and an agricultural economy that worked them to the bone and then stole the fruits of their labors. One critical way rural African Americans could try to improve their lot in the midst of such constraints was regulating their reproduction and determining the size of their families. They forged vibrant grassroots health strategies despite all the factors against them, ones that women dominated but that were rooted in an ideology of community mutualism. Rural black people developed family planning strategies, using birth control methods handed down through past generations as well as seeking new options through an expanding commercial market.

The Limits of Work and Opportunity

African Americans' decisions and actions regarding family planning were constrained by the agro-economy and the sociopolitical system of Jim Crow. Black people found themselves mostly confined to sharecropping and tenant farming, a sector of the

economy that was barely profitable and often precarious. Incomes in the South were about a quarter of that up North, and black southerners always fared worse than their white counterparts. They could rarely acquire the capital for land, or machinery to improve farm efficiency once they did secure some acreage. Wage discrimination existed within the black labor force as well, with gender and age hierarchies operating under the assumption that adult male brawn brought in the largest harvest. In 1900, hired male black tobacco workers made \$166, females \$140, and children \$70 annually.²⁸ Black landowners were often relegated to the worst land for farming and many who did not acquire land were forced into peonage-like labor conditions. This was true especially on plantations in the Black Belt, the crescent shape region spanning from parts of South Carolina to Mississippi and named for its black, rich soil. Some black farmers endeavored to join forces with their white counterparts in the fledgling Populist movement that arose from shared agricultural woes in the 1890s, but the planter class and the white southern politicians in their thrall incited racial division among the poor and killed any prospect of interracial class solidarity. Rural black people in the South were on their own, and their concerns lay primarily with staving off white violence and maximizing their chances of survival, even as much of the country became involved in questions of “uplift” and “reform” in urban living.

Family size was a critical factor for surviving life on the farm. Family members provided labor at the homestead as well as care for elders as they became too frail for the more physically challenging work. A large family was not always a boon, however, for

²⁸Dolores Elizabeth Janiewski, *From Field to Factory: Race, Class, Sex, and the Woman Worker in Durham, 1880-1940* (Ph. D. diss., Duke University, 1979), pp. 177-8, cited in Jacqueline Jones, *Labor of Love, Labor of Sorrow: Black Women, Work and the Family, From Slavery to the Present* (New York: Random House, 1985), p. 372, footnote 44.

parents found themselves less able to pass on land parcels to their children as growing land shortages became a major problem in the rural South by the beginning of the twentieth century. In the 1880s the rural populations in the North and South were comparable, but by 1930 the South's doubled that of the North.²⁹ In that year, the census recorded 67.4% of the South's 9,420,747 African Americans were "rural dwellers."³⁰ Natural catastrophes like drought and weevil infestation besieged the South from the 1890s through the 1920s. Single crop farming came to dominate much of the region and threatened to destroy the sustainability of small farming. Ever increasing numbers of people tried to eke out a living in an agricultural market wracked with depression and increasingly strained by international competition. Some couples made the choice to limit the size of their family to ensure enough sustenance and opportunity for their children.

The kind of agricultural labor rural African Americans performed depended upon region, family origins, the payoff of hard work, and the whims of fortune. Employment was diverse, with day labor, individual or family sharecropping contracts, and tenant renters sometimes coexisting on the same plantation in some or another combination, but likelier separated by type of crop and regional terrain and climate.³¹ These forms of labor permitted varying degrees of autonomy, cash income, and long-term security. At the bottom tier were sharecroppers who received from landowners the barest means of daily subsistence, tools and accoutrements for the work, and payment in the form of a portion

²⁹Edward Ayers, *The Promise of the New South: Life After Reconstruction* (New York: Oxford University Press, 1992), p. 198.

³⁰Ambrose Caliver, "Rural Elementary Education Among Negroes under Jeanes Supervising Teachers," 1933, p. 1, Bulletin 1933, No. 5, U.S. Department of the Interior, Office of Education, Alderman, UVA.

³¹Edward Ayers breaks the southern agricultural region down into nine distinct subregions of landscape, each of which spans several states: Black Belt; River Counties; Atlantic Coastal Plain; Cotton Uplands; Gulf Coastal Plain; Piedmont; Central Plateau; Western Prairies; and Mountains and Valleys. Ayers, *The Promise of the New South*, p. 5.

of the crop rather than cash wages. Tenant farming, the next tier up, allowed farmers to rent a parcel of land, manage it virtually on their own, and possibly make a profit. This mode of farming prompted less supervision and more chances for mobility out of poverty. Finally, a small proportion of more fortunate black people owned farmland in the South, but even here most owners remained poor. In 1900, almost a quarter of black farmers owned the land they worked. This number rose to its peak in 1910, with 175,000 full owners, 43,000 partial owners, and 670,000 in the sharecropping class. In 1920, collectively, rural southerners owned 219,000 farms and operated on 704,000 farms as tenants. The bulk of the population was engaged in sharecropping or day labor. Ownership was regional, and at this time roughly forty five percent of black people owned land in the coastal and mountain regions, compared to a scant eight percent in the Black Belt, where sharecropping was their predominant form of labor.³²

Sharecropping was by far the most repressive scheme of the major forms of labor in the South.³³ The system of sharecropping sharply circumscribed laborers' autonomy, not only by virtue of restricting their economic opportunities, but by allowing surveillance by landowners over almost every aspect of sharecroppers' lives. In practical terms, the system deprived farmers of the chance to acquire enough capital to gain some independence and left them at the mercy of employers who more often than not cheated them out of their fair share and sometimes willfully forced them into peonage.³⁴

³²Ayers, *The Promise of the New South*, pp. 196, 208.

³³Convict labor was the most repressive labor system, but it affected far fewer people. Convict labor exacted hard manual labor from prisoners as a condition of their imprisonment and with the aim not only of rehabilitation to society but also of profit for the state.

³⁴See Nan Elizabeth Woodruff, *American Congo: The African American Freedom Struggle in the Delta* (Cambridge: Harvard University Press, 2003), pp. 122-7; Ayers, *The Promise of the New South*; Pete Daniel, *The Shadow of Slavery: Peonage in the South, 1901-1969* (Urbana: University of Illinois Press, 1972).

Sharecroppers had so little capital and material resources that they often were at the mercy of landlords for mundane matters of securing the ordinary goods and services, including those related to health. They had to purchase products from the local commissary, which the landowner often owned, and were forced to pay exorbitant interest rates on items since they had little or no cash upfront. Even if sharecroppers resorted to catalog purchases, landlords often intercepted sharecroppers' mail and repressed any such assertion of independence.³⁵ The hold landowners had over sharecroppers extended to the most private aspects of their lives.

Health

Some landowners controlled how sharecroppers obtained and paid for health services, and in certain cases even tried to regulate reproduction among those in their employ. As one historian notes, "In rural areas black tenants could rely on white landlords to get them to a doctor if an illness became serious enough to impede work. However, landlords often deducted physician charges from Negroes' pay at the end of the season" which may have affected decisions to pursue medical assistance.³⁶ Landowners sometimes took an interest in reproductive health measures, either to encourage or discourage childbearing among their workers. Paul Elden, the owner of Florence Plantation in Grand Lake, Arkansas, inquired of a federal agency, "Is it a fact that if a woman takes a capsule of quinine every four hours for two or three days before she menstruates, she will not become pregnant; tho', she might otherwise, should she not take

³⁵Woodruff, *American Congo*, p. 125.

³⁶Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South* (Knoxville: University of Tennessee Press, 1987), p. 36.

the quinine?”³⁷ The relationship between owners and laborers’ families varied by plantation and region and so did planters’ interest in the size of those families. Landowners like Elden might have been interested in limiting female workers’ pregnancies to reduce absenteeism and diminished capacity for work. In contrast, other landowners, perhaps those with larger work forces and greater financial reserves, might have encouraged female workers to bear as many children as possible in order to ensure an ample labor supply in the long term.

Farm work was not the only arena in which white employers had influence over their workers’ health. The expansion of industry in the New South introduced a more progressive attitude toward labor and the need for health to maximize efficiency. Southern industrialization drew a portion of black and white workers from the farmland to small towns for work in textile mills and cigarette factories, especially in the Piedmont, the region of southern Virginia through the central Carolinas and into Alabama and Georgia. Employers stood to gain from their workers’ good health and some even provided funding for nursing care.³⁸ Industrial employers also had vested interests in curbing pregnancies among their female workers and thereby preventing work absences. For instance, a couple that owned a shirt factory in Dallas, Texas, financed a birth control clinic, and one might wonder what pressure they put, if any, on their workers to make use of it.³⁹ The potential for coercion and abuse escalated when employers took their patients’

³⁷Paul Elden to Children’s Bureau, Letter, 3 June, 1931, folder “Birth Control,” box 377, Record Group 102, National Archives Records Administration II (hereafter NARAII).

³⁸Several railway and utility companies, for instance, contracted with a black nurse training hospital in the South shortly after its opening in 1901 “to care for the employees and pay for each patient one dollar a day.” Matilda Evans, Oral History, Black Women Physicians Project, p. 7, History of Medicine Division, National Library of Medicine (hereafter NLM).

³⁹Emma Barth, RN, to Children’s Bureau, Letter, 5 November, 1935, folder “Birth Control,” box 494, Record Group 102, NARA II.

care under supervision. The degree to which these forms of subsidized health services conflated with surveillance over workers' lives and reproductive choices merits further research.

Eugenics, the forced or coerced sterilization of people deemed undesirable by the dominant medical class, was another potential site for white people to exert control over black people's reproductive health and capacity. Many white southerners were determined to prove that black people would fail the test of freedom. White scientists and laypeople alike went so far as to predict publicly, and relish the thought, that African Americans would eventually die out without their firm guidance and protection. As one Southern white reverend reported to a black readership in the Christian Recorder, the newspaper of the African Methodist Episcopal Church, "It is not amiss, in passing, to allude to much public indifference with respect to the Negro race. I have heard the subject of the rapid decline of the Negro race alluded to many times jocularly, and sometimes with not a little glee."⁴⁰ Eugenics discourse was pervasive and no doubt made black people wary of white treatment. The extent to which white country doctors pressured rural black patients to curb reproduction, however, can never be fully known.

Evidence from medical institutions shows that systematic and sometimes forced sterilizations occurred earliest in states outside the South. In the early decades of eugenics, Southern white eugenicists were more concerned with manipulating white supremacy – promoting a healthy white "stock" – than preventing black fertility. Segregation allowed the white medical establishment in the South, such as it was, to leave black people more or less alone and forgotten. That changed after the infamous

⁴⁰Cited in Reverend B. F. Riley, "Causes of Unusual Negro Mortality," Christian Recorder, 10 June, 1915, Tuskegee Clipping File, Alderman Library, University of Virginia.

Buck V. Bell (1927) case in Virginia that permitted states to force sterilization on those deemed “feebleminded.” The Supreme Court decision meant that in the 1930s “the flow of new legislation turned into a flood that for the first time included numerous bills before legislatures in the Deep South.”⁴¹ White institutions – and not only confined to the South – increasingly exerted pressure on women of color to limit childbearing into the late twentieth century. A lesser known trend was also at work. Substantial evidence exists to indicate that black women were consistently endeavoring to control their reproduction long before eugenics programs were established.⁴²

Rural African American women had the highest fertility rate at the turn of the twentieth century, but they also experienced the most precipitous decline in fertility. From the 1880s to the 1910s the black birth rate declined by a third.⁴³ By 1940, the gap between white and black fertility rates was almost entirely closed due to this drastic reduction in African American births. Historians and demographers have debated the causes of such a steep decline in black birth rates, considering in turns voluntary and involuntary causes. One hypothesis asserts that black people, along with all Americans, were gaining increasing access in the first decades of the twentieth century to more effective contraception. A counter opinion argues that black people were so shortchanged in health services and suffered inordinately from diseases and malnutrition that this reduced their capacity for successful pregnancies.⁴⁴ Both were likely true. Stress induced

⁴¹Larson, *Sex, Race, and Science*, pp. 2, 8, 93, 100, and 107.

⁴²See Johanna Schoen’s *Choice & Coercion* for a treatment reproduction, eugenics, and the relationship between state government and poor black and white women in the South.

⁴³Jones, *Labor of Love*, p. 91.

⁴⁴Joseph A. McFalls, Jr. and George S. Masnick, “Birth Control and the Fertility of the U.S. Black Population, 1880 to 1980,” *Journal of Family History*, Spring, 1981, pp. 89-106. I do not put myself firmly in either camp because this dissertation’s primary argument does not ask me to make such a claim. The

by living in a world of violence and terror, unsanitary conditions borne of poverty, malnutrition and poor health, all wore away at black women's constitutions. Yet African American couples also made efforts to space multiple pregnancies through delayed marriage, abstinence, abortion and contraception. Poor women everywhere in the nation could not obtain abortions under sanitary conditions using the most effective technologies offered by professional medicine. The same was true of access to the best forms of birth control. Inadequate reproductive health care mirrored a larger climate of "neglect" of African Americans' health in the South.⁴⁵

The dearth of advanced medical care in the early twentieth century rural South resulted in severe health challenges for all of the region's denizens, but African Americans suffered the worst. The leading killers in the general southern population during the first decades of the twentieth century – tuberculosis, heart disease, and diseases associated with pregnancy and infancy – took a disproportionate toll on black people. Maternal and infant mortality rates were higher for black people than for white people in urban and rural areas alike. Although from 1900 through the 1930s African Americans experienced some decline in tuberculosis, they continued to fare two to three times worse than white Americans. Black men lived on average four years fewer than white men, and black women, a startling nine years fewer than their white counterparts.⁴⁶ In the 1910s and 1920s, school inspections across the South revealed the excessive rates of diseases among black children such as malaria, scabies, rickets, typhoid fever,

steadiness of the decline seems to fit better with causes that were similarly incremental, however, such as the spread of a commercial market and grassroots health programs promoting birth control.

⁴⁵The emphasis of the term derives from the title of Edward H. Beardsley's *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South*.

⁴⁶Beardsley, *A History of Neglect*, p. 17.

pellagra, tuberculosis, syphilis and pneumonia.⁴⁷ Many of the latter diseases did not necessarily kill, but caused intense and chronic suffering. Malaria, for instance, dealt black people the deathblow two to four times more than white people, but for every one death there were two hundred cases that lingered and plagued people “for years on end.”⁴⁸

African Americans living in remote rural areas of the South suffered prohibitive difficulties accessing the advanced medical care of the time. It was not until about 1930 that the bulk of white hospitals began to accept black patients.⁴⁹ The few credentialed hospitals in the South were located in large towns and cities, and most rural people relied on physicians to travel to them if a serious illness struck. Usually such doctors lived too far away or were too expensive to use on a regular basis, however. In the South of the 1910s, there was one black doctor for every 9,000 black people, compared to one white doctor for every 300 white people.⁵⁰ A few white patients saw black doctors, but more commonly black patients resorted to white doctors. Racist sentiments permeated these encounters. Up through 1934, there was not one African American physician to serve the black population in Fairfax County, Virginia, and black people had to rely on Dr. Alfred Leigh for care. Sam Wooden, a farmer, was one such man. He paid Leigh in kind, with farm work, and at one point a disagreement arose over services rendered. Sam Wooden’s own recollection is lost to the record. One of the doctor’s descendants relayed the story about Wooden’s request for a visit from the doctor after the dispute:

⁴⁷Ibid., pp. 18-9.

⁴⁸Ibid., p. 21.

⁴⁹Ibid., p. 36.

⁵⁰Leon F. Litwack, *Trouble in Mind: Black Southerners in the Age of Jim Crow* (New York: Alfred A. Knopf, 1998), p. 339.

You sick uh? Well, you black son-of-a-bitch, you die now. I tried to get you to work on the farm last summer. You didn't show up. Promised me and didn't come. Well now you can just die!' Then he would slam down the phone and almost immediately yell, 'Will, [his black driver, Will Robertson] hitch up the horse, we're going out,' and then proceed to make the call on Sam anyway.⁵¹

The dynamics between white doctor and black patient were not only fraught with tension, but also resulted in differential treatment.⁵² A white observer noted that some white doctors, "perhaps irritated at the inconvenience of driving a long way out in the country, perhaps because they consider tenants as hardly people - just a degree or so removed from 'niggers' - do not give the same quality of service to tenants which they give to other patients."⁵³

Federal and state public health programs attempted to compensate for inadequate attention by the private sector to the health of the nation's poor. Southern states, however, could not overcome their traditional vehement resistance against spending money on social programs.⁵⁴ Government assistance in the region was often laden with racism and rarely addressed fully the spate of health challenges African Americans faced. Congress passed the Sheppard-Towner Act in 1921 to direct funds and resources to maternal and infant care throughout the country, but the programs produced little measurable improvement in maternal and infant health.⁵⁵ A limited number of southern state

⁵¹Peter R. Henriques, *Fairfax County Medical Society, 1884-1934* (Fairfax County, Virginia: Fairfax County Medical Society, 1984), pp. 11-12.

⁵²Lynn Pohl analyzes the interactions between black patients and white doctors in the South. Pohl argues there was a limited degree of mutual respect in those relationships that complicates the conventional assumption of white physicians' wholesale power. Book manuscript, *Beside Encounters: Remaking Medical Care and Social Ethics in the American South* (forthcoming 2007).

⁵³Hagood, *Mothers of the South*, p. 132.

⁵⁴Beardsley, *A History of Neglect*, pp. 6, 8.

⁵⁵Marilyn Irvin Holt, *Linoleum, Better Babies and The Modern Farm Woman: 1890-1930* (Albuquerque: University of New Mexico Press, 1995), p. 119.

government public health measures aimed at black populations by the 1910s, but they too, fell tragically short.

The seemingly obvious solution to a repressive climate of medical inattention and the constraints of Jim Crow was for black people to turn only to other black people for health care. Alas, higher educational facilities to produce a black medical infrastructure in the South were in the infant phases during the early decades of the century. There was a steady growth of black medical institutions nationally, beginning in the 1890s and continuing through the 1920s, creating a network of approximately two hundred black hospitals and nurse training schools.⁵⁶ Still, throughout the country, and especially in the rural South, lack of adequate funds and proper infrastructure, shortages of supplies, and exploitative working conditions for student nurses thwarted such efforts.⁵⁷ In the South, black people were not allowed to train in the better endowed white medical schools, and patients were refused treatment at white hospitals, even when their lives were at stake. Resistance to black integration into the white medical establishment was fierce at the highest levels of power. For instance, plans were underway to provide black veterans a hospital of their own in Tuskegee, to which Alabama State Senator R.H. Powell declared, “We do not want any Government institution in Alabama with niggers in charge. White supremacy in this state must be maintained at any cost, and we are not going to have any niggers in the state whom we cannot control.”⁵⁸ Ideally, African Americans built their own doctor and nurse training institutions, secured equipment, conferred degrees and established the hospitals to care for their own. The funds were never adequate, however,

⁵⁶Clark Hine, *Black Women in White*, p. xvii.

⁵⁷*Ibid.*, p. 26.

⁵⁸Vanessa Northington Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (Oxford University Press, 1995), p. 117.

and many black physicians at the time considered white philanthropic support “crucial to their goal of developing high-quality black hospitals.”⁵⁹ These philanthropies helped fund hospitals and other public health ventures in the South, as well as enhancing public education more generally at a time when federal and state government turned an indifferent eye.

Education

Educational neglect and discrimination against black southerners were main components in orchestrating white supremacy and political and economic hegemony. Limits on education and literacy circumscribed occupational mobility, the determinant of one’s chances to escape poverty and improve health. In 1910, roughly eighty two percent of southern black people lived in rural areas, and rural education, for black and white alike, lagged far behind that offered to city residents generally in the South. Black rural schools fared worse, and were often merely a “log hut with a swayback roof and a ‘stick-and-clay’ chimney.”⁶⁰ Whatever funding did make its way into the country, white children benefited far more than black children. Louis Harlan’s study of the Southeastern coastal states in the Progressive Era found that state officials in charge of education funding routinely, in the cases of heavily black counties, received state monies for black children, allocated a “pittance” to black schools, and then gave the “considerable remainder” to white schools.⁶¹ The school term for rural white children was seven

⁵⁹Vanessa Northington Gamble, “The Negro Hospital Renaissance: The Black Hospital Movement, 1920-1940,” (Ph.D. diss., University of Pennsylvania, 1987,) p. 154.

⁶⁰Louis R. Harlan, *Separate and Unequal: Public School Campaigns and Racism in the Southern Seaboard States, 1901-1915* (Chapel Hill: The University of North Carolina Press, 1958), p. 21.

⁶¹*Ibid.*, p. 16.

months, and for rural black children, less than six.⁶² From 1890 to 1910, black illiteracy fell in the South's six largest cities from fifty percent to twenty percent, yet rural people maintained about a fifteen percent higher rate of illiteracy at this time. In general, black children saw little of education beyond their elementary school years. Access to high school education for rural African Americans in the early twentieth century remained well below that for white youth. Matriculation rates grew very slightly in the 1910s and 1920s, and started to close the gap with white matriculation only in the 1930s.⁶³

A few noteworthy Northern philanthropies took up southern governments' slack and addressed rural health through educational venues. The Julius Rosenwald Fund in Chicago worked closely with the Tuskegee Institute, an African American college founded in 1881 to train and employ black health workers in the rural South. John Rockefeller's General Education Board (GEB) attended more to medical infrastructure and supported the black hospital and nurse training school movement in the region. The GEB also aimed to aid all the South's poor children through a general rural school improvement enterprise. Since state and country health officers conducted many health programs through the schools this provided rural communities with the infrastructure for such work. The GEB allocated white children by far the majority of the foundation's largesse, however.⁶⁴

These philanthropies showed varying degrees of commitment to black people's leadership in the health field, but they also harbored their own ulterior motives for becoming involved in black public health. For example, the Rosenwald Fund's founder,

⁶²Ibid., p. 164.

⁶³Ibid., p. 259.

⁶⁴Ibid., p. 100, and generally, chapters four through seven.

Julius Rosenwald, also president of Sears, Roebuck and Company, considered the economic bottom line of his enterprise for black health uplift: “Twelve million colored people constitute one of the great potential markets for American industry,” one of which was surely consumer products like the ones his own company manufactured.⁶⁵ Despite their less than ideal performance regarding general health programs, the existence of such philanthropies were important over the long term. They continued their work into the 1930s and eventually provided personnel and facilities to birth control enterprises among southern African Americans.

Rural Community and Mutualism

Ambivalent attitudes toward philanthropic assistance and neglect by their governments meant rural African Americans had to rely more on their own resources. In his work on the African American families, Herbert Gutman demonstrates how black communities, in order to cope with the struggles of poverty, sustained strong “kinship networks” at least through 1925 when his study ends and likely well into the 1940s.⁶⁶ A shared vulnerability to the exigencies of life in the South bonded African American people together, generating a mutualism that carried them through rough times and provided some protection from a hostile and oppressive social climate. Rural people lived at a remove from urban centers, and relative isolation meant they counted upon one another for most everything: their companionship, entertainment, protection, sustenance,

⁶⁵Gamble, *Making a Place for Ourselves*, p. 107.

⁶⁶Herbert G. Gutman, *The Black Family in Slavery and Freedom, 1750-1925* (New York: Pantheon, 1976), p. 448.

and the care for their most intimate health concerns. They organized their lives accordingly.

The small rural community of Esmont, Virginia, demonstrated a typical example of rural mutualism. Descendants of slaves formed the small town in the center of the state, where a local slate quarry and a couple of large plantations provided employment. According to one of Esmont's original residents, Reverend Izetta Smith, however, it seemed as if "Everyone was a farmer."⁶⁷ Fellow Esmont native James Jordan, one of twelve children in a sharecropping family, remembered the ease with which he and his neighbors helped themselves to water from a well on another family's land during his childhood. The Yanceys allowed free reign on their property, because "everybody was struggling I guess to survive."⁶⁸ There was never any question of asking permission to take water. Sharing with others was a matter of community policy, even among those with little to share themselves. Similarly, Kathryn Simpson, Izetta Smith's niece, recalled that "If we were having dinner anybody who was hungry could eat."⁶⁹ The economic make-up, labor system, climate, population density, and many other traits varied among black communities across the South. Mutualism, however, was one quality that seemed ubiquitous, and one of its strongest expressions was in the realm of health.

Rural black communities forged communal networks of health care, where people invested in each other's well being through mutual exchanges of health care and health knowledge. Black people had long established traditions of health care rooted in the community and the home, but health took on different meanings for urban and rural black

⁶⁷Reverend Izetta P. Smith, *My Life's Experiences* (New York: Carlton Press, 1994), p. 8.

⁶⁸James Jordan, interview by Sarah R. Lawrence, "Race and Place," October 30, 2001.

⁶⁹Kathryn Simpson, interview by Sarah R. Lawrence, "Race and Place," August 2, 2002.

society by the end of the nineteenth century. Urban African Americans came to see health as one of the few remaining arenas open to them to cultivate leadership and aspire to middle-class status. In rural areas, people continued perpetuating a cooperative health ethos and maintained a relatively greater egalitarianism than city denizens.⁷⁰ Friends in rural towns visited to check up on one another, friends shared health remedies, and relatives stayed up around the clock at a patient's bedside. People deliberately attended to the health needs of their needier neighbors, but they accomplished this through a less centralized, less institutional manner than the sick and death benefit societies and fraternal lodges of cities. Esmont's Missionary Club, for instance, included doctors' fees among a host of basic needs they might address for families in desperate circumstances. Janie Feggans, an Esmonter born in 1909, recalled, "You could go to the church and say, 'I've been burned out,' or what have you, or 'my child, I need to take my child to the doctor, I don't have the money', you know, real need, just a real need."⁷¹

Health knowledge in rural communities was especially fluid and somewhat democratically acquired, for it did not require special credentials earned in institutions. Rather, it was the result of an accumulation of information and strategies evolved over generations and passed down from one to the next. Feggans recalled how "each family . . . would have a remedy that they maybe got from some of their back parents," or, ancestors.⁷² Rural people, with no access to the advanced medicines developed in research laboratories or dispensed only to physicians, used the same resources they had used for centuries. Many used herbs that they believed improved health or alleviated pain

⁷⁰Beardsley, *A History of Neglect*, p. 102.

⁷¹Janie Feggans, interview by Sarah R. Lawrence, "Race and Place," August 27, 2002.

⁷²Janie Feggans interview.

in some fashion, some of which did, some of which did not. Since such remedies grew naturally they were generally available to anyone who knew of their purported qualities. Though such practices were common to any household, experts emerged over time and honed their skills to the point where others in the community sought their services. These specialists often took payments in kind rather than cash, and skills were passed down from generation to generation. In the 1910s and 1920s in Moncure, North Carolina, for instance, Eliza Jane Seymour, a mix of American Indian, British-Irish, and African, was a known healer in her community. She taught her nine children about herbal medicine and her sons continued her herbal medical practice after she died in 1928. One of them also occasionally saw to “female problems,” but consulted with his wife on such matters. A daughter took over her midwifery practice.⁷³

Midwives were the mainstay of black women’s reproductive health (and many white women too) since slavery and they continued in this role well into the middle of the twentieth century. In 1900, fifty percent of babies born in the United States were delivered by midwives.⁷⁴ The professionalization of medicine in the Progressive Era brought invigorated attacks by medical doctors on midwifery, and state laws incrementally eroded the practice by the 1950s.⁷⁵ In the first few decades of the twentieth century, however, especially in the more isolated rural areas, midwives continued to play their role. They performed the major care around pregnancies and deliveries in the rural

⁷³Lee and Payne-Price, “An African-American Folk Healer,” pp. 157-9.

⁷⁴Barbara Ehrenreich and Deirdre English, *For Her Own Good: Two Centuries of the Experts’ Advice to Women*, 2nd ed. (New York, NY: Anchor Books, 2005, c. 1978), p. 103.

⁷⁵For an account of this trend in the state of Virginia, see Gertrude Jacinta Fraser, *African American Midwifery in the South: Dialogues of Birth, Race, and Memory* (Cambridge: Harvard University Press, 1998).

South, serving white as well as black women.⁷⁶ In the rural South, however, it was in African American communities that there grew “a sense of birthing networks among families or groups of women somehow connected to the same midwife.”⁷⁷ The birthing network reflected the mutualism prevalent in all forms of rural black health work and no doubt helped reinforce the ideology, as well as the prominent role of women in communal health care. In some cases midwives were a resource for birth control and abortions, though that history is still underexamined.⁷⁸ Midwives enjoyed a title and they increasingly were required to attain credentials to conduct their work (often forced to against their wishes).

Mutualism permeated through almost all arenas of rural life, was reinforced by the relative lack of class distinctions in rural black communities. Fewer class divisions prevailed in rural areas compared to cities, in part because there was a relative lack of capital in the operations of rural society. Reverend Smith’s mother, for example, used to send her to the store in Esmont “with a half or a dozen eggs to get a pound of sugar or coffee. This was called barter. That’s the way people lived then, as there was little or no

⁷⁶Studies showed black midwives advised white tenant farmwomen in Georgia on the practice of withdrawal during the 1910’s and 1920’s. Hagood, *Mothers of the South*, p. 29. According to Hagood, one white farmwoman reported, “An old ‘granny’ woman advised the mother to practise coitus interruptus, which they have used as a method of birth control for twenty years now. Only two more children have been born in this time....” Other anecdotes suggested this indicated a black midwife, for as one woman told Hagood, that “colored woman you saw leaving is an old ‘granny,’” p. 63.

⁷⁷Fraser, *African American Midwifery in the South*, p. 17.

⁷⁸As Susan Smith notes, “there is almost no historical literature on black midwives and abortion” and there is no consensus among historians as to the extent midwives provided them. Over a decade later this is still the case. Smith, *Sick and Tired*, p. 132. On midwives’ roles in assisting with birth control and abortion during the slavery era, see Roberts, *Killing the Black Body*, p. 47. Midwives’ birth control and abortion methods used in the twentieth century often mimicked earlier ones used during slavery. Margaret Charles Smith, an African American midwife from Alabama, testified that root teas were used among black women in her community for their abortive qualities in the early decades of the century. Margaret Charles Smith and Linda Janet Holmes, *Listen To Me Good: The Life Story of an Alabama Midwife* (Columbus, Ohio: Ohio State University Press, 1996), p. 48. As late as the 1940s, black midwives were still using tansy tea, for example, to “bring on a miscarriage.” Marie Campbell, *Folks Do Get Born* (New York: Rinehart & Co., 1946), p. 35.

money in circulation.”⁷⁹ This contrasted with urban African American society, which experienced increasing class stratification at the turn of the century due to expanding opportunities for acquiring wealth and the accoutrements of an acquisitive lifestyle.⁸⁰ These urban signifiers of social status that relied on wealth did not necessarily translate directly in rural society. Rural living encouraged a different sensibility, as Sara Brooks relayed about rural Alabama, where she grew up. “You see, peoples used to look after each other. . . I reckon it’s because we all was poor, and I guess they put theirself in the place of the person that they was helpin.’ ‘I’m poor, and why should I charge you when you poor, too?’ . . . We didn’t look for no money, you know. . . .”⁸¹

Money for acquiring amenities was not nearly as important as what one could do for oneself and one’s neighbors. For instance, Reverend Smith also recalled her mother holding a special place in her community, for she “wrote letters for everybody in the community that asked, not only in Esmont, but in Mt. Pleasant, Sand Road, Chestnut Grove and Scottsville.”⁸² One imagines that this ability probably conferred a degree of respect and gratitude, and that it gave Mrs. Smith knowledge about neighbors’ intimate lives that afforded her some clout. But the skill involved in reading, along with other skills such producing the best butter or concocting the most effective healing remedies, did not depend on bourgeois capitalism. Sharing and cooperation was the rule of the day if one wanted to survive the more onerous elements of rural life, the natural ones as well

⁷⁹Smith, *My Life’s Experiences*, p. 7.

⁸⁰See Brown, “Negotiating and Transforming the Public Sphere.”

⁸¹Thordis Simonsen, *You May Plow Here: The Narrative of Sara Brooks* (New York: W.W. Norton and Company, 1986), p. 180.

⁸²Smith, *My Life’s Experiences*, p. 15.

as the human. Ordinary women ended up playing a large role in the constant, daily efforts to keep their loved ones well and provide means for limiting families.

Female-led Health Care and Birth Control

Women were at the forefront of these mutualistic neighborhood health networks. They continued a longstanding association between healing practices and the domestic sphere in rural communities. Female friends and neighbors often shared home remedies with one another and tended to members of the community for the less serious ailments. Harriet Yancey of Esmont reported to her daughter that her women friends were a great help when she took sick: “I’ve been real sick. . . . Sat I was so sick got up could not make it so had to go to bed [missing text] and was in bed Sat & Sun & part day Mon. Miss Dickey Nora & Mrs H all very nice they cooked got along best they could. Miss D. did not want me to stir hardy, but thank the Lord I have been up all day to day. I had neuralgia so badly.”⁸³ Eugenia Durrett recalled that the female network of health care in Esmont persisted through the 1930s. When she grew up: “[W]e didn’t do a whole lot of going to the doctor.” Instead, she and her neighbors were cared for by those “in our community that were just born nurses.” These women “took care of everybody in the community.”⁸⁴

Women exerted authority over the arena of health care, especially with respect to reproduction. Since a core feature of most women’s lives at this time was childbearing, health issues of pregnancy and delivery were theirs to experience alone. Preventing or limiting pregnancies could greatly increase a woman’s health and alleviate at least some

⁸³Harriet Yancey to May Yancey, Letter, 1 February, 1921, Yancey Papers.

⁸⁴Eugenia Durrett, interview by Sarah R. Lawrence, “Race and Place,” August, 2002.

of her life's labor. Pregnancy and childbirth were in that day rife with danger and health complications. It was not only women's own health that was compromised and made pregnancy and childbirth such a trial. African Americans lost their children in the first year of infancy at a much higher rate than the white population. In 1900, black women in a part of St. Helena, South Carolina, could expect to have lost three out of ten of their children, and in Issaquena, Mississippi, that figure was almost one of every two.⁸⁵

Rural people looked primarily within their own communities and in their own backyards for herbal birth preventatives and abortifacients. In northern rural Alabama in the early twentieth century, birth preventatives included a "tea made from quinine, castor oil, and mistletoe . . . 'berries, leaves, and all.'"⁸⁶ Some of these documented herbal methods, such as Queen Anne's Lace or acacia, have been proven in scientific studies to be effective in regulating female hormones involved in conception.⁸⁷ When it came to herbal birth control remedies, these concoctions almost always applied to women's reproductive biology, not men's. For African Americans in particular, many still applied into the twentieth century the same birth control practices that had served their ancestors in slavery.⁸⁸ Slave plantation physicians recorded rue, savin, tansy, cotton root, and pennyroyal as effective abortifacients widely used by slave women.⁸⁹ A country store in

⁸⁵Gutman, *The Black Family*, pp. 449-50.

⁸⁶Kirby, *Rural Worlds Lost*, p. 166.

⁸⁷Norman E. Himes, *Medical History of Contraception* (New York: Schocken Books, 1970, c. 1936), p. 64.

⁸⁸*Ibid.*, pp. 5-12. Fett, *Working Cures*, pp. 2-3, 102; Yvonne P. Chireau, *Black Magic: Religion and the African American Conjuring Tradition* (Berkeley: University of California Press, 2003), pp. 48-9, 93.

⁸⁹Gutman, *The Black Family*, p. 81, footnote; Londa L. Schiebinger, *Plants and Empire: Colonial Bioprospecting in the Atlantic World* (Cambridge, MA: Harvard University Press, 2004), pp. 105, 120. Cotton root was a particularly well known abortifacient which slave women were often rumored to use to an extent that "greatly concerned southern planters." Fett, *Working Cures*, p. 65, quoting Francis Peyre Porcher, a South Carolinian surgeon and botanist, in his *Resources of Southern Fields and Forests* (c. 1868).

rural Alabama featured pennyroyal, tansy, and cotton root among its herbal birth preventatives in 1915.⁹⁰

These remedies were ubiquitous and enjoyed a long run, but that did not mean they were a good alternative to the more modern and safe birth control methods of the day. In North Carolina in the 1920s, cotton root was still in vogue, for “an old granny woman advised an unhappily pregnant farm laborer’s wife ‘to drink cotton root tea.’ The granny ‘swore that would knock it up, and it did but I liked to died.’”⁹¹ Despite the dangers in many of these remedies and practices, women were desperate to stop the succession of babies under their roofs. Sara Brooks confronted an unwanted pregnancy when she was not married, and reflected, “all I was thinking about was doin’ away with this baby. But I didn’t – and so Vivian came on when the time come. . . I hated it, but I didn’t want no other baby. I couldn’t hardly take care of myself, and I had other kids I’d loved to have taken care of, and I couldn’t do that.” She resorted to taking turpentine to induce an abortion and almost died in the process, had it not been for an emetic she was given by a local doctor. Her mother had done the same, and had not been so lucky.⁹² The trials of abortion and the dangers of childbirth drove women to seek out one another and share any new technology or recipe that might prove effective.

Limited resources and access to reproductive health care compelled black and white women in rural communities to form groups for the purposes of sharing any new knowledge they acquired. They came together in neighborhood clubs – often called “Mothers’ Clubs” – to address gynecological and obstetrical health needs as well as

⁹⁰Riley, “Causes of Unusual Negro Mortality.”

⁹¹Kirby, *Rural Worlds Lost*, p. 166.

⁹²Simonsen, *You May Plow Here*, p. 177.

nursing techniques for other family members. In some cases they also exchanged information on family planning. Margaret Washington, the wife of Booker T.

Washington, president of Tuskegee Institute, established a Mother's Club at the Institute in the early 1900s. The club provided an "organizing structure" for general reform work in the area and taught night courses in subjects appealing to women such as cooking and sewing. The club also engaged in discussions around birth control, or "sex hygiene," as it was euphemistically called back then. Not only did Washington and her clubmembers inform themselves on birth control, but they "also had the opportunity of instructing many women outside of the club."⁹³ Washington's Club drew the attention of many women in the vicinity. By the 1920s, "hundreds of women gathered weekly for meetings" of the Mother's Club, despite the hardship of "walking or riding from miles around in the Alabama countryside."⁹⁴ From June, 1924 through the next year, there were no fewer than 26 Mother's Clubs meetings at Tuskegee. That same year Club workers visited women in 350 homes.⁹⁵ It is virtually impossible to know the personal dynamics of such visits, but at the ordinary Club meetings participants and leaders were on fairly even terms.

⁹³Elisabeth Lasch-Quinn, *Black Neighbors: Race and the Limits of Reform in the American Settlement House Movement, 1890-1945* (Chapel Hill: The University of North Carolina Press, 1993), p. 81. In a Mothers' Club at the Wharton Centre settlement house in Philadelphia they discussed "teenagers and birth control" in 1937. Lasch-Quinn, *Black Neighbors*, p. 37. Evidence surviving from such clubs is extremely difficult to locate. Documented activity of Mothers' Clubs in later decades testifies to how frequently they addressed birth control. Often they varied in the naming of such clubs. The "Mothers' Clinic" in Kentucky, "Maternal Health Center" in Florida, and "Mothers' Health Center" in Washington, D.C. all provided birth control to married women by the 1930s. Several of the centers included black women among their clientele. These terms abound in issues of the Birth Control Review, the Birth Control Federation of America's publication, by the 1930s.

⁹⁴Lasch-Quinn, *Black Neighbors*, p. 81.

⁹⁵National Association of Colored Women, "Tuskegee Institute Health Center Report Shows Improved Health Conditions in Macon County," 1928, reel 24, National Association of Colored Women Collection (hereafter NACWC), University of Pennsylvania School of Nursing (hereafter UPSN).

The mutualism threading through rural grassroots health networks helped rural people bridge class divisions and avoid the kind of strife found in many urban reform efforts.⁹⁶ Interactions between rural women and the Mothers' Club leaders were mutually respectful, apparently equal, and dynamic. Nurse Mary E. Williams directed the Tuskegee Health Center that eventually took over the health portion of the Mothers' Club, and she stated how critical "winning over" the mothers was to the work's success. Literacy was not high amongst this rural clientele, and Center supplemented its educational literature by reaching "more than three-fourths of the homes in Macon County" through "a series of Health Club Talks, Fair Exhibits, and Poster Lessons . . . as well as Health Plays." Nurse Williams reflected on the proactive stance many of the rural women took toward the health work. "Macon County wives and mothers look us up in place of our looking them up." Within the meetings, furthermore, the clients were just as involved in guiding the discussion as their educators. Williams found that the informal session for asking questions was the most important part of these meetings, "for at this time, more so than at any other, the women talk frankly and freely of their family health needs." It was not so much the agenda set by Center workers, but more "The questions that these women ask, the problems that they bring, [that] are an adequate basis for our intensive work."⁹⁷ The most significant reason the women were so inclined to promote fluid conversation on the subject of birth control is that so many of the methods women

⁹⁶Evelyn Brooks Higginbotham examines the class tensions within Baptist women's reform efforts. Their efforts to "transform certain behavior patterns of their people disavowed and opposed the culture of the 'folk' – the expressive culture of many poor, uneducated, and 'unassimilated' black men and women dispersed throughout the rural South or newly huddled in urban centers." Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church, 1880-1920* (Cambridge: Harvard University Press, 1993), p. 15.

⁹⁷National Association of Colored Women, "Tuskegee Institute Health Center Report Shows Improved Health Conditions in Macon County," 1928, reel 24, NACWC.

used in the early twentieth century were dangerous and one needed all the information one could get to avoid mishaps. They increasingly turned to the commercial market of contraception. This was not necessarily a safer source, but advertisers developed ever more clever ways of manipulating its eager consuming public to believe in the powers of their products.⁹⁸

The Commercial Market of Birth Control

The dangers inherent in homemade birth preventatives and abortifacients, were substantial and women looked increasingly to the commercial market of contraceptives that had steadily expanded and was reaching deeply into rural areas by the turn of the century. Patent medicines, including ostensible birth control products, were moving into the remotest of rural areas by the turn of the century through the commercial avenues of catalogs, traveling salesmen, and increasingly, the country store.⁹⁹ Herbal preventatives and abortifacients had existed for centuries and had been commercially marketed in other areas of the nation since the 1840s, though in a different guise than their natural state.¹⁰⁰ Traveling salesmen constituted one of the earliest means whereby rural people in the South obtained a range of patent medicines. According to historian John Giggie, entrepreneurial African American ministers peddled patent medicines to finance their sojourns across the Southern countryside recruiting and tending to their flock as early as

⁹⁸Brodie, *Contraception and Abortion*, p. 226.

⁹⁹See chapter "Dry Goods," in Ayers, *The Promise of the New South*, and chapter "The Halt, the Lame and the Biliious" in Thomas Clark, *Pills, Petticoats and Plows; The Southern Country Store* (University of Oklahoma Press: Oklahoma, 1944), p. 302. Clark's book details rural commercial medicine from roughly 1870 through 1930.

¹⁰⁰Brodie, *Contraception and Abortion*, p. 224..

the 1870s.¹⁰¹ As roads slowly improved, medicine drummers traversed hill and dale in search for clients with some spare cash, regardless of color.¹⁰² Oral histories testify to rural African Americans' eagerness to sample the wares of traveling salesmen, including an assortment of medicines. During the 1910s, Mrs. Simpson greeted "these guys coming around selling stuff" in rural Esmont, and "was able to buy all of whatever she had, whatever she bought," from dishes and clothing to health products like "liniment . . . that stinky stuff" for arthritis.¹⁰³ If peddlers kept their inventory lists – and thus whether they sold birth control products – such evidence falls out of the historical record. Although the potential of such a trade would be high, there was a risk dealing in contraceptive materials, for along with the expanding market arose new regulations against birth control.

In the late nineteenth century, federal law began restricting access to birth control information and products. A substantial commercial birth control and abortifacient market had emerged by mid-19th century, aided especially by the vulcanization of rubber which allowed more effective and mass production of "condoms, intrauterine devices, douching syringes," diaphragms, and cervical caps.¹⁰⁴ Patent medicines flooded the market in the late nineteenth century. Toward century's end, however, manufacturers of all types of birth control confronted a resistance against what the national middle-class public perceived was a growing tide of sexual license and misbehavior. Every state in the

¹⁰¹ John Giggie, "Preachers and Peddlers of God: Black Ministers and the Selling of African-American Religion in the Postbellum South," Unpublished paper used with author's permission.

¹⁰² Clark, *Pills, Petticoats and Plows*, p. 201.

¹⁰³ Kathryn Simpson, interview by Sarah R. Lawrence, "Race and Place," August 2, 2002.

¹⁰⁴ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), p. 14.

nation had laws restricting abortion by 1900.¹⁰⁵ The most far-reaching impact on contraception was the Comstock Law of 1873, which banned the mailing of information on birth control which the Supreme Court designated as “obscene.”¹⁰⁶

Despite the laws, manufacturers marketed their myriad contraceptive devices under obfuscating language and people procured the information and products through catalogs sent by mail. Manufacturers appealed to the customer’s independence and desire for control, but warned that using birth control required a certain level of responsibility. A birth control catalog found in a rural home in the early twentieth century specified that “Directions are enclosed in every box; read them carefully, so that they will be thoroughly impressed on your mind, otherwise you will have only yourself to blame if they are not as effective as they should be.”¹⁰⁷ Catalogs enabled those who did not live on the peddler’s circuit to obtain patent medicines from manufacturing warehouses around the nation. Catalogs began arriving in rural homes well before the end of the nineteenth century, but the establishment of rural mail delivery in 1898 intensified access by rural southerners to this venue. Historian Grace Hale has argued that “catalogs placed the consuming practices of blacks beyond local white knowledge and control.”¹⁰⁸ However, those living within the more supervised and controlled sharecropping system suffered the intrusions of white landowners even into their mail.¹⁰⁹

¹⁰⁵Leslie J. Reagan, “‘About to Meet Her Maker’: The State’s Investigation of Abortion in Chicago, 1867-1940,” in Andrea Tone, ed., *Controlling Reproduction: An American History*, “Worlds of Women” Series, Number 2 (Wilmington, DE: Scholarly Resources, Inc., 1997), p. 110.

¹⁰⁶For a detailed discussion of the development of the Comstock Law, see Meyer, *Any Friend of the Movement*, pp. 4-7.

¹⁰⁷National Sales Company Catalog, Yancey Papers.

¹⁰⁸Grace Elizabeth Hale, “‘For Colored’ and ‘For White’: Segregating Consumption in the South,” in Jane Dailey, Glenda Elizabeth Gilmore, and Bryant Simon, eds., *Jumpin’ Jim Crow: Southern Politics from Civil War to Civil Rights* (Princeton: Princeton University Press, 2000), p. 171.

¹⁰⁹Woodruff, *American Congo*, p. 125.

Mainstream catalogs like Sears, Roebuck and Montgomery Ward advertised birth preventive repertoires that were mostly limited to herbal patent medicines and fairly ineffective “syringes” or douches to flush semen from the vagina. Consumers were desperate for whatever worked and were willing to risk a substantial financial output, not to mention their lives, to prevent pregnancy. One woman in the early twentieth century South “scrimped and saved \$10 to buy her a very special sort of ‘serene’ (syringe), which did no good at all.”¹¹⁰ Catalogs became ubiquitous, found often in even the poorest and more remote rural homes in the South, and used for a multitude of purposes. The catalogs, some comprising hundreds of pages of several hundred products, were a medium enjoyed by young and old alike. For example, Anne Spencer, born in 1882 in Henry County, Virginia, remembered how the Sears, Roebuck catalog wallpapered their outhouse and how she made paper dolls with its pictures.¹¹¹

Graphic descriptions about the mechanics of contraception were taboo and not appropriate for public consumption, so advertisers found ways merely to hint at their product’s purpose. Custom dictated that conversation about sex and/or reproduction constituted a grave indelicacy, so following the protocol of commercial advertising, these products were rife with euphemisms such as cures for “female troubles,” “female irregularities,” and “female diseases.” In 1900, Sears, Roebuck and Company promoted

¹¹⁰Hagood, *Mothers of the South*, p. 124. The woman reported her mother’s use of the syringe, thus the dating, though the woman herself was interviewed in the 1930s.

¹¹¹J. L. Greene, *Time’s Unfading Garden: Anne Spencer’s Life and Poetry* (Baton Rouge, LA: Louisiana State University Press, 1977), pp. 15-6.

“Dr. Hammond’s” homeopathic cure “No. 5281” in relatively descriptive language by referring to menstruation: the cure rectified “suppressed or scanty menses.”¹¹²

The information about contraception through these commercial channels was widely available to all who could read, regardless of marital status, gender, class, or age. Many examples exist of contraceptive advertising and articles that found their way, increasingly, into rural homes through media other than catalogs.¹¹³ One southern doctor cited the “spread of birth control literature” among white and black Virginians as one reason for the decline in birth rates for both populations by the middle of the 1920s.¹¹⁴ Mainstream magazines and newspapers like The Crisis found their way into rural areas more often than one might think. Donna Choate was born in 1909 in Baywood, Virginia, but grew up with her ten siblings in Sparta, North Carolina. As a girl she “did a lot of reading in my time,” and she recalled how her mother and father “would bring newspapers home from the places where they worked, and I would read the news to them until they got where they could, able to subscribe to a magazine, or a newspaper, something like that, but I was the reader.”¹¹⁵ Rural literacy rates were still low in the 1920s, but literacy was on the rise everywhere, and people – children such as Donna Choate or community leaders such as Reverend Smith’s mother – were on hand to help

¹¹²Sears, Roebuck and Company Catalog, Fall 1900, Reproduction (Northfield, Illinois: Gun Digest Publishing Company, 1970), p. 25.

¹¹³Jessie Rodrique’s dissertation devotes a substantial section to the dissemination of birth control in the African American community through advertising. Jessie Rodrique, “The Afro-American Community and the Birth Control Movement, 1918-1942,” (Ph.D. diss., University of Massachusetts, 1991).

¹¹⁴Greer Baughman, MD, FACS, “How May We Improve Our Obstetrical Mortality?” Virginia Medical Monthly, September, 1929, vol. 56, issue 6, Claude Moore Science Library, University of Virginia Medical School (hereafter CMSL), p. 382. Talk given before the Richmond Academy of Medicine, October 23, 1928.

¹¹⁵Donna Choate, Interview with Geraldine N. Johnson, *Quilts and Quilting in America, 1978-1996*, Library of Congress, American Folklife Center, 25 August, 2003, Item 21 “My Grandmother was a Slave,” <<http://memory.loc.gov/ammem/ammemhome.html>>Keyword: slave.

neighbors read, whether it was to decipher catalogs, write letters, or send away for various products.

The Chattanooga Medicine Company out of Tennessee manufactured Wine of Cardui, known as the “strong competition” in the South to the North’s Lydia E. Pinkham products. The latter were famous for their claims to cure female “ailments,” including pregnancy.¹¹⁶ But medical science had simply mimicked traditional herbal practice, for Wine of Cardui contained mostly alcohol, with the herbs blessed thistle, golden seal, and black haw thrown into the mix. Manufacturers often ended up refurbishing birth control remedies, already used by rural people, through processing, entertaining packaging, and sensational ad copy. Advertisers, in turn, encouraged rural customers to embrace the new “science” of birth control without surrendering their traditional ways.

The marketing ploys worked. In testimonials given for patent medicines in general, “At least 95 per cent . . . originated in the tiny villages. It was the rural man and woman who took the medicine and then wrote about it.”¹¹⁷ Since literacy among white people was higher than that among African Americans in the rural South, it is possible that black people were underrepresented in that sample, but many testified to using patent medicines in interviews and memoirs. Florence Bryant, who spent her childhood on a farm in Knopf, Virginia, recalled how her mother combined home remedies “along with the old patented standbys, 666, Black Draught, and castor oil.”¹¹⁸ Janie Feggans recalled taking “Blue Mass,” a pulverized mercury and herb concoction, prescribed for her by her white doctor in the 1910s and 1920s. “[Y]ou take that pill . . . and people got well,” said

¹¹⁶Clark, *Pills, Petticoats and Plows*, p. 192.

¹¹⁷*Ibid.*, pp. viii, 201, 211.

¹¹⁸Florence C. Bryant, *Memoirs of a Country Girl* (New York: Vantage Press, 1988), p. 13.

Feggans.¹¹⁹ She probably had confidence in Blue Mass, and the white doctor, however, because the pill was simply a more processed version of the concoction that slave healers in the past developed and used.¹²⁰ Not everyone was intrigued with the costlier products. One elderly woman who had grown up in the early twentieth century South remembered reasoning at the time, “Why pay money for medicine from a drug store . . . [w]hen all you have to do is step out you back door and you can pick a plant for nothing?”¹²¹

Marketing techniques also aimed at addressing a diversity of customers and their corresponding diverse needs. For example, women, or their cooperative lovers, purchased black cohosh, a known herbal abortifacient, in a variety of ways to fit their personal situation: tincture form for 75 cents a pint, powdered form for 40 cents per ounce, or as a cut root at 16 cents a pound.¹²² The diversity of type was only possible because storekeepers were confident the people purchasing the product knew how to transform the root, powder, or tincture, into its workable state. Not only did the customers exercise choice in their product according to their knowledge of the herb, they paid according to what they could afford. The catalog that arrived at Harriet Yancey’s doorstep in October of 1930 combined the new techniques with the old homegrown remedies in the “pennyroyale tablets” and “tansy tablets” for “irregular menstruation.” It also featured the

¹¹⁹Janie Feggans interview.

¹²⁰“Blue mass pills were made by pulverizing metallic mercury with honey of rose, then adding glycerin, powdered althaea, and licorice.” Fett, *Working Cures*, p. 233, footnote 36; on slaves’ use of Blue Mass, see p. 119.

¹²¹Payne-Price, “African-American Folk Medicine in the Southeast Lowlands of the United States,” pp. 141-5. A group of elderly rural people who grew up in the Southeast in the early twentieth century were interviewed for this article. Interviewees came from Virginia, North Carolina, South Carolina, and Georgia. Sixty one percent had grown up in rural areas or small towns and they ranged in occupation and economic status.

¹²²“Lehn & Fink; NY,” price catalog, pamphlet no. 12, 1909, pp. 45, 54, and 27, folder 1, box 22, Patent Advertising Section, Warsaw Collection (hereafter Warsaw), Smithsonian Museum of American History (hereafter SMAH).

more effective, “Introducer” diaphragm at \$2.00 or a dozen vaginal “sponges” for \$2.50.¹²³ One major departure in commercial sales of birth preventatives from locally shared or bartered products was the requirement for cash to make payments, through the mail or in person. This ruled out a majority of sharecroppers who did not earn cash wages, and also the poorest of farmers who considered \$1.00 for three or even twelve condoms prohibitive when that same dollar bought a new farm tool that could make or break a harvest for a season.

Country stores were another medium of potential birth control sales that sprouted up across the rural South at the turn of the century. African Americans were tolerated in white stores, but black storeowners were not unknown. In Virginia, for instance, by 1930 African Americans owned 196 “general merchandise” stores, 21 drug stores, 96 other stores “that defy classification,” and if only a few were located in rural areas, the ones in town were a short buggy or car ride away.¹²⁴ One patent medicine manufacturer claimed his “most important source of income” came from patrons of rural southern stores.¹²⁵ The Chattanooga Medicine Company out of Tennessee disseminated its Wine of Cardui through approximately 30,000 store outlets across the South.¹²⁶ Stores responded to the local herbal traditions as well as new commercial products, as one white reverend from

¹²³National Sales Company Catalog, Yancey Papers.

¹²⁴Workers of the Writers’ Program of the Work Projects Administration in the State of Virginia, *The Negro In Virginia* (Winston-Salem, NC: John F. Blair Publisher, 1994, c. 1940), p. 332. African Americans living in rural Esmont, Virginia, often shared transportation into the nearby large tow of Charlottesville.

¹²⁵Clark, *Pills, Petticoats and Plows*, pp. viii, 201, 211.

¹²⁶*Ibid.*, p. 220. Several Southern companies had emerged by then to manufacture products for “female troubles” – Ingram Drug Company of Thomasville, Georgia, K.B. Drug Stores of New Orleans, Louisiana, Coleman Remedy Company of Danville, Virginia to name a few – but still Northern companies dominated. Medical historians Todd Savitt and James Young note that “a perusal of advertising for proprietary medicines in almost any southern newspaper from Reconstruction to the New Deal -- and beyond -- reveals a higher proportion placed by northern than by southern concerns.” For example, in Atlanta newspapers from 1900 to 1920, 20% of the ads for patent medicines were from Confederate states, whereas 70% were from elsewhere in the nation.” Savitt and Young, *Disease and Distinctiveness*, p. 176.

Birmingham, Alabama, reported. He observed numerous birth control remedies on offer at country stores throughout the rural South. He separated out black women as the most consistent consumers: “Immense numbers of the young women of the race . . . in order to prevent conception, drink quantities of raw turpentine, bichloride, pennyroyal, extract of tansy, and tea as an extract of the cotton root, while they also indulge in douches of quinine and calumet.”¹²⁷

Birth Control Attitudes and Practice

The most pressing question with respect to this evidence of a growing range of birth control techniques, is to what extent rural black men and women made use of them and why. Little is left in the historical record to ascertain general attitudes about birth control among the mostly working-class rural population at this time. Furthermore, data is not sufficient to argue, as some have, that a rural couple’s financial or employment situation correlated well with their desires about family size. The evidence simply is not there to sort out definite patterns.¹²⁸ At best, we can lay out the parameters that guided decisions.

Before coming to any understanding about the practical and emotional motivations behind birth control decisions, one must consider rural African Americans’ baseline of ethics regarding reproduction and marriage. A system of shared ethics, a kind of “communal morality” that evolved in slavery, persisted into the post-emancipation

¹²⁷Riley, “Causes of Unusual Negro Mortality.”

¹²⁸Edward Ayers states, for instance, that black landowners “tended to have larger families,” yet also states that “landowning families might postpone marriage or restrict their numbers of children in an effort to keep land intact.” Ayers, *The Promise of the New South*, pp. 209, 198.

era.¹²⁹ Strong networks of kinship existed to reinforce accountability of behavior and shared responsibilities. This likely added to the relatively higher tolerance for births out of wedlock that existed in the rural South at the turn of the century. While the prospect of out of wedlock birth left children and unmarried women more isolated and shunned in urban society, members of rural communities shared the responsibilities for such a child. Furthermore, when couples begot children before marriage, often marriage soon followed after the fact.¹³⁰ As long as marriage eventually occurred, the child's future was assured and the mother had done her duty. This was the reason, as family historian Herbert Gutman found, "The willingness of some black mothers everywhere to describe themselves as single shows that they attached no shame to motherhood outside of marriage."¹³¹ Pregnancy and childbirth involved other considerations for women in addition to the issue of arranging a secure upbringing for the child.

Women had by far the greater incentive to opt for birth control if they could, for multiple children not only jeopardized their health, but constituted a heavier burden of work as well. If a woman married another sharecropper, she worked the fields along with her husband, but she bore the burden of domestic labor in the hours after daylight. That burden included childrearing and tending to the household's sick. Multiple births in quick succession took a heavy toll on a woman's health as well. The reverberations from slavery days, when masters coerced women into reproducing, were still felt at the turn of

¹²⁹Margaret Washington uses the term "communal morality" to describe how slaves in the Sea Islands gauged notions of sinfulness by the sin's effect for the whole community and not just the individual. Margaret Washington, "Community Regulation and Cultural Specialization in Gullah Folk Religion," in Paul E. Johnson, ed., *African-American Christianity: Essays in History* (Berkeley: University of California Press, 1994), p. 57. Also, historian of religion Albert J. Raboteau documented how slaves used a collective framework for assessing the morality of ostensibly defiant behavior. See, Albert J. Raboteau, *Slave Religion: The "Invisible Institution" in the Antebellum South* (New York: 1978), p. 296

¹³⁰Gutman, *The Black Family*, pp. 445-9, and p. 634, footnote 12.

¹³¹*Ibid.*, p. 445, footnote 12, and pp. 448-9.

the century. Ex-slave Rose Williams, for example, reported that she would never again marry and bear children: “After what I’ve done for the master. . . . The lord forgive this colored woman, but he have to excuse me and look for some others for to replenish the earth.”¹³² Men, on the other hand, had more reason to be amenable to having many children.

Men did not have to cope as directly with children in their infancy and toddler years, and stood to benefit more from the extra labor children provided when they were old enough to work in the fields. Throughout history and across every group of people, women and men have engaged in *coitus interruptus*, or withdrawal before male ejaculation, the most common form of birth control.¹³³ That method brought men directly into the act of contraception, but it has left few legible marks in the historical record. Patent medicines existed for the purpose of enhancing male sexual performance, but there appears to have been no remedies to inhibit men’s reproductive capacity. Condoms did not make their way into these mainstream catalogs and did not arrive in substantial quantities to the rural South until the 1930s when the national market greatly expanded.

Women and men sometimes joined with each other in making decisions regarding the number of children they had, a solidarity that was compounded by shared economic oppression and political repression. One of the things a married couple had in common was the consideration of their own security in their old age. A kinship based system of

¹³²Ibid., p. 85. Gutman uses a dialect spelling of Williams’s conversation that I have chosen to translate into standard English. For more on Rose Williams’s experience in slavery, see Dorothy Roberts’s chapter, “Reproduction in Bondage,” in *Killing the Black Body*. Roberts cites Thelma Jennings’s study of slave narratives that revealed “about 5 percent of the women and 10 percent of the men referred to slave-breeding.” Thelma Jennings, “Us Colored Women Had to Go Through a Plenty,” *Journal of Women’s History*, 1 (Winter 1990), pp. 45, 49-74. Cited in Roberts, *Killing the Black Body*, p. 27, footnote 16.

¹³³Gordon, *Woman’s Body, Woman’s Right*, p. 41.

eldercare continued to be the only option for average African Americans, and all Americans of modest means, well into the middle of the twentieth century. For rural black people in the South, extended kinship networks persisted as a common strategy to minimize all exigencies of poverty.¹³⁴ In such cases, parents needed to figure their own children into the strategy of maximizing their security in old age. Rural black people in the South suffered inordinately high infant mortality and general morbidity. The sensible thing to do was to have enough so at least a couple of their children, or even their children's children, might survive into one's old age and be able to provide care. Mrs. Williams cared for her granddaughter Lorraine, whose mother died and whose father was unaccounted for. Mrs. Williams said regarding her granddaughter that she "doesn't plan to allow her to marry for a long time but feels the girl is obligated to return the care she has given her."¹³⁵ With children leaving the farm in increasing numbers in the 1910s and 1920s, the traditional system of eldercare eroded. Ample families were important to farm productivity and parents' security in old age, but there was a limit to the benefits of a large family. Frequent childbearing took its toll on a mother's health, and at a certain point, the extra hands did not make up for the extra costs of many young children at home.

The extent to which women and men made reproductive decisions may have correlated with their economic situation and specifically their type of farm work. Work roles in rural life were more differentiated by gender as couples moved up the economic ladder. A tenant farming couple managed their own diversified crops that brought a little

¹³⁴Gutman, *The Black Family*, pp. 447-450.

¹³⁵Mrs. Williams, Lorraine Alexander Interview, c. 1938, p.7, folder 25, box 212, Charles Spurgeon Johnson Collection, Special Collections (hereafter CSJC), John Hope and Aurelia E. Franklin Library Special Collections, Fisk University, Nashville, Tennessee (hereafter Fisk).

more money than the precarious single crop system of sharecropping. A tenant farmwife usually had a small degree of freedom to create economic opportunities of her own however; for example, making butter or raising poultry for eggs to be sold. It was in landowning families that the husband's and wife's roles were most distinct, though they still experienced less of a divide in their work roles than among white couples. Black landowners had enough resources so that while the man worked the crop, the woman performed tasks in the broader community such as churchwork and visiting sick neighbors in addition to domestic work. Most important, she had more time for tending to the couple's children.¹³⁶ In the case of Mrs. Goodson, a mother of eight in Clayton, North Carolina, she "used no contraceptives or knew anything reliable about birth control. She did not need to, "since Mr. Goodson is able to look after them."

In a world where hard work and toil ran up against racism and economic repression, bearing and raising children was for many a certain joy to experience and a source of great satisfaction and pride. Mr. Barnes lived in rural Clayton, North Carolina, and stated that ideally "I believe in a small family but mine turned out to be a large one. I can't spare one of them. I wants to see every one of them when I set down to the table to eat."¹³⁷ Similar sentiments lay with Mrs. Jackson of Jimtown, Tennessee, for whom "The children are my happy days." Mr. Erwin Halcomb of Lynch, Kentucky, a black Alabaman farmer proudly told an interviewer, "I don't mind telling you me and my wife we ain't never interfered with nature a-tall, and I reckon nature ain't overworked us. Eight kids ain't too many. When we get a kid, we want it and it makes us know what

¹³⁶Ayers, *The Promise of the New South*, p. 205.

¹³⁷Mr. Barnes, Sadie Barnes Interview, c. 1938, p. 4, folder 1, box 213, CSJC, Fisk.

we's working for."¹³⁸ Women had more nuanced feelings about birth control due to the extra burden they carried. Mrs. Ingram, a Virginian farmer, believed in "middling" sized families. She and her husband worked on half shares, and appreciated that "My children sure are a help to me. We couldn't do without them. They help in cotton picking time in the field and they crop and barn the tobacco." But she also considered that, although "You needs children to make you work and give you something to work for, but ain't no sense in having more than you can feed. Some folks just got too many and ain't got enough food to go around."

Some rural African Americans linked family planning, if only through delayed marriage, to the possibility of higher education for their children, especially their girls. In the Cotton Belt between 1880 and 1915, black female school attendance was consistently higher than for males, and by 1910 girls surpassed the boys in literacy rates.¹³⁹ Farm families were more likely to employ their sons in farmwork and send their daughters to school in the hopes of gaining more remunerative employment beyond the farm. African American families also considered that school was a safer environment for girls than the isolated work conditions – on the farm or in domestic work -- exposing them to sexual assault.¹⁴⁰

¹³⁸Kirby, *Rural Worlds Lost*, p. 167.

¹³⁹Jones, *Labor of Love*, pp. 91, 145.

¹⁴⁰*Ibid.*, pp. 94, 150.

Sexuality and Violence

Southern black people's decisions about reproduction and marriage did not take place in an insulated community of familiar and tolerant neighbors, for a general climate of terror constrained African Americans' movements and public expressions of sexuality and morality. The constant threat of violence from a hostile white population always hung over the lives of black men and women during the Jim Crow era. Wartime industrial employment shortages in the Northeast's manufacturing sector spurred the Great Migration and drew a million and a half African Americans from the South to the Northern and Western regions of the country.¹⁴¹ This resulted in reducing southern white landowners' labor pool, and with heightened demands on cotton production during the war, southern sharecroppers and tenant farmers temporarily had more leverage regarding employment and wages. This shift threatened the white power structure and the existence of a dependent and debilitated labor pool upon which it relied. A new "rural black political culture" arose, pushing landowners to launch a series of repressive measures and violent actions – including escalated vigilante terrorist activity of white supremacist groups like the Ku Klux Klan -- against black communities throughout the post War period into the 1920s.¹⁴² The motivations for such domination were primarily economic and political, but deep fears of miscegenation between black men and white women also figured into the ideology of white supremacy and its notion of white masculine honor and white feminine purity.

¹⁴¹James R. Grossman, *Land of Hope: Chicago, Black Southerners, and the Great Migration* (Chicago: University Of Chicago Press, 1991), pp. 3-4.

¹⁴²Woodruff, *American Congo*, pp. 43, 45, 116, 131.

One of the main ways in which white people tried psychologically to hurt and dominate black people was waging war against the character of their sexuality and engaging in sexual violence against them. During World War I, black men took pride in their service and African Americans generally developed a new assertiveness that riled white southerners.¹⁴³ White southern newspapers were rife with warnings to that black soldiers had returned from abroad and “would come back and expect to marry your sisters.”¹⁴⁴ White society depicted black men as lustful and innately predisposed to rape. To preserve one of the pillars of southern white supremacy, chaste white womanhood, southern white men took every opportunity to punish the slightest misstep of black men around white women. White men continued to believe, however, that they were entitled access to black women’s sexuality and used rape as a tool to demonstrate brute domination. White men had been imposing their sexual will on black women since the days of slavery, convincing themselves that black women were devoid of virtue and inherently lascivious. Georgia Johnson’s poem, published in The Crisis in 1922, turned the table on white people’s castigation of black women’s sinfulness, blaming their need for birth control or abortion on the white “monster men” and their world of “cruelty and sin”:

Don't knock on my door, little child,
 I cannot let you in;
 You know not what a world this is,
 Of cruelty and sin.
 Wait in the still eternity
 Until I come to you.
 The world is cruel, cruel, child,

¹⁴³Ibid., pp. 65-7; chapter “‘Discord, dissension, and hatred’: Cultural Change and Cultural Conflict after World War I,” in J. William Harris, *Deep Souths: Delta, Piedmont, and Sea Island Society in the Age of Segregation* (Baltimore: Johns Hopkins University Press, 2001).

¹⁴⁴Harris, *Deep Souths*, p. 264.

I cannot let you through.
 Don't knock at my heart, little one,
 I cannot bear the pain
 Of turning deaf ears to your call,
 Time and time again.
 You do not know the monster men
 Inhabiting the earth.
 Be still, be still, my precious child,
 I cannot give you birth.¹⁴⁵

Buttressing the campaign of physical violence was the perpetuation through popular culture of images and rhetoric disparaging black people's sexuality. White magazines, broadsides, movies and other popular media promoted stereotypes of black men as beastly rapists of white women and black women as lascivious seducers. Conversely, white people sometimes portrayed black people as asexual in order to deny them full humanity. Trade cards, for example, found their way into rural black people's homes and introduced 'demeaning and mostly de-sexualized portrayals of black people, such as were depicted in the minstrel shows of the era or the ubiquitous "Mammy" and "Uncle Tom" caricatures.¹⁴⁶ As African Americans in the rural South began taking advantage of the spreading commercial market, they also encountered debasing stereotypes of black people in white company's advertising and packaging of various products. Included among these were products related to sexual and reproductive health and birth control. The condom brand "Pickanniny," manufactured in Atlanta, Georgia, while it suggested a small size for the male consumer, also was the offensive term white people used to demean black children.¹⁴⁷ "Jezebel Root" was the name given to one medicine for ailments related to the female anatomy, and particularly to sexually related

¹⁴⁵Georgia Johnson, "Motherhood," *The Crisis*, 1922.

¹⁴⁶Hale, "'For Colored' and 'For White,'" p. 171.

¹⁴⁷*Journal of Contraception*, March 1938, p. 69.

diseases. “It is highly prized by the women of the underworld,” the advertisement read. Jezebel was also an epithet white people had used since before the Civil War to denounce black women as innately lustful and promiscuous.¹⁴⁸ Words of course paled in comparison to the harm done African Americans through physical abuse.

Public spaces in the South were fundamentally dangerous for all African Americans, but venues of commerce were likely especially difficult for women trying to obtain birth control. For black women in the South, the specter of being molested by men, and mostly white men, was always present. As one woman recalled, “I have had a clerk in a store hold my hand as I gave him the money for some purchase and utter some vile request; a shoe man to take liberties, a man in a crowd to place his hands on my person, others to follow me to my very door, a school director to assure me a position if I did his bidding.”¹⁴⁹ It is reasonable to assume that in general, if women tried publicly to purchase birth control, this admission of sexual activity, especially for an unmarried woman, risked a violent rebuke. Novelist William Faulkner depicted such a fictional scenario of an unmarried, sixteen year old, white, rural girl trying to obtain medicine for an abortion at two drug stores in different small towns of Mississippi. At one, she is shamed by the proprietor and told to go somewhere else to find what she wants. At the other, the clerk tricks her into imbibing a vial of turpentine and tells her to come back for an “operation” later that night after the store is closed. The reader is led to believe he raped her.¹⁵⁰ Given the greater frequency of white on black rape, African American women trying to secure

¹⁴⁸Advertisement, folder 1, box 6, Warshaw. For a discussion of the racist use of the term Jezebel, see chapter one, “Jezebel and Mammy: The Mythology of Female Slavery,” in White, *Ar'n't I a Woman?* and section, “Jezebel and the Immoral Black Mother,” in Roberts, *Killing the Black Body*, pp. 10-12.

¹⁴⁹Litwack, *Trouble in Mind*, p. 349.

¹⁵⁰William Faulkner, *As I Lay Dying*, the corrected text, (New York: Random House, 1990), pp. 198-205, 241-248.

contraception from the largely white, male store-owning population were especially at risk.

The constant underlying threat of violence meant that black people in the South had to consider how their behaviors and words – especially around sexual issues -- were perceived by white people.¹⁵¹ A monitoring of sexual behavior appears to have been most evident in cities, where black people experienced greater proximity with white people and therefore felt more of a burden to protect themselves from assault, either cultural or physical. Black women especially were subject to public recrimination for any expression of sexuality and had to engage in what Darlene Clark Hine has labeled a “culture of dissemblance.”¹⁵² This practice crossed class lines, but women living in cities were more likely compelled to stave off abuse since their encounters with white men were both more frequent and more anonymous. A black woman could not rely on any sense of accountability white men might sustain (though not at all for certain) in the more familiar setting of rural society. Middle-class black activists also made sexual respectability and “righteous propagation” of the race a matter of political and moral importance to the black community unto itself and less as a reaction to white society.¹⁵³ The middle and upper classes of African American, like their white counterparts, were concerned that the “best” of the race would die out if birth control were not practiced more evenly across classes. Chandler Owen, a co-editor of the African American journal The Messenger,

¹⁵¹Some scholars have shown that in urban environments, working-class African Americans resisted the restrictions placed by white and black middle-class society on their sexual expressiveness and that this occurred through public venues of leisure such as dance halls and even the public street. See Tera W. Hunter, *To 'Joy My Freedom: Southern Black Women's Lives and Labor After the Civil War* (Cambridge, MA: Harvard University Press, 1997), pp. 171-186.

¹⁵²Darlene Clark Hine, “Rape and the Inner Lives of Black Women in the Middle West: Preliminary Thoughts on the Culture of Dissemblance,” in Ellen Carol DuBois and Vicki L. Ruiz, eds., *Unequal Sisters: A Multicultural Reader in U.S. Women's History* (New York: Routledge, 1990).

¹⁵³Mitchell, *Righteous Propagation*.

warned in 1919 that in cities “it is difficult to find the more intelligent Negro women who have any children at all.”¹⁵⁴ Issues of sexuality and procreation also stirred black people to watch and regulate each other.

The “aspiring class” of African Americans considered the regulation of sexual and moral behavior an important component of social uplift.¹⁵⁵ It was mostly urban middle women who became the “reformers” and counseled less fortunate people in the progressive ways of home improvement, better living, and more respectable comportment. Black middle-class activists around the end of the century were troubled by “child marriage” and “premature motherhood” because they hindered African Americans from becoming, according to one female reformer, a “truly great people.”¹⁵⁶ The pressures to resist white cultural disparagement were stronger in cities. According to one historian, for urban middle-class African Americans, “patriarchal gender conventions of sexual difference, and male protection and protected femininity, were proffered as a rebuke to minstrel stereotypes that denied conventional gender roles to black men and women.”¹⁵⁷ To the urban middle classes, “the very idea of sexual pleasure was illicit.”¹⁵⁸ Rural black people may have been more forgiving of sexual expressiveness within their own community because they faced less explicit and less systematized cultural attacks against their characters. Furthermore, notions of respectability were tied to bourgeois

¹⁵⁴Chandler Owen, “Women and Children of the South,” *Birth Control Review*, September, 1920, p. 20.

¹⁵⁵Michele Mitchell uses the term to broaden the notion of middle-class and include those on their way out of the working class, yet who have not quite achieved middle-class status. Working-class people embraced the same tenets of respectability, but did not have the luxury or inclination to fashion it into an ideology of racial uplift. Michele Mitchell, chapter “Hope of the Race” in *Righteous Propagation*, pp. 85-7.

¹⁵⁶Mitchell, *Righteous Propagation*, p. 77. Mitchell is quoting activist Ariel Serena Brown speaking in 1902 at the Negro Young People’s Christian and Educational Congress.

¹⁵⁷Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill: The University of North Carolina Press, 1996), p. 78.

¹⁵⁸Hunter, *To Joy My Freedom*, pp. 171-186; Gaines, *Uplifting the Race*, p. 78.

aspirations and higher social status. In rural life, class was not as demarcated and respectability not so useful a tool for gaining social or other advantages. This difference would start to fade in the 1930s, when growing exposure to bourgeois culture prompted rural African American youth to consider sexuality, and birth control, in a new light. Aided by a dramatic expansion of birth control availability over the 1930s, they made new choices. Instead of the mutualism that had guided their parents' generation, black adolescents developed a more individualistic and materialistic outlook on marriage and family.

Conclusion

The Tuskegee Mothers' Club was one of a number of such small groups of women who came together to discuss and share health ideas and health strategies in the Jim Crow South, when federal and state government health agencies turned a deaf ear and private medical facilities open to black people were very few and far between. The Club exemplified the kinds of female dominated, grassroots efforts that women cultivated in the opening decades of the twentieth century to fortify themselves and other community members with good health. Rural African Americans during these years confronted challenges in every area of life, from wringing fair compensation for their crops from devious landowners to avoiding meeting white men with violent tendencies on isolated country roads. Health was a relatively innocuous arena when it came to improving oneself and one's community without threatening white people doggedly fixed on dominating southern economics and politics. Yet the differences between good health and bad health, between adequate treatment and neglect, and between eleven children,

and three, were profound. Women sought desperately to limit the size of their families to safeguard women's health and to maximize what meager resources a family had. During these decades, new opportunities to learn more effective and safer means of contraception arose through a number of health work channels conducted in rural communities. These new channels reinforced the female health authority and mutualism that guided rural black communities. They organized grassroots programs that accomplished what federal and state government public health services, and private medicine, were unwilling to do.

CHAPTER TWO

“Building a Grassroots Health Network and Alternative Channels for Birth Control Education in the Rural Black South”

Introduction

Neither federal or state governments, nor the private sector, were able or willing to address the severe health problems of black people in the rural South of the early twentieth century, let alone deal with the issue of contraception. There emerged a few channels apart from official public health work that afforded rural black southerners access to direly needed health care. The Agricultural Extension Service (AES), the National Negro Health Week Campaign (NNHW), and the work of the Jeanes teachers were arenas in which African Americans developed community-based health programs during the Progressive Era and beyond. Often weaving their staff and lessons together and sharing resources, the AES, NNHW, and Jeanes teachers formed an alternative health network that eventually caught the attention of major national philanthropies and the United States Public Health Service. In addition to covering prenatal and infant welfare, lessons in sanitation, and many more topics, these programs in some cases provided information on family planning to married adults. Their work and their infrastructure laid the foundation for the national Birth Control Federation of America’s (BCFA) “Negro Project” directed at rural African American Southerners from 1940-1942 (which will be discussed in chapters three and four).

Agents of the AES and NNHW and Jeanes teachers appealed to rural African Americans because they reflected the strategies of mutualism and a respect for women’s

health authority that had long served these communities. They implemented an array of educational strategies that enlisted the whole community to participate. These included health parades and health fairs to “better babies” contests and fundraising for health clinics, venues that allowed women, men and children to come together and celebrate the fruits of their cooperative efforts. The spirit of mutualism that had evolved over decades informally now had activities and sites for health work that helped solidify that cooperative ideology and make it more recognizable to outsiders. Those leading the various programs linked that outside world of public health to remote rural communities. They raised awareness about, and in certain instances provided, more advanced health technologies, including birth control.

Given the limitations of evidence, it is difficult to ascertain to what extent birth control discussion or provision occurred in the AES, NNHW, and Jeanes work during the 1910s and 1920s. To be sure, since their work was geared to the entire population, female and male, young and old, they focused largely on general health issues throughout their tenure. But they frequently addressed the subject of venereal disease and pregnancy, the former certainly eliciting discussion about prevention, and likely, the latter as well. Leaders used euphemistic terms to describe sexual and reproductive health topics. These included, for example, “social hygiene,” “sex hygiene,” and “home hygiene.” The euphemisms are difficult to interpret. Sometimes they referred to venereal disease prevention, such as a 1928 National Negro Health Week pamphlet which advertised under “Home Hygiene” a “special meeting for all men over 16.”¹⁵⁹ The topic was indeed venereal disease prevention in this case. A decade later, however, a nurse from Durham,

¹⁵⁹National Negro Health Week pamphlet, April 1-8, 1928, p. 4, folder 8, box 218, Julius Rosenwald Fund Archives, Special Collections (hereafter JRFA), Fisk.

North Carolina, requested any available materials on “birth control methods, pre-natal care, caring for the new baby” from the federal Children’s Bureau “immediately for use in a Home Hygiene class.”¹⁶⁰ Leaders of these community-based programs educated rural black populations on subjects of sexual and reproductive health – sometimes explicitly birth control – as early as the 1920s. This prepared the way for more explicit instruction on family planning in later years.

The Agricultural Extension Service

The emergence of the Agricultural Extension Service provided rural black Southerners an infrastructure of community-based education that served them in a number of matters, from building political organizations to acquiring rudimentary health care. Philanthropist Seaman Knapp developed the Service in response to Texas’s economic woes in 1902, and eventually it spread to the rest of the South. The AES sought to resurrect the region’s economic wealth and improve the lives of ordinary farm workers, applying the same rational and practical approaches of scientific management to the agricultural sector that had proved indispensable to industrial progress. The interests of top AES officials dovetailed with those of the large landowners who controlled life and politics in the South, men who were primarily interested in the health of their laborers as a matter of good business practice. The AES evolved over the 1920s, however, into an expansive network of agents who “work[ed] directly in the local

¹⁶⁰Olivia Ferguson to Children’s Bureau, Letter, 22 December, 1939, folder 6, box 736, record group 102, NARAI.

community” and reacted to the needs of their clients.¹⁶¹ It was the grassroots nature of the extension work, and the female composition of those agents who conducted health work, that resonated with health strategies that had long operated in rural African American communities.

Initially, the AES sent white agents only into white communities to implement its services, for any substantive progress made by black farmers created fissures in white supremacy and white power. Complete exclusion of the region’s primary workforce was untenable, however, especially as the federal government became involved. The Service expanded under the auspices of the Rockefeller Foundation’s General Education Board (GEB) until 1914, when Congress passed the Smith Lever Act. The Act forged a new and strong connection between the AES and the federal government through encouraging cooperation with the United States Department of Agriculture and providing state matching to federal funds, effectively sidelining the GEB’s role.¹⁶² White philanthropists and extension work officials eventually recognized how much they stood to gain from educating African American farmers. This created a more efficient labor force, desirable as long as profits were still extracted and controlled by white landowners. In 1906, the AES included African American agents for the first time on its staff. By 1910, black county agents were in every southern state. The Smith Lever Act of 1914 strengthened the female presence in the AES because it “elevat[ed] home economics to the same

¹⁶¹David B. Danbom, *Born in the Country: A History of Rural America* (Baltimore, MD: The Johns Hopkins University Press, 1995), p. 173.

¹⁶²*Ibid.*, pp. 173-4.

importance as agricultural work,”¹⁶³ and at the end of 1923, the Service employed 284 black agents – 183 men and 101 women designated “home demonstration agents.”¹⁶⁴ At this time African American home demonstration agents were represented roughly in proportion to their population.¹⁶⁵

The AES imparted the same conservative mission to its black agents, and through them to its black constituency, that held for the Service generally. A 1923 report of African American extension work at Hampton Institute conveyed the priority of the status quo and suggested nothing about the political potential of such an expansive organizing network for black farmers. The report listed among the agents’ tasks to “break down superstition; they help make the sympathy of the two races nearer one, and they do untold good towards gaining for the South more intelligent, peaceful and contented citizens.” The report also made clear in no uncertain terms the link between health and regional prosperity, quoting the Negro Year Book as estimating “that about 450,000 Negroes in the South are seriously ill all of the time, each losing an average of about eighteen days a year, at a cost of \$75,000,000 per annum; that the annual economic loss to the South from sickness and death among Negroes is probably \$300,000,000, and that it would pay the South to spend along, \$100,000,000 to improve Negro health.”¹⁶⁶ Such pronouncements rendered farm laborers merely abstractions to be calculated into regional economic strategy. When agents went out into the field and worked with ordinary men and women,

¹⁶³Brenda J. Taylor, “The Farm Security Administration and Rural Families in the South: Home Economists, Nurses, and Farmers, 1933-1946” in Elna C. Green, ed., *The New Deal and Beyond: Social Welfare in the South Since 1930* (Athens, GA: University of Georgia Press, 2003), p. 31.

¹⁶⁴“Succinct Report on Negro Extension Work for the Year Ending December 31st, 1923 (Not For Publication)” (hereafter “Succinct Report”), p. 1, folder “1923-1951,” box 2, record group 20, Hampton University Archives (hereafter HUA), Hampton University, Hampton, Virginia.

¹⁶⁵Holt, *Linoleum*, pp. 74-5.

¹⁶⁶“Succinct Report,” p. 1.

however, they were not as accountable to the higher tiers of the institutional hierarchy. At the grass-roots level, agents' interactions with their constituents were complex and dynamic.

AES officials decided that if they were to include the domestic arena of the farm in the Service, home demonstration agents should attend to basic health instruction, an area sorely lacking in the rural South, especially among African Americans. As one report stated, "one cannot work among the rural Negroes without being conscious of the fact that possibly the most neglected phase of public service among them is sanitation and health instructions."¹⁶⁷ Therefore, home demonstration agents added basic home nursing skills to their general curricula of canning and nutrition, screening windows to prevent the spread of malaria, and cleaning the home and yard.¹⁶⁸ They were instrumental in convincing rural clients to accept modern medicines and treatments. Agent L. M. Upsham of Madison County, Alabama, for instance, encouraged her rural clients to brave treatment they otherwise might not have welcomed: "Many of our people are still afraid of inoculations and it is a problem to get some of them to take these treatments. [I] was successful in getting 510 people to meet the county nurse and take this precaution against typhoid fever."¹⁶⁹ The AES devoted a substantial portion of their resources to health work in farming communities, considering it important, not only for the individuals themselves, but also for the region's reputation as a productive and effective part of a

¹⁶⁷Ibid., p. 1.

¹⁶⁸On African American home demonstration agent duties, see Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia, PA: University of Pennsylvania Press, 1995), pp. 91-5.

¹⁶⁹Ibid., p. 24.

growing, modernizing nation.¹⁷⁰ Since the South was handicapped by a relatively sparse network of hospitals and medical training institutions, home demonstration agents were well positioned to respond directly to a community's health needs.

Due to the South's lack of health infrastructure, public health work necessarily evolved wherever there was incentive and opportunity, and in a relatively decentralized, non-institutional fashion, especially in rural areas. Home demonstration agents became fixtures in this grassroots network and linked rural communities to outside health resources. In Alabama in 1932, for example, twelve home demonstration agents facilitated 25,131 people receiving "treatments" for typhoid, diphtheria and smallpox, most of which were given at Club meetings. Agents tried to enlist the aid of those with medical credentials and especially cooperated with nurses to get care to people in remote areas. In Dallas County, Alabama, the "agent and nurse used the same car in traveling into the county, and programs were linked together and in this way larger groups were drawn together.... The Nurse and Home Demonstration Agent have held meetings jointly for the purpose of inoculating against typhoid, diphtheria, smallpox, etc."¹⁷¹ Home demonstration agent W. K. Hunter described helping link the most desperate of families in Wilcox County, Alabama, to physician care:

To visit a home where there is a family of from 8 to 15 with a shortage of food is sad, but to visit one short of the above necessities and the presence of illness is deplorable. In these cases, we were able to be of service. We arranged with Dr. Paul Jones to take such cases as were not able to secure a doctor. In this way more than 175 received medical attention.¹⁷²

¹⁷⁰Holt, *Linoleum*, pp. 97-100.

¹⁷¹L. C. Hanna, "Annual Narrative Report of Home Demonstration Work," 1932, p. 20, folder "Annual Report of Negro Women, 1932," box 356, record group 71 "Alabama Cooperative Extension Systems Records" (hereafter ACESR), Auburn University Archive, Montgomery, Alabama.

¹⁷²"Home demonstration agent annual report," folder "Wilcox Annual Report 1933," box 367, ACESR.

Home demonstration agents provided invaluable links for rural communities to health services, but they also could prevent access to care based on their own subjective assessments about people's values and behaviors.

Historian Brenda Taylor notes that “Focusing on health and hygiene, home supervisors attempted to bolster middle-class cultural norms in southern farm families.”¹⁷³ Those patients who embraced such messages, or gave the appearance of doing so, were more likely to obtain assistance from the agent. In Louisiana, home demonstration “agents annually made lists of expectant mothers and mothers of children under two years of age in their parish.” They negotiated agreements with local health officials whereby “the clinics were open to anyone, but the women with whom agents had worked received special invitations to have their babies examined.”¹⁷⁴ Taylor's work shows that home demonstration agents factored in behavior when judging a rural family's entitlement to health care. “After carefully observing the family's work ethic,” she writes, “the home supervisor endorsed or denied rehabilitation.” Agents took family health histories that included considerations of whether “‘feble-mindedness’ (both ‘suspected’ and ‘diagnosed’),” was present.¹⁷⁵ Doctors and health officers at this time used the trait of so-called feble-mindedness as an indicator of whether to persuade, or force, a patient to get sterilized. Real power backed the cultural messages agents imparted then. This power dynamic was tempered somewhat due to the strong health traditions of rural African Americans and the dispositions of middle-class black reformers working in the Jim Crow South.

¹⁷³Taylor, “The Farm Security Administration and Rural Families in the South,” p. 31.

¹⁷⁴Lynne Anderson Rieff, “‘Rousing the People of the Land’: Home Demonstration Work in the Deep South, 1914-1950,” (Ph.D.diss., Auburn University, 1995), pp. 127-8.

¹⁷⁵Taylor, “The Farm Security Administration and Rural Families in the South,” p. 33.

Despite the power agents had to dispense certain health services, they were inclined to respect community mores, especially in rural black communities where mutualism thrived. A considerable amount of scholarship exists detailing how middle-class black progressives, like their white counterparts, betrayed an assumption of their own superiority over those less fortunate than themselves they aimed to “uplift.”¹⁷⁶ It is not clear to what extent black agents had rural or urban backgrounds, but studies of white agents suggest the essential factor in agent-client relations was the agents’ higher education, the fact that “educators and extension agents were authorities who could demonstrate a better way of doing things.”¹⁷⁷ In agricultural extension work, the better educated African American agents would have experienced similar temptations as white agents to impose their own values through their programs. However, black reformers working in the South believed they had an obligation to the communities from which they came and acted upon that belief. They conducted themselves in a spirit of what historian Stephanie Shaw has labeled “social individualism,” whereby a reformer “successfully blended her personal and professional goals for community and individual uplift with the goals of her clients.”¹⁷⁸ This held true in Macon County and Russell County, Alabama, where the farm agent appreciated that the main vehicle of agricultural extension work – the demonstration meeting – was clearly a democratic effort. In his annual report he stated “The idea is fairly well established now, that the meeting does not belong to the

¹⁷⁶Chapter “Private Crusades for Public Health: Black Club Women and Public Health Work,” in Smith, *Sick and Tired*; Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill, NC: University of North Carolina Press, 2004); Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in the Twentieth Century* (Chapel Hill, NC: The University of North Carolina Press, 1996); Stephanie J. Shaw, *What A Woman Ought to Be and to Do: Black Professional Women Workers During the Jim Crow Era* (Chicago, IL: The University of Illinois Press, 1996).

¹⁷⁷Holt, *Linoleum*, p. 57.

¹⁷⁸Shaw, *What A Woman Ought to Be and to Do*, p. 180.

agent, but rather to the people.” Furthermore, he said, the people had accomplished a sense of control over the meeting to the extent that they surrendered former suspicions about the outsider agents’ ulterior motives. He stated that they realized “the program to be carried out is for the benefit of the individual and community and not to help the agent as some at first supposed.”¹⁷⁹ The collaboration between agent and client rooted in more than good intentions, however.

Shortages of funding and the grassroots nature of extension work in African American communities predisposed agents to a relatively greater interdependence with their clients. A distinguishing feature of black agricultural extension work was the extent to which ordinary citizens were compelled to compensate for a shortage of funding. In 1920, for instance, when African Americans in Florida comprised “34 percent of the rural population, 5 percent of Extension funds was spent for work among them.”¹⁸⁰ When extension work began in Louisiana’s Bienville parish in 1913, the community stepped in to make up the lack of funds. “In order that the work could be carried on, colored farmers gave sums of money to supplement the agent’s salary.” The sharing of responsibility for funding translated into a shared authority in the overall work. The agent reported that “In trying to put over a program in the different communities, the agent always seeks the cooperation of the leading people” and that “they are the means of helping to put the program over.”¹⁸¹ Agents were inclined to cooperative strategies because they reacted to

¹⁷⁹“Macon and Russell Counties Annual Report 1933,” p. 2, folder “Macon and Russell Counties Annual Report 1933,” box 367, ACESR.

¹⁸⁰Wayne D. Rasmussen, *Taking the University to the People: Seventy-Five Years of Cooperative Extension* (Ames, IA: Iowa State University Press, 1989), p. 67.

¹⁸¹Vallye C. Jordan, “Bienville Parish – Gibsland Parish Home demonstration agent annual report,” 1930, p. 3, roll 27, Louisiana Extension Service Records, record group 33, NARAIL. The agent is African American.

yet another influence at work in these communities, the mutualism inherent in rural black life in the first place.

Extension agents encountered systems of cooperation already in place in various sectors of rural community life. Rural people often met with extension agents in groups, presenting a sense of unified purpose by virtue of sheer numbers, but also a solidarity borne of a need for mutual survival. Agents encountered in the course of their work people who were already organized in a community-based fashion and the agents consequently factored this into their programs. Farm agent M. D. Jones began extension work in Sussex County, Virginia, in 1916, and was still surprised after eighteen years that he encountered people organized on a “family basis,” but also engaged in communal work projects.¹⁸² Farmers saw their fortunes interconnected even at levels beyond their immediate communities. In the early 1930s farm agent Samuel G. Mansfield remarked on the expansive parameters of cooperation amongst his clientele in the Virginia county of Franklin: “members in a given community work together for the good of the community and the entire county.”¹⁸³ The same philosophy manifested in home demonstration work, where “There was a sense of cooperation and recognition that permeated these events – that rural women were acting to help themselves, their families, and their communities.”¹⁸⁴

The ethos of mutualism promoted a strong sense of shared values that prompted rural women and men to assert themselves with agents and negotiate the priorities of

¹⁸²M.D. Jones, “Narrative Annual Report, 1933,” p. 4, roll 42, Virginia Extension Service Records, record group 33, NARAI.

¹⁸³Samuel G. Mansfield, “Emergency Supplement to the Annual Report for year ending Nov 30 1933,” pp. 2-3, roll 42, Virginia Extension Service Records, record group 33, NARAI.

¹⁸⁴Rieff, “Rousing the People,” p. 252.

programs. Farm women in Bullock County, Alabama, resisted their home demonstration agent's efforts to teach about "beautifying their homes," for "they did not have time for that kind of work, and they assumed only town folk were to have lawns, shrubbery, and flower gardens. Instead, the women wanted to spend time focusing on their chores and maintenance of the family."¹⁸⁵ The degree of contention between agent and client likely correlated to some degree with the client's economic standing. Home demonstration work only appealed to women who could muster a bit of time during their workdays to attend meetings. Ludie Penny, a rural homemaker of Clayton, North Carolina, perceived a clear difference in priorities between herself and the agent serving her area. She thought the agent and the home demonstration club were indifferent to the realities of rural women's lives, retorting to an invitation to join the club, "I have to work hard pulling this wire grass, I don't have time to go to Miss Hicks's club."¹⁸⁶ Even women like Ludie Penny, however, stood to gain from the mere presence of the home demonstration agent and her health work. A paid female employee of a state government agency conducting health programs in these remote communities surely carried some clout that translated to a greater esteem for laywomen's own authority around health.

Home demonstration work served as a public, organized vehicle whereby rural black women perpetuated and consolidated their traditional roles as health authorities in their families and in their larger communities. Health lessons in extension work often addressed audiences only of women.¹⁸⁷ A study of black and white home demonstration

¹⁸⁵"Bullock County Annual Report," pp. 33-4, box 367, ACESR.

¹⁸⁶Estelle Penny Interview, c. 1938, p. 8, folder 10, box 215, CSJC.

¹⁸⁷Folder "Annual Report Movable Schoolwork Negro 1933," box 383, ACESR. In the majority of reports on this work the agent does not indicate whether or not the women are married. Rural African Americans

work in Alabama during this time period finds that home demonstration agents' activities in general "were esteem-building and affirming for club members as they viewed and shared ideas and stories with women from other clubs and the public."¹⁸⁸ Agents operating in black communities sometimes worked explicitly to enhance women's power with respect to their husbands, often encouraging women to be more assertive with their male partners in demanding resources for the home.¹⁸⁹ Another examination of white home demonstration work also finds that participation in health projects, specifically, helped rural white women to feel greater "confidence to react and intercede" to improve their lives, and a general "feeling of gaining some control" through such activities.¹⁹⁰ For the women who participated in home demonstration work and experienced perceptions of increased power, this no doubt spread to the arena of health as well.

Agents reinforced women's health authority simply by targeting them for health instruction.¹⁹¹ In Clarke County, Alabama, the home demonstration agent focused on girls and women in health instruction. "During the health campaign in the spring five Health sermons were preached to 2,285 people. Twenty-two health lectures were made to

mirrored most of society in considering sex out of wedlock immoral, but they may have considered it more forgivable.

¹⁸⁸Rieff, "Rousing the People," p. 252.

¹⁸⁹Smith, *Sick and Tired*, p. 94.

¹⁹⁰Holt, *Linoleum*, p. 123. Holt does not analyze the differences between black and white women with respect to their reception of and influence by extension workers.

¹⁹¹Rural women's and men's roles in actuality were more flexible than those promoted in AES program guidelines. Despite written agents' reports that created an impression of a clear division of labor, photographs often depicted women present with a group of farmers showing off their bushels of sweet potatoes, just as men made a strong showing in pictures of home demonstrations, captioned, in one instance, "Homemakers at Hampton." The agent for Lowndes County, Alabama, acknowledged that rural women's tasks reached beyond urban middle-class notions of female gendered work in the home. She praised her clients for furthering the "Live At Home" cause by deciding to "put their hands to the plow." "Annual Report B Negro Men, 1932," p. 32, folder "Annual Report B Negro Men, 1932," box 356, ACESR; "Supplement to Annual Report," pp. 12-13, folder "Macon and Russell Counties Annual Report 1933," box 367, ACESR; "Farmers Hold Annual Fair," 8 April, 1912, *Afro-American*, Hampton Newspaper Clipping File, HUA; M.R. Daly, "Lowndes County Annual Report 1933, Supplement," p. 5, folder "Lowndes Annual Report 1933," box 367, ACESR.

club women and girls.” It was clear that health practice passed on through the generations from mother to daughter. This agent also encouraged girls to take the lead in National Negro Health Week (see below) when their mothers were incapacitated: “In 15 cases, where the physical condition of their mothers made it so that girls had to be responsible for the cleanliness of the home, the agent assisted the girls in getting National Negro Health Week circulars to be used as a guide. They took the circular and worked directly by it until they had thoroughly cleaned their home.”¹⁹² Health instruction was often broadly inclusive of tasks such as cleaning house, but specific and closed sessions catered to the mature woman and focused on sexual and reproductive health topics.

Given the high rates of fertility, infant mortality and maternal mortality in southern rural black communities, agents spent a significant portion of their work on maternal, prenatal and infant care. Black and white home demonstration agents in the rural South consistently integrated advice on prenatal care and venereal disease prevention into their lesson plans. In 1931 the Tuskegee Movable School – a project of Alabama’s Extension Service staffed by one home demonstration agent, one farm agent, and a nurse – conducted “home hygiene” and “prenatal and infant care” instruction in its health program for Chambers County. That year it reached 35 of the 56 communities in the county.¹⁹³ Two years later a report on the same project was more explicit about the nature of its work; the home demonstration agent and the nurse reported they gave lessons in “personal hygiene” and venereal diseases, including gonorrhea and syphilis, in several counties. The frequent substitution of “personal hygiene” and “home hygiene” for

¹⁹²Clarke County Annual Report, 1933, pp. 10, 18, folder “Clarke County Annual Report, 1933,” box 367, ACESR.

¹⁹³“E.C. Dobbs, State Agent for Negro Men, Annual Report Supplement, 1931,” p. 80, folder “E.C. Dobbs, State Agent for Negro Men, Annual Report Supplement, 1931,” box 366, ACESR.

birth control at the time makes it likely that at least some home demonstration meetings put contraception on their agenda.¹⁹⁴ Since the Movable School's health program focused on prevention as well as on causes and treatment, the possibility of preventing multiple births – a scenario that took a heavy toll on women's health – would be almost impossible to pass up.

Reports of home demonstration and farm agents rarely include the source of the materials they used in their demonstrations. Some evidence suggests a substantial array of general health products available to home demonstration agents across the rural South. In Dallas County, Alabama, during a community health campaign (see National Negro Health Week below), the home demonstration agent conducted “mother and infant welfare work” and gave “personal hygiene talks in all club meetings.” She mentioned using “peddlers from out of town” to obtain “toilet articles etc.”¹⁹⁵ During a similar campaign, home demonstration agent Miss D. E. Bryant of Clarke County, Alabama, received “200 books on various uses of borax in connection with housework.”¹⁹⁶ What is not included in the report is that borax was also used by women as a contraceptive. In a Dallas, Texas, birth control clinic, white patients used borax as birth control more often than contraceptive jelly or sponge.¹⁹⁷ This evidence, if not definitive regarding the kind

¹⁹⁴In the mid 1930s, the term “personal hygiene” was so popularly linked to birth control that department stores cordoned off sections called personal hygiene departments. These allowed women to buy discreetly contraception and other products related to sexual and reproductive matters. Andrea Tone, “Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s,” in Andrea Tone, ed., *Controlling Reproduction: An American History*, “Worlds of Women Series, Number 2” (Wilmington, Delaware: A Scholarly Resources, Inc., 1997), p. 225.

¹⁹⁵Home Demonstration Agent Annual Report, pp. 6, 23, folder “Dallas Ann Report 1933,” box 367, ACESR.

¹⁹⁶L. C. Hanna, “Annual Narrative Report of Home Demonstration Work,” 1932, folder “Annual Report of Negro Women, 1932,” box 356, ACESR.

¹⁹⁷Emma Barth, R.N. to Children's Bureau, Letter, 5 November, 1935, folder “Birth Control,” box 494, record group 102, NARAIL.

of instruction agents provided, does suggest they were in the habit of purchasing or otherwise acquiring health supplies for their rural clients. Whether or not they included birth control is open to question, but not out of the realm of possibility.

Home demonstration agents delved into birth control in their extension work, but the documented testimony regarding how this actually occurred is rare. Interviews with women who served as agents or knew agents and their work offer a few glimpses. Susie Mitchell Marshall taught in the school system of rural Lafayette County, Mississippi, from 1938 through 1943. She recalled that home demonstration agents instructed local midwives in birth control techniques so they could use them in their practices.¹⁹⁸ Several states away in Nevada, according to veteran home demonstration agent, Anna Coburn, agents felt comfortable enough by the late 1930s to report publicly in their club meetings about birth control instruction. Coburn recalled going through “some old minutes from our Extension club” and that “in 1938 among the topics we discussed was birth control.”¹⁹⁹ The testimony from clubwomen themselves about the details and contents of these programs is largely lost to the record. But it is clear they engaged in discussions about sexual health, pregnancy, and childbirth. This established a tone and a readiness for discussing birth control when it the subject became more widely accepted by the late 1930s.

Black home demonstration agents took up the topic of birth control in earnest during the Birth Control Federation of America’s Negro Project conducted from 1940 to 1942. Federation posed the question of access to rural southern black women: “What

¹⁹⁸Mrs. Susie Mitchell Marshall, interview by Sarah R. Lawrence, 22 March, 2004, Clarksdale, Mississippi.

¹⁹⁹Eleanor Arnold, ed., “Voices of American Homemakers: An Oral history project of the National Extension Homemakers Council” (c. 1983), Virginia Historical Society (hereafter VHS), Richmond, Virginia. It is not clear from the interview whether this woman is black or white.

about mothers on the farms? Can any educational program reach such mothers? There are 4,500,000 Negroes living on farms in 13 Southern states.”²⁰⁰ An African American home demonstration agent came up with an answer: “We have more than 13,000 rural women working in Home Demonstration Clubs. . . I feel our organization might work hand in hand with you to bring about some definite and desirable results in your phase of community improvement work,” she offered.²⁰¹ The woman’s response demonstrates not only the conviction that her fellow extension workers would execute such a mission with ease, but also a confidence in the women who participated in extension work. Such an idea of linking the Federation to the extension program did not arise out of the blue. Rural women had been attending home demonstration meetings for decades by that point. For them, discussing matters of sexual and reproductive health in open forums with other women was just another aspect of community health.

National Negro Health Week

National Negro Health Week (NNHW) began with the Negro Organization Society (NOS), a group of middle-class black reformers established in 1911 in Richmond, Virginia. The NOS sought to address a spate of health problems experienced by Virginia’s African Americans, and they created the NNHW as an annual event to that end. It grew from a day-long event in Virginia to one conducted in communities across the nation and sometimes running as long as a month. The NNHW differed from the demonstration work of the Agricultural Extension Service in that the entire community –

²⁰⁰Division of Negro Service, “Educational Section (Title not decided upon yet)” Draft, 1942, p. 8, folder “Reports 1940-1, 1937,” box 22, Florence Rose Papers (hereafter FRP), Sophia Smith Collection, Smith College, Northampton, Massachusetts.

²⁰¹Ibid., p. 9.

men and children as well as women – learned ways to improve individual health and collectively took responsibility for sanitation measures around the community. The Week highlighted and reinforced the importance of mutualism in rural health. When birth control education took place, it likely targeted women only, but unlike Extension work, sex education and lessons for venereal disease prevention were also directed at men. By the time the BCFA integrated the NNHW into its agenda for birth control promotion in the late 1930s, those involved in the Health Week had already established over the years this annual tradition of addressing health concerns against a backdrop of collective responsibility.

One of its original membership lists shows a cadre of top professionals, including Professor Kelly Miller, Dr. Charles S. Morris, Nurse Annie Poole, secretary of Virginia’s Colored Women’s Club Mrs. W. A. Rogers, Dr. H. L. Harris, the secretary of a Masonic Lodge in Richmond, businesswoman Maggie Walker, and many faculty members from Hampton Institute.²⁰² It sought to include black people from across society to approach the general plight of rural African Americans across the state:

to organize Negroes for their own betterment, to combine some of the energy that was going into various things into one movement for the development of the entire community. So it occurred to some of us that it would not be an unwise move to “organize the organizations” which we proceeded to do, and called it “The Negro Organization Society of Virginia.”²⁰³

²⁰²Volume “Negro Org Society of VA 1911,” box 127, record group 5 “State and National Organizations,” Negro Organization Society Collection (hereafter NOSC), HUA.

²⁰³Robert Russa Moton, *Finding A Way Out: An Autobiography* (Garden City, NY: Doubleday, Page & Company, 1921), p. 172.

The group of elite activists from disparate parts of Richmond's professional sector joined forces because they recognized that health was inextricably woven into a larger social system and that African American progress relied on better health as its foundation.

The Negro Organization Society directed its movement to rural communities for the most part and enjoyed the legacy of rural mutualism.²⁰⁴ Theirs was an approach that guided individual action supported by one's community and that held individuals accountable to one another. The NOS came up with a vehicle for promoting better health as a means to organize and involve the whole community toward common progress. It established a "Clean-Up" day when everyone, men as well as women, young as well as elderly, did their share to boost the community's health. The Clean-Up Day was so successful that it inspired Booker T. Washington to sell the idea to his staff at Tuskegee Institute in 1915. They expanded the "Clean-Up Day" campaign of the NOS to a National Negro Health Week (NNHW), making health a focus for national political organizing among African Americans.²⁰⁵ Hampton Institute graduate and co-founder of the NOS, Robert Moton, said urged the NOS to follow an active agenda, declaring "It would not 'take care of the sick or bury the dead,' as was true of secret societies."²⁰⁶ Rather, people participated publicly in their own health care through prevention of illness. This meant that participation required no professional medical treatment, only good self care like brushing one's teeth, eating vegetables, and creating flyscreens on homes to prevent the

²⁰⁴John Malcus Ellison, *Negro Organizations and Leadership in Relation to Rural Life in Virginia* (Blacksburg, Virginia: Virginia Polytechnic Institute, Virginia Agricultural Experiment Station, May, 1933), p. 26, bulletin 290, Peabody pamphlet 1092, Peabody Collection, HUA.

²⁰⁵Editor, *Southern Workman*, vol. 47, n. 4, April, 1918, p. 169. For elaboration on the history of the National Negro Health Week, see Smith, *Sick and Tired*, pp. 13, 43-57.

²⁰⁶Moton, *Finding a Way Out, or, The Southern Experience in 19th-century America*, pp. 171-2.

spread of disease. The originators of the National Negro Health Week promoted health care as an individual right and obligation, albeit one exercised in a communal setting.

The Negro Organization Society had a decentralized strategy that precluded a rigid hierarchical structure and pressed for the active participation of each individual. The NOS urged community leaders to “call all the people together in your community, at the school house or at the church. . . [and] put this health bulletin into their hands, read and explain it to them, and urge them one and all to” observe the day.²⁰⁷ Everyone who signed “The Negro Organization Society’s Health Creed and Pledge” affirmed to himself or herself, “I believe a *sound* healthy body is the most precious of all earthly possessions, the foundation of a strong mental life, the most important element in the making of moral character, the first essential to any worthy achievement, and the greatest factor in a life of happiness.” In the past, slaveholders had used the term “sound” to connote value, in productive and reproductive terms, of slaves. The NOS pledge asserted that each person claimed the right to possess his or her own value, and the pledge publicized and politicized this health right. Within a year of its founding, the NOS boasted of “the thousand of health pledge cards that had been signed by the colored people of the State,” placing both the onus, and the benefit, of good health directly on the pledger.²⁰⁸

In contrast to other public health projects focused on discrete diseases, the NOS approached improvement in all arenas and advocated an interwoven strategy. Its main emphasis was on sanitation and health as vehicles for uplift, but its motto urged a more comprehensive plan including “Better Schools, Better Health, Better Homes, Better

²⁰⁷Negro Organization Society, “A Letter to the Colored Citizens from the Negro Organization Society,” 20 March, 1913, p. 52, folder “NOS 1934-6,” NOSC.

²⁰⁸Ibid. Italics mine.

Farms.” The NOS published “A Letter to the Colored Citizens from the Negro Organization Society” in which it articulated its mission as “seeking to wake up the negro people of the State to the pressing necessity of buying land and building better homes, providing better schools for their children, and fighting all forms of filth and uncleanliness that spread disease and death.”²⁰⁹ What had begun as a week-long health fair eventually expanded in many areas into a full month campaign, and evolved from being limited to literature distribution to including a vast array of actual health services, among them venereal disease prevention and “‘better babies’ and ‘safer mothers’ activities.”²¹⁰ During the 1933 Health Week in Clarke County, Alabama, “five Health sermons were preached to 2,285 people,” indicating the extent to which NNHW brought hundreds of African Americans together to learn about health in solidarity.²¹¹ By 1935, the NNHW campaign was held in 2,500 communities across the country.²¹²

The mission of the Negro Organization Society was more political than the utilitarian premise of health work in the Agricultural Extension Service.²¹³ While the AES welcomed the chance to help improve individual farmers’ health, its main mission as a federal agency with respect to health work was to enhance agricultural laborers’ physical soundness for the sake of regional productivity and prosperity. The NOS differed from the AES in that it was a black-originated and black-led group that, initially at least, saw its work explicitly focused on race advancement. The NOS called on those

²⁰⁹Ibid.

²¹⁰National Negro Health News, vol. 2, n. 1, January to March, 1934, p. 3; National Negro Health News, vol. 1, n. 2, April to June, 1933, p. 13.

²¹¹Clarke County Annual Report, 1933, p. 10, folder “Clarke County Annual Report, 1933,” box 367, ACESR.

²¹²Report, c. 1937, p. 12, Colson-Hill Papers (hereafter CHP), Special Collections, Johnston Memorial Library, Virginia State University (hereafter VSU).

²¹³Susan Smith finds that NNHW organizers “engaged in political activity to extend black rights when they lobbied local governments and organizations.” Smith, *Sick and Tired*, p. 57.

who participated in their programs to consider health as a right of citizenship. Allen Washington, President of the NOS, wrote his Virginian constituents in 1922 that the “work of farm- and home- demonstration agents and other movements for home, health and general community improvement” would be made available to them. But the “avowed purpose of the Negro Organization Society,” he emphasized, included developing “a higher type of citizenship.”²¹⁴ By the next decade health had become not only a right of citizenship but the means by which to obtain it. Leaders of the NNHW in Jackson, Mississippi, declared in its 1934 campaign that “All will be as good citizens as their health will permit.”²¹⁵ Although the campaign was centered on African American advancement, NNHW leaders increasingly took advantage of the other white-managed health programs that were slowly making their way to black communities in the South.

The NOS needed to share the responsibilities for its health work with other groups when the agricultural depression of the 1920s and the Great Depression of the 1930s added to rural health problems and reduced funds to ameliorate them.²¹⁶ They received help from the United States Public Health Service in 1926, when the federal bureau urged health departments in twenty one states to cooperate in the National Negro Health Week. The same year the National Tuberculosis Association, the Jeanes Foundation, the Agricultural Extension Service, the American Red Cross, and several other national organizations showed “interest in putting the campaign over.”²¹⁷ AES home demonstration agents and Jeanes teachers were especially frequent contributors to the

²¹⁴Letter, Allen Washington to “Friend,” 6 February, 1922, loose in NOSR.

²¹⁵National Negro Health News, January-March, 1934, vol. 2, no. 1, p. 5, folder “National Negro Health News Reports, 1933-36,” record group 90, NARAI.

²¹⁶Untitled report, p. 13, box 218, (loose in box), JRFA..

²¹⁷Editor, “Health Week is Factor in Race Relations,” The National Notes (publication of the National Association of Colored Women), April 1926, reel 24, NACWC.

Health Week. Eventually the work of the NNHW and the AES became so intertwined that they were embodied in one figure. William M. Cooper, MD, an African American, was both the Director of the Extension Service operating through Hampton Institute, and also Executive Secretary of the NOS throughout the 1930s.²¹⁸ No doubt the overlapping of staff among these health channels helped create similar health curricula in the programs as well. Following another group's lead, or on their own volition, the NNHW began addressing the difficult subject of sex education.

By the late 1920s, sex education ranked as a health concern to be addressed by the NNHW campaign, and in all likelihood birth control slipped into the agenda at least every so often. Northern urban venues for the Health Week were more insulated from rebuke than campaigners in the South, and advertised the fact that they now included birth control in their program. In 1932, in Chicago and Detroit, the campaigners for NNHW openly worked with local proponents of the birth control movement.²¹⁹ For rural black southerners, however, campaign calendars and programs sported the same euphemistic language as extension service agents used. At first local organizers for campaigns were cautious about including the subject of sex education and any other special topics on offer. Anne Arundel County, Maryland, went public in its 1929 campaign that during their Health Week they held "special meetings" on "personal hygiene," "social hygiene," and venereal disease" – one of which almost certainly

²¹⁸The Birth Control Federation of America recruited Cooper to advise its birth control project among African Americans at the end of the decade. See chapter four.

²¹⁹Letter, Midian O. Bousfield, M.D. to Michael M. Davis, M.D., 6 April, 1932, p. 2, folder 3, box 217, JRFA.

covered birth control.²²⁰ The topic extended to Health Week's of southern states as well. Texas's Health Week in 1931 included lessons for sex education under "home health" in "specially arranged groups of fathers and mothers," and Dallas County, Alabama, gave its participants talks in "personal hygiene" during its 1933 campaign.²²¹ Eventually the national board of the NNHW followed suit and in 1934 explicitly recommended that the curriculum for "home health" include "Parents meetings: Separate meetings and speakers for mothers and fathers." But its publicity materials remained cautious, stating that during Health Week agents might "consider proper sex education methods."²²²

The National Negro Health Week did not explicitly use the term of birth control until the late 1930s. The abrupt shift probably had to do two major events in the birth control movement. First, in *One Package of Japanese Pessaries vs. U.S. Court of Appeals* (1936) the court ruled that contraception, for purposes of saving life or promoting health, would no longer be considered illegal under the Comstock Law.²²³ Second, the American Medical Association finally endorsed contraception. The NNHW acted quickly and many local campaigns requested the American Birth Control League (ABCL) send birth control literature. The ABCL was so overwhelmed by the Health Week demand that they decided to devote a special issue of their publication, the Birth Control Review, to African Americans in 1938.²²⁴ The following year, community groups from Indiana to Florida,

²²⁰On "personal hygiene" as a euphemism for contraception see footnote 194. "National Negro Health Week" program, 1929, box 181, Dibble Papers, Tuskegee Institute Archives, Tuskegee, Alabama (hereafter Tusk).

²²¹"Report on NNHW 1931 Planning," p. 2, folder 6, box 218, JRFA; "Home demonstration agent annual report," pp. 6, 23, folder "Dallas Annual Report 1933," box 367, record group 71, Auburn University Archives.

²²²National Negro Health News, January to March, 1934, p. 1, vol. 2, n. 1, in *National Negro Health News Volumes 1-4 1933-36* (Westport, CT: Negro University Press, 1970).

²²³McCann, *Birth Control Politics*, p. 216.

²²⁴Editor, "One-Tenth of a Nation," Birth Control Review, May, 1938, vol. 22, n. 8.

Virginia, Oklahoma and Illinois used the platform of the Health Week to distribute birth control materials.²²⁵

The increasing attention of the NNHW to issues of birth control may have partly been negative. In the 1930s, southern state legislature began passing legislation and implementing eugenicist practices among its poorest populations, and disproportionately against black people, in a systematic and institutionalized manner.²²⁶ The NNHW likely served increasingly as a relatively safe space for black people to seek family planning information, and even perhaps supplies, without subjecting themselves to the risk of white medical officers with bad intentions.

The National Negro Health Week had been forged in rural communities across the South, and was above all else a grassroots campaign that brought enormous attention to the issues of African American health. It was deeply enmeshed with other players in the rural health network, most notably home demonstration agents of the AES and Jeanes teachers (see below). One of the main features of the Health Week was its inclusion of the entire community, and over the years that it evolved into a national celebration, it still was one of the most important resources of health care for rural black southerners. When the Birth Control Federation of America conducted the “Negro Project” from 1940 to 1942, the NNHW organizers were ready. BCFA organizers were not happening upon an empty slate, and if they were going to succeed in reaching the gamut of African Americans, they need to seek actively the cooperation of the NNHW. When they sought out the NNHW as an educational vehicle for their project, Health Week planners expressed interest in return. By its second year, the Negro Project elicited calls from more

²²⁵Editor, *Birth Control Review*, May, 1939, p. 208, vol. 22, n. 8.

²²⁶Larson, *Sex, Race, and Science*, pp. 97, 103.

than three hundred counties for “more than three hundred exhibits, and 30,000 pieces of Special literature” on birth control, to be delivered through the Health Week.²²⁷

Jeanes Teachers

A group of teachers emerged out of rural black communities in the 1910s bent on a new kind of education that, by the late 1930s, provided one of the most efficient and effective means for outreach on birth control in the rural South.²²⁸ These “Jeanes teachers,” the great majority of them women, covered the rural South by the 1920s, not only providing instruction in schools, but also facilitating health clinics and serving as liaisons to an assortment of reform groups including the NNHW and AES agents. Their pedagogy involved respect for their students and students’ parents, mutualistic participation of all residents in community issues, and a creative resourcefulness with the limited means of most rural black communities and homes. The Jeanes teachers’ influence was extensive. As one superintendent from Alabama put it in the early 1920s, “The Jeanes teacher in my county has revolutionized the sentiment for Negro education and incidentally changed race relations.”²²⁹ Where the AES strengthened women’s sense of authority over health matters in their communities and the NNHW reinforced community responsibility and interdependence in health uplift, the Jeanes teachers embodied and reinforced both of these attributes. Jeanes teachers came to serve in hundreds of rural counties across the South and catered to the health needs of hundreds of thousands of rural African Americans. They were unlike other health workers, though, by

²²⁷Division of Negro Services, “Summary Report,” June, 1942, folder “Birth Control – Negro Services,” box 22, FRP.

²²⁸See chapter four.

²²⁹Ellison, *Negro Organizations and Leadership*, p. 72.

virtue of their solidarity, kinship, and value system they shared with the clients of the communities under their charge. Jeanes teacher Tessie Oliver, from Alabama, was typical; she perceived to have “so gained the trust of the community that she and her teachers were able to teach birth control to the men and discuss family planning.”²³⁰

The Jeanes teacher was named for Anna T. Jeanes, a white Quaker philanthropist from Pennsylvania. In 1908, Jeanes told Hampton Institute’s president Dr. Hollis B. Frissell, who was soliciting funds for Hampton, “Yes, I know all about Hampton, and I won’t give any money to that. But I want to hear about the poor little Negro cabin one-teacher schools” in the South.²³¹ An education official from Virginia recommended that she begin with a teacher he had “discovered,” Virginia Randolph, an African American woman who had taught sixteen years of elementary and high school in rural Henrico County. Randolph had a strong reputation in her community for being resourceful on behalf of students and respectful to their parents, affecting a non-authoritarian teaching style and applying flexible strategies that responded to a community’s changing needs. She contributed much more to her neighbors than merely teaching their children arithmetic and reading. Randolph cultivated a pedagogy that appreciated how interwoven the various aspects of community life were and she took a leadership role in many areas beyond education. The wealthy Anna Jeanes, impressed with Randolph’s story, established a \$1,000,000 foundation for employing hundreds of African American Jeanes

²³⁰Lily Farley Ross Dale, “The Jeanes Supervisors in Alabama,” (Ph.D. diss., Auburn University, 1998), p. 40.

²³¹Louis R. Harlan and R. W. Smock, eds., *The Booker T. Washington Papers* (Urbana: IL: University of Illinois Press, 1979), vol. 8, p. 7.

teachers to be modeled after Randolph's example.²³² By 1930, 339 counties in fifteen Southern states employed Jeanes teachers.²³³

The primary mission of Jeanes teachers initially was to bring training and resources to the numerous rural teachers in a given county who were under their supervision. In their capacity as teacher, or "supervisor" as they were sometimes called, Jeanes teachers presented themselves to the whole community as women invested not only in the daily workings of schools, but also in the matters of students' lives at home. The great majority of Jeanes teachers were women, median age from thirty to thirty-six depending on the school size, and about half of them were married.²³⁴ These Jeanes teachers were recruited from rural communities across the South, and over four decades their focus grew from teaching the basics in their own schools, to supervising other teachers – from 20 to over 100 in some cases – over an entire county. Collectively they came to form an expansive network of individuals who could travel to almost any remote corner of the rural South to deliver an array of services that southern governments and national philanthropies for the most part had neglected.

From the beginning of Jeanes work in the 1910s, the women spent a substantial portion of their work on health issues. Jeanes teachers worked with numerous professional and national health organizations including state boards of health, medical, dental and nursing professionals.²³⁵ They were key players in incorporating health programs into rural educational curricula, and in many cases they acted as health workers

²³²Dale, "The Jeanes Supervisors in Alabama," pp. 6-7.

²³³Caliver, "Rural Elementary Education," p. 4.

²³⁴Ibid., p. 25. Age increased with school size.

²³⁵National Negro Health News, vol. 3, no. 1, January to March, 1935, in *National Negro Health News Vol. 1-4 1933-36* (Westport CT: Negro University Press, 1970).

themselves. Eventually, officials running the Jeanes program resolved that “No account of the work accomplished by the Jeanes Teachers would be complete without mention of their work in the field of health.”²³⁶

For women in rural black communities the Jeanes teachers were especially invaluable in providing assistance with maternal health. Jeanes teachers were involved with “the establishment of health clinics, pre-natal clinics for expectant mothers,” campaigns for “greater cleanliness” and “hygiene” amongst students, their families, and the community at large.²³⁷ They not only conducted clinics but encouraged women to meet themselves to further their knowledge about health issues specifically pertinent to women. In Powhatan County, Virginia, Jeanes teacher Rosa Lewis was responsible for initiating Health Clubs in every community in the mid-1930s which, among many things, taught “young mothers how to raise the baby.”²³⁸ Jeanes teachers were instrumental in the work of Mothers’ Clubs which took up topics such as “social disease.”²³⁹ As discussed earlier, these Clubs in particular most likely included discussions about birth control.²⁴⁰

A critical component of Jeanes teachers’ effectiveness was that they approached their work as part and parcel of a broader mission of rural progress. L. McFarlin Gibbes was Jeanes teacher for Botetourt County, Virginia, from 1923 through 1940. She described the broad gamut of her work: “I am The Doctor, Nurse, Home Agent, Farm

²³⁶Arthur D. Wright, “The Jeanes Fund and the Jeanes Teachers,” 6 June, 1936, p. 15, “Clippings Folder,” box 22, FRP.

²³⁷Ibid., p. 15.

²³⁸Rosa B. Lewis, “‘Special Report of Jeanes Teacher for School Year 1939-40,’ Powhatan County, Virginia,” Southern Education Foundation Collection (hereafter SEF), Robert W. Woodruff Library Archives, Atlanta University Archive Center, Atlanta, Georgia (hereafter AUAC). Lewis dated these clubs as arising over the years between 1935 and 1939.

²³⁹“‘Special Reports, 1939-1940,’ Hardin and Decatur Counties, Tennessee,” p. 2, folder 1, box 145, SEF.

²⁴⁰See chapter one.

Agent, Preacher, Teacher, or in short a Missionary.”²⁴¹ According to official records of Jeanes work, there was “not a single human element left out” of the work, and their activities and programs had “to do with the whole life of the rural people.”²⁴² Jeanes teachers integrated their roles as health workers with the many other tasks they took on regarding community improvement, such as fundraising, establishing recreation clubs, conducting milk projects, and promoting voter registration.²⁴³ Because there were so few resources for rural improvement, and because Jeanes teachers visited rural communities every day – not just every month or every year like other rural health workers – the women took up the slack where others had to leave off. For instance, as early as 1916 Jeanes teachers were supervising the work of home demonstration agents in certain states, and would at times actually take on the role of the agent.²⁴⁴ Jeanes teachers’ ability to wear many hats gave them a special authority and flexibility in the strategies they applied to educating their clients.

Jeanes work signaled that women’s authority over health matters reigned not only in the domestic arena, but more broadly, throughout the community. Agricultural Extension Service representative John Malcus Ellison noted her critical role among in black communities, stating that “the Jeanes supervisor is a guide and counselor in everything which has to do with Negro welfare.”²⁴⁵ An exchange at the topmost levels of southern reform work indicates the marked influence Jeanes teachers had in bridging

²⁴¹Virginia. L. McFarlin Gibbles, “‘Special Report of Jeanes Teacher for School Year 1939-40,’ Botetourt County,” folder 5, box 145, SEF.

²⁴²“‘Problems of the Jeanes Teacher; foreword,’ Series 1,” folder 1657, box 177, General Education Board Collection (hereafter GEB), Rockefeller Archive Center (hereafter RAC).

²⁴³Report, “Loudoun County, Virginia, 1939-40,” folder 6, box 145, SEF.

²⁴⁴Jennie Moton, “Report of Daily Activities for Period June 1, 1939 to June 30,” reel 10, NACWC. See example also of Annie Welthy Holland of Gates County, North Carolina, in Jones, *Mama Learned Us to Work*, pp. 143-4.

²⁴⁵Ellison, *Negro Organizations and Leadership*, p. 63.

their communities to health resources outside those communities. By 1930, the Rosenwald foundation had been working in tandem with the Jeanes foundation to establish black schools throughout the rural South. The Fund's Director for Southern Schools, S. L. Smith, wrote the head of the Fund's Division of Medical Services, explaining that "The health people have not been able to do a good job of this type of work in the South because they have not had the full cooperation of the school people. The school people are not able to do a satisfactory job without the aid of the public health nurses and physicians." After several months of letters regarding the problem, Smith concluded they needed a "trained person to take charge" of bridging this gap, and the woman he chose was a Jeanes teacher, "one of the ablest health workers in the state."²⁴⁶ The Jeanes Teachers' prominent place in rural health work strengthened a female health authority that bridged the more private, domestic sphere of home care with the public community sphere. This occurred at a time when male medical professionalism was displacing women both in the rural and urban spheres of health work.²⁴⁷

Despite their role as supervisor or teacher, Jeanes teachers cooperated with their rural constituents and Jeanes work often served as a template for communities to demonstrate their mutual obligations to one another. Jeanes teachers encouraged residents to contribute financial aid, for instance, to the health needs of those less fortunate. Ethel Wiley spelled it out in her 1938-9 report on Jeanes work in Nelson County, Virginia: "We all realize that ill children cannot attend school, we then started clinics in the county." As to financing, even children themselves were enlisted to build the community

²⁴⁶S. L. Smith to Michael M. Davis, MD, Letter, 18 December 1930, folder 4, box 216, JRFA.

²⁴⁷Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750-1950* (New York: Oxford University Press, 1986), chapter "'Alone Among Strangers': Birth Moves to the Hospital."

health clinic: “money was raised by – children who could pay twenty-five cents each – teachers selling candy or holding some form of entertainment,” to the tune of “five dollars for every thirty children.” The money specifically helped pay a community doctor to do inoculations; 1,169 children were immunized against diphtheria and 679 against smallpox that year.²⁴⁸ Countless examples appear in the Jeanes reports all over the South of communities working to raise funds for various types of health clinics, among them clinics for prenatal care and instruction for new mothers. Jeanes teachers at times conducted the actual health work itself. Lucy Jones worked in Surry County, Virginia, and carried scales in her Chevrolet Coupe for weighing the children at the schools she visited.²⁴⁹ Little evidence is available to indicate the clients’ perspective on such interactions, especially those regarding birth control. The general nature of Jeanes work, however, boded well for the exchange.

From its origins, the philosophy of Jeanes work called for respect for community members and an avoidance of authoritarianism and judgment. Jeanes Fund officials often extolled a selflessness in the Jeanes figure and a strategy that prioritized localized needs of a community rather than concerns imposed from outside. Most of the time in social reform, one official remarked, “people have gone in and said, ‘Well, you have to do this.’ The Jeanes teacher never does that. She goes in and she is supposed to ask what she can do.”²⁵⁰ Jeanes work was not supposed to be top down, but more than that, there was an explicit message to Jeanes teachers to put themselves on the same social level as their patrons. The ideal teacher was never to be “bossy,” and fundamentally should be a

²⁴⁸Ethel L. Wiley, “Special Report, Massie Mill, Nelson County, Virginia,” folder 7, box 145, SEF.

²⁴⁹Lucy A. Jones, “Surry County, Virginia,” folder 7, box 145, SEF.

²⁵⁰Shellie Northcutt, Report, “Proceedings of the Fourth Annual Meeting of Southern Education Foundation, Inc.,” p. 104, folder 2, box 44, SEF.

“helper.” According to Jeanes Fund President Arthur Wright, “never has a successful Jeanes teacher allowed herself to become a school inspector” because “[t]he inspectorial attitude in school visiting would be,” he believed, “fatal to the Jeanes spirit.”²⁵¹

The fact that Jeanes teachers had an egalitarian orientation and were embedded within the communities they served fostered a trust unique to rural community health work. As one teacher declared, “I have never refused an opportunity to serve my fellow man regardless of how long the day or dark the night. I have tried to live in The House by the side of the road and Be A Friend to Man.”²⁵² Indeed, their proximity to and reliance on other community residents to carry out their work fostered a greater mutual respect between Jeanes teacher and client than was the case for most relationships of “uplift” work at the time. They often lived in the very community as their target audience. Given the nature of their work, rooting in the rural communities themselves, Jeanes teachers relied heavily on members of those communities to sustain them as they traveled from area to area. Often Jeanes teachers even lived for short durations with the people in the given area of their work. Through the intimacy of such close proximity and the sharing of mundane as well as challenging life experiences, the women elicited people’s trust and came to know about the issues in their lives. Mrs. Lillie Bryant, for example, a Jeanes teacher working in Franklin County, Mississippi, and limited to horse and buggy transportation, recalled being compelled “to spend nights in homes of the various communities and thereby become more closely associated with my patrons, and to present my school problems more effectively.” The Jeanes teacher for Appomattox County, Virginia, expressed a similar sentiment. She had faced difficulties with travel as

²⁵¹ Arthur D. Wright, “The Jeanes Fund and the Jeanes Teachers,” pp. 7, 14, and 15.

²⁵² Gibbles, ““Special Report of Jeanes Teacher for School Year 1939-40,” Botetourt County.”

well, but found a silver lining in that “[t]he drive on the wagon and the walk through the woods gave me an opportunity to prove to [the people] my interest and my willingness to share with them the life they were living until such a time, when, through a program of progressive education and sanitary living we could all realize a ‘more abundant life’ in this county.”²⁵³

Conclusion

In the early 1930s, AES agent John Malcus Ellison stepped back and assessed the developments over the last two decades in rural black southern life. Ellison noted that “a new type of rural leadership has been gradually and steadily emerging....a cooperative leadership.” He highlighted sources of this new leadership in the “the Jeanes Teacher Movement” as well as the Agricultural Extension Service.²⁵⁴ The remarkable characteristic about these movements was their communal and mutualistic bent. Also, women were at the forefront of engaging rural African Americans in community health programs and linking those communities to other outside sources of health care. The authority of such women operated, however, through a network of programs that relied on involvement by all in the community. A conglomeration of African American-led, community-based, and grassroots projects, including the National Negro Health Week, aimed at health education and health improvement among the nation’s poorest and most neglected people through these channels. The network was such a visible and successful organizing tool for maximizing limited health resources for rural black southerners that it

²⁵³Unnamed, “Memories They Cherish . . .A Symposium of Experiences as Jeanes Teachers,” p. 23., folder 12, box 146, SEF.

²⁵⁴Ellison, *Negro Organizations and Leadership*, pp. 61-2.

attracted the attention of the national birth control movement as it slowly spread to the South.

In the late 1930s, leaders of the Birth Control Federation of America Negro Project set about planning a “Negro Project” in the South to promote and disseminate birth control. The BCFA epitomized the mainstream national birth control movement at the time, comprised of white middle-class professionals, and an increasingly male top echelon of medical experts and policymakers. When the BCFA initiated the Negro Project in the South, it succumbed to default assumptions about who held authority in rural black communities, focusing on male ministers as the appropriate liaison to their target audience. The Negro Project also initially rested its clinical component firmly on professional, medical (and mostly male) authority. In short order, however, project planners discovered a different set of values and strategies in the undercurrent of rural life. However they responded would determine their success.

CHAPTER THREE
 “White National Birth Control Organizing in
 The Black South: Getting It Wrong”

Introduction

Those who led the national birth control movement during the 1920s and 1930s saw themselves as arbiters of public opinion and leading instigators of social change around issues of parenthood and birth control.²⁵⁵ In many ways these leaders and their well funded organizations shaped public opinion and accomplished far-reaching goals. But there are other parts of the story that deserve attention on their own merits and for how they influenced the larger movement. Individual women and men far removed from institutions and legislatures, after all, make these profound decisions day in and day out about having or not having children. The lens needs to turn now to their role in the movement. This chapter examines how one major birth control organization, the Birth Control Federation of America (BCFA)²⁵⁶, sought to bring birth control to such a group of ordinary women and men. The Federation’s Negro Project launched clinics and an educational campaign from 1940 to 1942 that aimed at southern rural African Americans. The clinics aimed to determine “what could be done to bring the benefits of birth control to more Negro mothers” and what effect that would have on women’s welfare as well as

²⁵⁵There occurred earlier movements for birth control in the United States. Linda Gordon has divided the overall movement into three parts: “Voluntary motherhood” espoused by feminists in the second half of the nineteenth century with an emphasis on “choice, freedom, and autonomy for women” echoing the larger “[white] woman movement”; 1910-1920 was the period when the term “birth control” came into wide use and that “stood not only for women’s autonomy but for a revolutionizing of the society and the empowering of the powerless,” especially the working classes and women, and ; from 1920 on, the era when “the movement evolved away from the radicalism of its second stage into a liberal reform movement” that had no interest in shifting power relations in society. Gordon, *Woman's Body, Woman's Right*, pp. xv – xvii.

²⁵⁶The BCFA was renamed the Planned Parenthood Federation of America in 1942.

that of the community; the educational campaign, “to accelerate acceptance and demand for birth control among Negroes....”²⁵⁷ The Project was representative of the national birth control movement as a whole. As such, the Federation imposed a set of ideologies and strategies that initially hewed to its white, male, and professionalized culture.

The BCFA initiated the Negro Project with a centralized organization that privileged male leadership, specifically medical and ministerial authority. Women had always been active in major birth control organizations, such as the Voluntary Parenthood League (VPL) and American Birth Control League (ABCL), but professionalization of the movement over the 1920s and 1930s meant that the public face of any major campaign came to reflect male authority.²⁵⁸ This was the case with the Negro Project as well. The Federation chose doctors to head the Negro Project clinics and ministers to act as liaisons to the black community and to recruit participants.

The approach of the Negro Project faltered when confronting the realities of health work in rural African American communities. Those at the top echelon of the Federation had little idea just how much their style would clash with the traditions that had evolved over decades among people facing such a different set of challenges from themselves. For one thing, rural African Americans placed women, not men, at the center of community health networks and endowed them with authority over health matters, especially ones related to reproduction. The work they did, unlike the hierarchical and male-dominated institutions of professional medicine, relied on a grassroots style that involved every resident in a given community and was founded on mutualism. Women had been serving in counties throughout the South as home demonstration agents and

²⁵⁷“Tomorrow’s Children,” p. 2, folder “Reports 1940-1, 1937,” box 22, FRP.

²⁵⁸Gordon, chapter ten, “The Professionalization of Birth Control,” in *Woman’s Body, Woman’s Right*.

Jeanes teachers who covered a spate of health subjects, from establishing immunization clinics to, at times, giving instruction in birth control. A project promoting birth control in the rural black South was doomed to failure if it did not heed these and other women's primary role in health care for their communities

In addition, the BCFA was unaware of the extent to which black women favored family planning and already practiced it.²⁵⁹ The Federation had anticipated that ministers in rural communities held special authority on sexual morality and could ease women's consciences on the matter of going against "God's intent" by using contraception.²⁶⁰ This consideration turned out to be a somewhat moot point and ministers were not a major factor in rural African Americans' decisions about birth control. Mutualism, on the other hand, caused social mores to evolve in a more egalitarian fashion than the male-dominated hierarchies of churches. It is likely this factor of rural black life, not religious dictums, guided rural African Americans' choices about bearing and raising children. The final word on what motivated people to participate in the Negro Project remains hidden from view. Documentation on the Project analyzed here yields the important message, however, that the BCFA made changes in its approach to reflect the values and health strategies of their clientele in the rural South.

²⁵⁹Studies conducted in the North had already demonstrated this fact. In Cleveland, Ohio, and Detroit, Michigan, for 1932, for example, black attendance at birth control clinics were about three times the rate of white people as correlated to their proportions in the population. Carolyn Bryant, "Clinical Service for the Negro," p. 176, June, 1932, Birth Control Review.

²⁶⁰Estelle Massey Osborne Interview, 14 September, 1976, National Council of Negro Women Records (hereafter NCNW), Bethune Council House, Washington, D.C. (hereafter Bethune). The complete phrasing by "an old lady" in a parents' group run by Estelle Massey Osborne was "if a girl had a baby at 13 or before she was married or after she was married, it was God's intent."

Background: The National Birth Control Movement

The national birth control movement evolved from a “radical” form in the 1910s and 1920s – focused on empowering the working class and especially its women – to a more centralized and professionalized character by the 1930s, privileging the stability of the family and the role of medical doctors without challenging internal power dynamics between men and women.²⁶¹ Both trends meant a decreasing role for local grassroots activism, particularly for ordinary women, and an increasing one for men with institutional affiliation, professional credentials, and greater wealth. The acting managing director of the BCFA, Kenneth Rose, captured one of the more subtle but pervasive cultural changes at work in a 1939 report on recommendations to the Board of Directors. Listed under “Weaknesses” apparently plaguing the BCFA, Rose included the following: “A staff which, in too many cases, has been too emotionally concerned with the birth control problem and too little equipped with the experience, techniques or skills to do an objective job.” He made clear that the problem was “Lack of sufficient masculine support due to the highly personal and emotional basis which has motivated most women workers.”²⁶² Rose’s reverence for men’s stoicism aside, it was a woman who had done the most to further the cause of birth control.

Despite the growing male presence at top levels of the birth control movement, Margaret Sanger remained the preeminent figure during this period, pushing for research of better birth control methods and legislation to make it legal and more widely

²⁶¹See chapter nine, “Birth Control and Social Revolution,” in Gordon, *Woman’s Body, Woman’s Right*, and chapter three, “The Organization of a Social Movement,” Kennedy’s *Birth Control in America* for descriptions of the more radical pre-World War I birth control movement.

²⁶²Kenneth Rose, “A Report with Recommendations to the Board of Directors of the BCFA, Inc.,” p.3, 18 May, 1939, folder 30, box 4, record group 2, Laura Spellman Rockefeller Collection (hereafter LSRC), RAC.

available.²⁶³ She established the two main national birth control organizations, the American Birth Control League (ABCL) in 1921, and the Birth Control Clinical Research Bureau (BCCRB) in 1923, both eventually merging in 1938 to form the BCFA.²⁶⁴

Sanger's two organizations demonstrated the comprehensive and centralized approach she envisioned for birth control promotion. The BCCRB was engaged in medical research to produce more effective and safer contraception for all (married) couples, but especially for the working classes. The Bureau also served as a clinic for disseminating birth control, using those attending the clinic as its research subjects.²⁶⁵ The ABCL, the larger of the two organizations, mailed out birth control information on request and sponsored countless lectures on the subject throughout the country.²⁶⁶ It also served as a mediator, linking thousands of ordinary people seeking contraception to physicians in their proximity who might provide it.²⁶⁷

The Birth Control League's headquarters and the Clinical Research Bureau were both located in New York City, and the Northeast was the center of national birth control advocacy and services. Throughout the 1920s, across the nation, the majority of people outside of the Northeast who organized birth control services did so locally, fairly discretely, with little long-term ambitions to change laws or broader social attitudes, and

²⁶³For a thorough history of Margaret Sanger and her role in the birth control movement, see Kennedy, *Birth Control in America*.

²⁶⁴Gordon, *Woman's Body, Woman's Right*, pp. 238, 263. Mary Ware Dennett was also a major player in the birth control movement of the 1920s. Her Voluntary Parenthood League (VPL) took a more radical stance than the American Birth Control League (ABCL) in supporting "open" birth control legislation that would not require doctors' involvement in access to contraception. The VPL went defunct by the end of the 1920s and Dennett did not play nearly as an enduring or influential role on the long-term movement as Margaret Sanger. Gordon, *Woman's Body, Woman's Right*, p. 295.

²⁶⁵Gordon, *Woman's Body, Woman's Right*, p. 263.

²⁶⁶Birth control education through the mail, though illegal by the Comstock Law of 1873, was tolerated by federal postal authorities during the 1920s. State laws were another matter. They were more stringent, often directly preventing clinics from being established or even local birth control leagues from being organized. Kennedy, *Birth Control in America*, p. 219.

²⁶⁷Gordon, *Woman's Body, Woman's Right*, p. 264.

with only piecemeal and haphazard funding. Black people's connections to the white-led, nationally organized birth control movement remained especially tenuous.

Though known for her outspoken support of the working-classwoman, Margaret Sanger was not ready to make southern black women a major concern of her organization's efforts in its early years. In 1919, Margaret Sanger had carried her message about the emancipating potential of birth control Elizabeth City, North Carolina, where she held a meeting that was for white women only, par for the course, so she thought, in the segregated South. Local black women refused to be overlooked: As she reported later, "A committee of negro women urged a public address for negroes in a negro church for the same evening. This was delivered and was followed the next day by a short talk on 'Education' at the negro normal school, and in the afternoon a lecture for negro women only on methods of birth control." Sanger was surprised but pleased, and declared that "Never have I met with more sympathy, more serious attention, more complete understanding than in my addresses to the white and black people of this Southern mill town."²⁶⁸ Still, her sojourn South was short. Southern women, black and white, were left untouched by Sanger's movement until a decade and a half later.

Sanger considered doctors of paramount importance to the overall success of her campaign to legalize universal access to birth control. She had been disappointed with the results of militant tactics to advance the cause of birth control in the pre-World War I movement, and thought the ABCL needed to conduct legal strategies and engage "top-flight medical support" for birth control legislation.²⁶⁹ Sanger relentlessly pushed for a

²⁶⁸Margaret Sanger, "Breaking Into the South -- A Contrast," The Birth Control Review, December 1919, p. 7.

²⁶⁹Kennedy, *Birth Control in America*, p. 193; Gordon, *Woman's Body, Woman's Right*, pp. 249-250.

“doctors-only” bill that gave only doctors the authority to dispense birth control. This was the most important factor in luring doctors to her side in subsequent legislative battles.²⁷⁰ The reliance on physicians’ endorsements and their participation in birth control promotion endured throughout the 1930s and 1940s, leading to what one historian has dubbed a “medical hegemony over contraception.”²⁷¹ The American Birth Control League was a strong proponent of physicians’ authority and opposed the dissemination of birth control among the public through nonprofessional channels. In 1937, the League admonished, “We do not sanction the indiscriminate distribution of contraceptives by house-to-house canvassing,” and further cautioned that “any lay activities, unless sponsored, directed, and carefully controlled by medical advisors, may serve to hinder rather than to promote sound progress by antagonizing physicians and local health authorities.”²⁷²

The ABCL sought to centralize services and increase birth control access for women through establishing birth control clinics, but the organization took longer to penetrate the South than other areas of the nation. The South lagged behind the rest of the country in medical institutions and credentialed medical professionals, and so was the last region to devote public monies to birth control clinics. The rural South was especially poor, and many could not afford a private physician, or find one willing to dispense contraception. After the Depression, many southern state legislatures loosened their strict opposition against birth control, and clinics steadily grew in number there. The Birth

²⁷⁰Gordon, *Woman's Body, Woman's Right*, p. 264.

²⁷¹McCann, *Birth Control Politics*, p. 19.

²⁷²National Medical Council on Birth Control, ABCL, “A Statement by the National Medical Council on Birth Control,” Journal of Contraception, January 1938, p. 17.

Control Review ran a list of the “104 Centers for Contraceptive Advice” in 1932 that were recognized by the American Birth Control League. That year, a majority of birth control centers were located in California (twenty-nine) and New York (twenty-five), and the Southern states collectively accounted for only ten. Within four years, however, the South’s portion of the ABCL’s list had quadrupled.²⁷³ By the mid-1930s, the ABCL had approached officials and laypeople about the possibility of creating clinics in West Virginia, South Carolina, North Carolina, Virginia, and Tennessee, and the BCCRB had established a fieldworker presence in the South by the late 1930s as well.²⁷⁴ As of 1940, roughly 80 percent of clinics certified by the League still lay outside the South. However, of clinics that did not hold such certification, 40 percent were located within southern state borders.²⁷⁵

The Spread of Birth Control Clinics in the South

The funding base for all major, national birth control promotion and the establishment of many birth control clinics resided in money contributed from Margaret Sanger and a couple of well known philanthropies.²⁷⁶ The Rockefeller Foundation, for example, backed the Bureau of Social Hygiene, which gave Sanger’s American Birth Control League \$10,000 for birth control promotion; it also funded various public health programs for African Americans. The Julius Rosenwald Fund, an avid supporter of black

²⁷³ ABCL, “Centers for Contraceptive Advice in the United States – September, 1936,” folder “Birth Control,” record group 102, NARA II.

²⁷⁴ ABCL, Memorandum, 14 March 1935, p. 1, folder 8, box 2, Rockefeller Family Archives (hereafter RFA), RAC.

²⁷⁵ BCFA, “Distribution of Birth Control Clinics and Clinical Services,” 21 March 1940, folder 3, record group 102, NARA II.

²⁷⁶ Kennedy, *Birth Control in America*, p. 227.

education and health activities, especially in the South, financed a large part of the African American-dominated Harlem birth control clinic established in 1930.²⁷⁷ After the Rosenwald Fund's Director of Education in the South toured this clinic in 1933, he wrote to Sanger that they would consider financing "colored" birth control centers in Southern states.²⁷⁸

Barred from Southern medical hospitals and clinics, African Americans' own efforts at smaller, more community-based organizing were often overlooked by the large philanthropies as lacking suitable potential for growth and success. In 1937, Hampton began making plans "to raise money to pay for the services of a negro physician" explicitly hired for working at its birth control clinic at Dixie Hospital.²⁷⁹ Arthur Howe, Hampton's president, stepped in to make an explicit request of the Julius Rosenwald Fund for help. He requested \$5.00 a week for a year to pay a doctor's salary, but was refused. The President of the Fund, Edwin R. Embree, handwrote on the request – which he directed his Director of Negro Health, Dr. Midian O. Bousfield to answer – "No!!! This is chicken feed and Hampton is not a place that seems worth trying to do anything [around] health."²⁸⁰ If one of the South's leading African American institutions was stymied by the nation's most magnanimous funder of black health projects, laypeople seeking funding for local birth control efforts were likely to fare worse.

To what extent the money trail from the large philanthropies made it to grassroots-based birth control clinics in African American communities is unclear, but

²⁷⁷ A. L. Field, Memorandum, 22 July 1930, Reel 76, Julius Rosenwald Fund Collection (hereafter JRC, Fisk), Margaret Sanger Papers, Library of Congress (hereafter MSP-LC).

²⁷⁸ W. L. M. to Margaret Sanger, "Memo to Mrs. Sanger," 22 March 1933, reel 76, MSP-LC.

²⁷⁹ Hazel Moore, "Birth Control for the Negro," 1937, folder "Reports– 1940-1, 1937," box 22, FRP, SSC.

²⁸⁰ Arthur Howe to Midian O. Bousfield, MD, Letter, 18 February 1938, box 208, folder 18, JRFA.

some anecdotal evidence suggests that the trail fell short. In the first place, funders preferred white medical personnel to manage the clinics and white people often controlled the money, even when directed to work with African Americans. For instance, African Americans in Florida attempted to establish birth control clinics with the assistance of the American Birth Control League, but an openly racist doctor and well-known eugenicist interfered. Dr. Lydia De Vilbiss made sure one black clinic lost its funding because they lacked the proper “cooperation” and “did not turn out the way we thought it would....We shall likely have to re-organize it. I wonder if southern darkies can ever be entrusted with such a clinic.” She urged the ABCL to keep it off their list of affiliated clinics.²⁸¹ Discrimination, hostility, and Jim Crow segregation meant African Americans were disproportionately underrepresented at official birth control clinics nationwide through the 1930s. In the year of 1935, sixty-one ABCL-endorsed birth control clinics instructed 1,013 black clients in contraceptive use compared to an estimated excess of 70,000 white clients at 240 centers.²⁸² Still, black people in the 1930s demonstrated a greater enthusiasm than white people to patronize birth control clinics.²⁸³

²⁸¹Gordon, *Woman's Body, Woman's Right*, p. 330.

²⁸²“Digest of the Annual Reports of One Hundred Contraceptive Centers Attendance Data,” 1 June, 1936, record group 102, box 494, folder “Birth Control,” NARA II.

²⁸³Carolyn Bryant, “Clinical Service for the Negro,” p. 176, June, 1932, *Birth Control Review*. Historian Johanna Schoen states that “Black women’s need for health services was so great that they tended to take advantage of birth control clinics regardless of any contempt or paternalism they might have encountered there. Moreover, public health officials found that black patients tended to maintain better contact with clinics than did white patients.” Schoen, *Choice and Coercion*, p. 47.

Laying the Foundation for the Negro Project

The BCFA saw the South as relatively open for birth control clinic development. Birth control workers from the North saw the South still virtually untouched by contraceptive information and services by the mid-1930s, and desperately in need of both. Not much had changed in these attitudes from 1918, when a writer for Sanger's Birth Control Review reminded women of the South that "The first demands for the abolition of slavery in the South came not from the slaves themselves, but from a few northern agitators inflamed against the evils of the system. History is about to repeat itself here. Freedom is coming for the women of the South, but it is coming from outside."²⁸⁴ More practical matters went into the choice to head South. Margaret Sanger had relinquished her firm grip on the ABCL leadership in 1929 and may have viewed the Negro Project as a way to carve out a bigger niche for herself in the birth control movement. Sanger's concerns about securing her power were valid at this time when men increasingly dominated the leadership of the movement.

Southern states, for their part, were increasingly amenable to birth control programs, especially those directed at curbing the birth rates of the black and white poor. North Carolina's public health program, in fact, was the first in the country to offer contraception, with six other southern states soon to follow.²⁸⁵ White people began to express racist concerns about black people out-populating them. One North Carolina county health officer, initially reluctant to admit the need for contraception in his county, changed his mind when he realized the black birth rate accounted for 85% of the county's

²⁸⁴Bianca Van Beuren, "The Women of the South," The Birth Control Review, vol. 2, issue 2, February/March 1918, p. 7.

²⁸⁵South Carolina, Virginia, Georgia, Mississippi, Alabama, and Florida were these six states, as noted in Gordon, *Woman's Body, Woman's Right*, p. 330

overall growing birthrate.²⁸⁶ Certain sections of the laity expressed growing support for birth control as well. The Southern Conference for Human Welfare (SCHW) passed a resolution in 1938 that “recommends the inclusion of Birth Control Clinical Service in the Public Health Agencies of the Southern States.”²⁸⁷ Whatever the reasons the BCFA had to launch a project among southern black people, their presence was not unwelcome to many white people in the public health arena.

The BCFA decided to target southern black people for a host of reasons. These ranged from humane desires to work on behalf of those suffering the most severely from over a decade of agricultural depression, to eugenicist philosophy based on racism and classism. The staff of the Negro Project was comprised of all white professional men and women who hailed from the Northeast, until one black staff member was brought on board in 1944.²⁸⁸ In birth control activism at the time, a spectrum of eugenic attitudes and practices prevailed, ranging from guiding birth control education and voluntary services to indigent sections of the population – often including people of color or non-Anglo ethnicity – to the compulsory sterilization of institutionalized “patients” deemed feeble-minded and/or a danger to society. Given the racism prevalent in white America and the temptation presented by eugenics to make society more efficient and prosperous, it was almost inevitable that white birth controllers²⁸⁹ in the BCFA brought racist attitudes to bear on their management of the project.

²⁸⁶Don Wharton, “Birth Control: The Case for the State,” reprinted from the *Atlantic Monthly*, October 1939, folder 31, box 4, RFA.

²⁸⁷Editor, “A Resolution,” *Journal of Contraception*, December 1938, p. 239.

²⁸⁸“Progress and Program on Work with Negroes,” January 1945, p. 1, folder “Birth Control-Negro Service,” box 22, FRP.

²⁸⁹This term was used by some in the birth control debate as early as the 1920s. Several historians writing on the history of the birth control movement continue to use it. See Reed, *From Private Vice to Public Virtue*, p. 176.

The BCFA recognized that black southerners were inclined to mistrust white medical professionals and demand treatment by fellow African Americans. Given black people's tortured history with medical malpractice, this was not surprising. The medical establishment in the South was historically dominated by white men, many of whom had proved dangerous to black patients. Over the nineteenth century, as the fields of obstetrics and gynecology emerged, the white medical establishment focused on African Americans as research subjects. Where such investigations with white women would have been "socially unacceptable," they were deemed perfectly acceptable for black women. Most cesarean sections in the nineteenth-century South were performed on African American women "when the operation remained highly experimental and usually fatal for either mother or infant, and sometimes both." Doctors were also known to operate on black women without obtaining consent.²⁹⁰ The same dangers of medical mistreatment that had existed during slavery persisted, even intensified, during the era of scientific progress in the dawn of the twentieth century. The noted African American sociologist E. Franklin Frazier wrote that as of 1924, white doctors still regarded black people "simply as experimental material."²⁹¹ The United States Public Health Service's experiments on syphilitic rural men testified to this propensity a short time later (at the time Americans outside of the community were unaware of this experiment).

The Federation attempted to hire black personnel for the clinics as the most effective way to clarify "the factors that are sometimes misunderstood by Negroes, such

²⁹⁰Fett, *Working Cures*, pp. 151-2.

²⁹¹Beardsley, *A History of Neglect*, p. 37.

as ‘race suicide’, immorality, etc.’²⁹² For the most part it was successful. The Federation was reluctant to cede too much power, however, and maintained white authority at the top-most level. As one of the leading project planners noted, “There is a great danger that we will fail because the Negroes ~~think it~~ a plan for extermination. Hence lets appear to let the colored think it run it [sic] as we appeared to let south do the conference at Atlanta.”²⁹³ The BCFA’s concern with retaining white authority was reflected in its choice not to involve directly the two premiere African American health education institutions in the region.

Tuskegee Institute in Alabama and Hampton Institute in Virginia would seem to have appeared to outsiders as ideal hosts for the Negro Project, but racism thwarted these institutions from playing more of a leading role.²⁹⁴ Margaret Sanger in fact remarked as

²⁹²Florence Rose, Memo, 6 March 1942, box 22, “Birth Control-Negro Service” folder, FRP, SSC. Several scholars have addressed the issue of whether or not Sanger was racist in her eugenical approach to birth control. For a synopsis of historians’ perspectives on “Was Margaret Sanger a Racist?” see section under that title in Roberts, *Killing the Black Body*, pp. 79-81.

²⁹³Gordon, *Woman’s Body, Woman’s Right*, p. 333. Strike out is in the original. The quote is attributed to Clarence Gamble, dated circa late 1939.

²⁹⁴Internal knowledge might have revealed, however, that African American institutions were not necessarily safer spaces for black patients. A surprising degree of sterilization took place in the 1940s by black physicians on black rural patients at Tuskegee Memorial Hospital in rural Alabama. Black doctors were not immune from the temptation to abuse their power over patients’ reproduction. Dr. Joe Mitchell was a doctor rumored to have accommodated requests by parents to have their daughters “temporarily” sterilized, sometimes as young as twelve years old. Apparently he tied a string around the girl’s fallopian tubes and then untied them when the girl was around seventeen years old to restore her to full fertility. There was also talk that the strings would dissolve over time. It is difficult to know the extent of truth in this kind of story relayed decades after the fact. Did he sterilize these girls? Was it truly temporary? Or was this just a story made up to scare pubescent girls into good behavior? Archivist Cynthia Wilson at Tuskegee Institute relayed this information that she had learned from her mother, a nurse who knew Dr. Mitchell. Reports on the hospital’s operations for 1946-1947 indicate there might have been some truth to the anecdote. Doctors at Tuskegee employed a variety of sterilization procedures. The list included general “sterilization,” “Cornell’s sterilization,” “Salpingectomy” along with “complete” and “partial” hysterectomies, supra-pubic cystotomy, and what may have been the method Mitchell used for young girls, “oophorectomy and plastic on ovaries.” Twenty-three medical doctors worked at the hospital and performed in that year 342 general “major operations,” one half of them sterilizations. Mitchell himself was responsible for seven major operations among 571 patients, any number of which may have been in that category. In contrast to the rate of sterilizations, only 40 clients attended the “child spacing” clinic that year, leaving one to wonder why the high discrepancy occurred. Considering the power and authority medical doctors must have held at the prestigious institution, it is hard to believe that they did not exert

to their importance, in a letter to a colleague: “If two good men can be found thru either the colored educational institutions, Tuskegee, Hampton, etc., there could be an awakening in the South which would work like yeast.”²⁹⁵ Both Alabama and Virginia had active birth control clinics operating at the time the Project was underway. Yet, neither state was designated for the Project’s clinics. One could argue that Nashville and Berkeley County demonstrated a more dire need for contraception than the environs of Hampton or Tuskegee. But the object of the project was not to extend service to the state whose citizens had the (officially determined) greatest need to curb birth rates. Rather, the Negro Project demonstration clinics aimed to provide “proof that birth control integrated into existing public health services, could promote Negro health and welfare” among people of the lowest health, economic, and educational levels.²⁹⁶ Hampton and Tuskegee were the leading African American public health institutions in the South, if not the nation. The BCFA was one of the few organizations that devoted such attention and money to rural black people’s health, but its generosity did not extend to sharing authority. Its choice not to work with two of the region’s strongest African American institutions was unquestionably intended to circumscribe black leadership in the Negro Project.

There was an urban as well as a rural component to the clinic demonstration aspect of the Negro Project, though rural clinics received a disproportionate amount of

pressure on the rural poor who came to them for help. “Summary of Fiscal Year Report, June 1, 1946 - June 1, 1947,” p. 2, folder 1, box unnumbered, Dibble Papers.

²⁹⁵Margaret Sanger to Cele Damon, 24 November 1939, “Birth Control Negro Service” folder, box 22, FRP, SSC.

²⁹⁶Planned Parenthood Federation of America (PPFA), “Division of Negro Service Progress Report Outline, 1940-1942,” December 1942, p. 1, folder “Birth Control-Negro Service,” box 22, FRP; PPFA, “Statement by the PPFA,” February 1943, p. 8, folder 32, box 4, RFA.

media attention and attention from Project workers. Rural black southerners had the highest fertility rates in the nation and white southern politicians and northern birth control campaigners considered this the major source of the region's economic woes. Still, a city clinic was considered necessary to provide a comparative dimension to the Project.

Planning for the Negro Project was underway by late January, 1939, with the receipt of a \$20,000 grant from private philanthropists Albert Lasker and Mary Lasker.²⁹⁷ Within a year, the BCFA finalized the project's strategy and selected sites for the demonstration clinics in rural Berkeley County, South Carolina, and Nashville, Tennessee. (Further into the project two other rural South Carolinian counties, Lee and Kershaw, were added.) The Nashville City Health Department was "already giving 100% cooperation" to the Federation when the project began, and South Carolina had recently incorporated a birth control program into its public health division's operations.²⁹⁸ With city and state health institutional support firmly in place, the organizers turned their energies to staffing the clinics and planning for outreach.

The Negro Project in Operation

The BCFA approached the personnel issue for its clinics with a clear gender bias in favor of male authority, in both the clinic and outreach segments. This preference stood, despite the historic tradition of women's health authority in the communities the

²⁹⁷ Arkansas Eugenics Association, "Annual Report 1938 Arkansas Eugenics Association," 1938, p. 1, folder 31, box 4, record group 2, RFA.

²⁹⁸ Florence Rose, "Negro 'Demonstration Project' Possibilities: South Carolina, Tennessee [sic], Georgia, Alabama, Virginia," 1939, folder "1309," box 22, FRP.

Negro Project targeted. At the time, for example, at the Berkeley County site, eighty six percent of African American women who gave birth were attended by a midwife.²⁹⁹ The Negro Project staffing regimen paralleled the standard protocol for establishing birth control clinics: physicians' authority over prescribing contraception was to reign supreme. It was relatively easy to recruit African American doctors to run the urban clinics, but not so for the rural ones. The Nashville City Health Department had been providing birth control services out of Fisk University for several years, through the office of Dr. John Overton with the assistance of public health nurse Ivah W. Uffelman, both white. They also had two black nurses in attendance. The Negro Project arranged for an African American faculty member from Meharry Medical College, Dr. Henry I. Walker, to take over and expand the program for the Project.³⁰⁰ Rather than weekly sessions out of an office, the BCFA centralized birth control services in two clinics run from the Bethlehem Church Center and Fisk University Settlement House, both black institutions. These clinics were managed by black doctors and nurses, but ultimate supervision was left with white officials of the Nashville City Health Department.³⁰¹ African American doctors were more difficult to recruit in the rural component of the project because of the dearth of doctors, generally, in rural areas. As it turned out, a white county health officer, Dr. William K. Fishburne, served as the director for the Berkeley

²⁹⁹“Pregnancy Spacing in Rural Public Health (A special study of results in Berkeley, Lee and Kershaw Counties, South Carolina),” 1942, p. 5, folder “Educational Activities December 1940-May 1941, Division of Negro Service,” box 22, FRP.

³⁰⁰Untitled Report, (missing first page), c. 1940, p. 2, folder 8, box 210, JRFA.

³⁰¹Mabel Staupers, R.N., “Family Planning and Negro Health,” p. 1, The National News Bulletin: Official Organ: National Association of Colored Graduate Nurses, May 1941, vol. 14, n. 3.

County segment, with supervision from another white medical supervisor who worked for the state.

Because of the privileging of doctors in the clinical segment of the Negro Project, nurses were downplayed in the formal clinical protocol and reports. As Margaret Sanger put it succinctly to her colleague in late 1939, “I will never consent to nurses at this stage.”³⁰² Nurses did not even make it onto the initial organizational chart of the Negro Project, only physicians, medical colleges, and medical students. Statements were forever appearing in Project reports to reinforce the national, official position of the Birth Control Federation of America, indicating that “No patient received service or material until the written prescription of a physician had been recorded.”³⁰³

Nurses, in actuality, ended up playing a much greater role than the BCFA had planned. Eight nurses were employed by the Nashville clinics to work through the city health department’s “home service.”³⁰⁴ In the rural section, by the end of the project, five registered nurses had been hired for the Berkeley clinics, and later on, an additional clinic was established in neighboring Lee County. There, the Project hired three nurses to ensure there were “fifty patients actively on the program” in each nurse’s designated county. Nurses in Lee County were reportedly not to decide on who received contraception, which was only disseminated to clients “provided their condition warranted it upon the prescription of a physician.”³⁰⁵ The extent to which nurses followed the guideline and sought a doctor’s permission before dispensing contraception is

³⁰²Margaret Sanger to Cele Damon, 24 November 1939, p. 1, “Birth Control Negro Service” folder, box 22, FRP. This statement is ironic given that Sanger herself had been a nurse in the earlier part of her career. See Kennedy, *Birth Control in America*, pp. 6, 15-17.

³⁰³“Berkeley County, S.C. Project,” p. 3, undated, folder “Reports 1940-1, 1937,” box 22, FRP.

³⁰⁴“Better Health for 13,000,000,” c. 1943, no. 7, p.7, NLM.

³⁰⁵“Pregnancy Spacing in Rural Public Health,” pp. 5,6,9,10.

difficult to decipher from published reports and articles. An illuminating fact was reported in 1941, however, by a nurse attending the conference of National Association of Colored Graduate Nurses (NACGN). With three hundred nurses in attendance, she announced her plans for including the extension service in her birth control educational strategy. Her plan was, “I shall pass out the material, we will discuss it in our meetings, and I will distribute 5 exhibits at four health centers and through Negro Home Demonstration Clubs.”³⁰⁶

Black nurses were more crucial to the success of the Negro Project than were male black doctors. Historically they played a larger role in southern health work and the nature of their work resonated with rural grassroots health strategies and ideologies. The Rosenwald Fund’s special attention to funding training for black nurses and the federal government’s assistance in sending public health nurses to the region during the New Deal helped strengthen this tendency. Forces internal to black communities were the most important factors, for here, as historian Darlene Clark Hine has noted, nurses occupied a “special sphere.” “Whereas physicians were trained to treat the specific ailments of the patient as individual,” she writes, “from the very outset nurses were expected to deal with the patient as part of a broader social system.”³⁰⁷

This echoes what was clearly the strategy of community health work in the rural African American South. Nurses enjoyed more autonomy when they worked among rural populations than in urban environments, similar to the experience of other rural health workers operating in traditional community channels, such as home demonstration agents

³⁰⁶Florence Rose, “Educational Section,” p. 3, folder “Reports 1940-1, 1937,” box 22, Margaret Sanger Papers, Sophia Smith Collection (hereafter MSP-SSC).

³⁰⁷Hine, *Black Women in White*, p. ix.

and Jeanes teachers. Most southern black graduate nurses “tended to work for long stretches of time in isolated communities,” and, Hine concludes, this situation “undoubtedly engendered a greater sense of autonomy and control.”³⁰⁸ Women held a high position in rural community health, and for participants in the Negro Project, that authority likely translated to female nurses more than male doctors.

African American women historically occupied a position as caregivers for white people, nursing infants and families in their homes. Their positions were relatively protected because they were not perceived as threats to white power, and though black nurses took up some of the most difficult and “dirty” work, they were poorly paid.³⁰⁹ Black women were allowed to take up the slack when white society and government shortchanged their communities. In 1933 in a Virginia county, for instance, since “the physicians of the county did not look with favor upon prenatal and postnatal work. . . . A negro nurse was detailed to . . . work among the colored people and rendered valuable service, especially in prenatal, postnatal and tuberculosis work.”³¹⁰ Unless illness was severe and required advanced medical care, rural black women preferred care by women, especially in matters of sexual and reproductive health.

As described in chapter one, rural women traditionally relied on other women for assistance in pregnancy, childbirth, and at times, abortion and birth control. Such women in fact may have welcomed nurses more than doctors into their communities to conduct birth control work because they believed female healers had access to better information than physicians. In rural communities, healers such as “root doctors” and midwives, and

³⁰⁸Hine, *Black Women in White*, p. xxi.

³⁰⁹In fact, their lack of power was especially dangerous, as they were subjected to racism and sexual abuse, as were other domestic workers, within the white home.

³¹⁰Report, folder “Virginia County Health Work, 1933 Annual Reports,” box 100, record group 5, LSRC.

even the laypeople, sometimes rivaled the country doctor's expertise regarding contraception. Sociologist Margaret Hagood studied white tenant farmwomen in the South during the 1930s and found that while some of them relied on black midwives for instruction on withdrawal for family planning, in contrast, "As a group they are rather disillusioned about doctors. A common complaint is that 'doctors tell you not to have any more children but won't tell you nothing to do about it.'"³¹¹ Occasional evidence suggests cause for further resentment in some of these encounters. Adlona Graye of Wilson Mills, North Carolina, expressed her aversion to white doctors: "The white doctors act so scornful like. . . . They come in and look around and don't so much as touch the sick – just tell you to give the medicine and leaves."³¹² Southern rural women, and black women in particular, did not hold medical doctors in the high esteem that the BCFA seemed to expect they would. Shared experiences as women also added to the comfort level of female clients with female nurses.

Nurses could relate to female patients by virtue of the broad experiences they often shared with most women, including pregnancy, birth, and childrearing. This gave them an upper hand when instructing clients in contraception, for even without any special training, any nurse could help a woman to navigate her "birth canal." A pamphlet produced by the BCFA, "Instruction in the Use of the Foam Powder and Sponge Method," suggested the explicit nature of the instruction: "If you want to keep from becoming pregnant, you must use the sponge and powder every time you are going to have intercourse with your husband. . . . A short time before you are going to have

³¹¹Hagood, *Mothers of the South*, p. 125.

³¹²Adlona Graye, Interview, c. 1938, folder 6, box 213, CSJC.

intercourse, take the sponge and dip it in water, like this. Squeeze out some of the water and shake the powder on both sides of the sponge. Squeeze the sponge until it is covered with foam, like this. . . Put the sponge into the birth canal as far as you can (Demonstrate with a dry sponge on the pelvic model).”³¹³ The jelly-alone method was simpler and involved inserting the substance up the vagina with a syringe. It is hard to imagine that a woman would feel more comfortable with a man giving such instructions. Female social workers were instrumental in smoothing the way into clients’ homes in Richmond, Virginia, where the Negro Maternal Welfare Association arranged home visits for education around family planning. Their presence resulted in “four times as many patients attend[ing] the clinic as compared to previous years.”³¹⁴

The remote nature of the Project’s rural component likely meant enforcement of its male-physician protocol was weaker there. Nurses were freer to distribute birth control without medical supervision when they performed their work far from the official clinic, often visiting women in their homes. Generally in rural black health work during this era, the church or school was often used as a site for a temporary clinic since medical institutions did not exist in most rural areas.³¹⁵ But in birth control promotion generally, the in-home visit was typically used.³¹⁶ South Carolina had already begun incorporating birth control into its public health programs, and they did not confine work to the

³¹³ “Instruction in the Use of the Foam Powder and Sponge Method,” undated, folder 1, box 39, FRP.

³¹⁴ Rose, “Negro ‘Demonstration Project’ Possibilities,” FRP.

³¹⁵ For an example of such clinics, see chapter four, regarding the Alpha Kappa Alpha Sorority’s Mississippi health project.

³¹⁶ Linda Gordon stated that the in-home visit with respect to birth control at this time was “extremely rare.” She was likely focused on urban clinics in the Northeast where her research centered. Gordon, *Woman’s Body, Woman’s Right*, p. 312.

institutional setting but brought “actual b.c. into the homes of rural Negro patients.”³¹⁷

When the Negro Project began, nurses probably followed the state’s example and ventured into rural homes rather than wait for clients to self select for participation.

In contrast to the more flexible and female dominated rural health sphere, nurses at urban birth control clinics – usually associated with male dominated institutions – had a comparatively harder time performing birth control instruction and dissemination. This meant protocol was more static and supervision was much more intense and effective. Furthermore, physicians were ever present. A look at the Elizabeth City County birth control clinic affiliated with Hampton Institute in Virginia reveals the challenges nurses faced in doing birth control work. Staff of the Dixie Hospital and the Elizabeth City County Medical Society collaborated with “a joint committee” of black and white people to begin a birth control clinic at the Hospital, an institution with a history of celebrating women-centered health and leadership. Originally named the Dixie Hospital and Hampton Nurse Training School for Nurses, the institution was founded in 1891 by a northern white woman, Alice Mabel Bacon (whose horse Dixie gave the hospital school its name) with the intention “to retain in the hands of trained colored women a profession for which even without training, the Negro women have always show themselves especially adapted.”³¹⁸ The laypeople on the committee requested a black nurse to run the birth control clinic. They expressly recognized Dixie Hospital’s cooperative relationship with the county health nurse who, more than the physicians, had been “largely responsible for the interest in the community” in birth control.

³¹⁷Rose, “Negro ‘Demonstration Project’ Possibilities,” FRP.

³¹⁸Hine, *Black Women in White*, p. 16.

In early 1937, Hampton Institute secured funds from the Negro Organization Society and the Birth Control Clinical Research Bureau to employ a nurse for birth control promotion at the clinic. Nurse Watkins, having undergone training through the BCCRB, was hired, and arrived at the clinic armed with the new birth control techniques. Physicians immediately clashed with Watkins, resenting the fact that she distributed contraception without their permission or advice.³¹⁹ Physicians saw themselves as the medical experts, only aided by the female nurse in a subordinate capacity, and certainly not assisted by her superior knowledge in any area of medicine. Nurses did not receive much support from institutions or organizations like the Birth Control Federation of America. The latter assessed the Dixie clinic's eventual failure not as due to financial constraints, but to "Personality difficulties with nurse."³²⁰

Over the course of the Negro Project, it was the rural women, and not the urban patients, who demonstrated a higher turnout and a better success with the practice on birth control. This was contrary to common public opinion articulated in countless articles on birth control at the time – that rural people were less inclined to endorse birth control. Whether or not the success at the rural site correlated with greater nurse involvement must be left for speculation. The Nashville clinics, in their first year, attracted 151 women,³²¹ and continuing through June, 1941, together they had held 98

³¹⁹ Arthur Howe to M. O. Bousfield, 17 March 1938, folder 18, box 208, JRFA. It is possible the doctors knew very little about the foam powder method themselves. Their cohort in nearby Richmond's Virginia Medical College (VMC) "had been totally ignorant" on the entire subject of birth control, reported a BCCRB fieldworker.

³²⁰ Rose, "Negro 'Demonstration Project' Possibilities," FRP.

³²¹ "Summary of 'Highlights' since May 9th Meeting of National Advisory Council," 2 December 1940, p. 2, folder "Birth Control Negro Service," box 22, FRP.

sessions catering to 408 clients.³²² 2000 women had been referred to one of the clinics and of these women, 638, or approximately thirty percent, took the advice to attend. Doctors performed 163 abortions and 60 stillbirths occurred within this group. The rate of consistent and successful use of birth control by the remaining Nashville women was assessed to be about 55 percent.³²³ In Berkeley County (and likely in Lee and Kershaw Counties) the clinical work was more decentralized than at Nashville, with “eleven clinic sessions held each month at central places in the county, accessible to the rural mothers.”³²⁴ The Berkeley County clinic saw 1008 female patients. After three months, 83% appeared to have been regularly following the birth control regimen. After a full year there was a sharp drop-off, which the BCFA interpreted as resulting due to the difficulty of keeping the women supplied. In Lee County, however, at the end of a year, 65 % remained “active,” outperforming their urban counterparts by a full 10 %.³²⁵ The rural setting, in which the nurses’ role was most prominent, may have lent rural black women a feeling of greater comfort and ease in participating in the Project.

Despite the fact that many women gained from their participation in the Negro Project, there exists an unsettling fact about this episode in health advocacy. The Birth Control Federation of America allowed a contraceptive manufacturer to use the women as a testing ground for a new product. Over the 1920s and 1930s, contraceptive manufacturers researched a myriad of techniques, many aiming to produce a method

³²² Staupers, “Family Planning and Negro Health,” p. 1.

³²³ “Better Health for 13,000,000,” c. 1943, p. 10, no. 7, NLM.

³²⁴ Staupers, “Family Planning and Negro Health,” p. 1. The nurses’ race was not specified in the article nor in other documentation of the project. Since initial plans drafted for South Carolina’s project included the hope of a part-time black nurse, it seems likely that at least one of them was African American.

³²⁵ “Better Health for 13,000,000,” pp. 18, 22.

cheap enough to appeal to the widest segment of the population. Lehn & Fink Products, a New Jersey manufacturer, took advantage of the Negro Project's infrastructure to test its latest "Product 7" in Kershaw County, South Carolina. The executive secretary of South Carolina's State Board of Health stated that in Kershaw, "a crème with an applicator" was used in an "experiment" for the manufacturer "to determine the value of the material not previously used on a large scale." Lehn & Fink funded salaries of a nurse and a clerk in Kershaw in addition to the provision of the new "Product 7" to rural African American women, women who in all likelihood had not been told they were part of an "experiment."³²⁶

The Negro Project in its other clinics mostly utilized the foam-powder and "jelly-alone" methods, and even these had their dangers.³²⁷ Birth controllers working among poor populations at this time favored the foam-powder method for several reasons. For one, they assumed such clients were less intelligent and unable to follow more complex methods, such as the diaphragm and jelly. For instance the BCFA guidelines had designated Berkeley County as a "rural county where the economic and mental level was depressed." Lee County received the dubious distinction that here "the intelligence level

³²⁶"Pregnancy Spacing in Rural Public Health," pp. 11, 17, 20.

³²⁷Doctors for indigent rural patients, including those staffing the Negro Project, mostly chose the foam and powder method and gave numerous reassurances that the technique was harmless. Such confidence was disingenuous, for trials (conducted elsewhere) had shown that some patients experienced extreme discomfort. Margaret Sanger mentioned in a letter to the Rosenwald Fund, soliciting funds for her Southern work "especially among the colored people," that they were "placing great hope on the foam powder method because all preliminary tests thus far indicate that it is harmless and efficient as well as inexpensive." Margaret Sanger to Edwin Embree, 22 June, 1937, reel 76, MSP-LC. However, The Journal of Contraception published an article the following year, before Negro Project planning was underway, deeming the "foam-powder-sponge" method as still "on 'trial'" and prompting "complaints of smarting and burning" among some patients. Editor, "The Foam-Powder-Sponge Method," Journal of Contraception, January 1938, p. 14.

of the Negroes was less primitive.”³²⁸ Aside from simplicity, the foam powder and jelly-alone methods, unlike the diaphragm, required no individual fittings by a doctor.³²⁹ Not only did this make distribution more efficient and easier, but a doctor’s training in such fittings was unnecessary, leaving nurses equally capable of dealing with clients. Both methods were cheaper than the diaphragm – though not nearly as effective³³⁰ – and an average supply of foam-powder for a year rating costing about \$1.20.³³¹ Since poor women often did not have access to private physicians who could fit their diaphragms, it was true that these simpler methods worked better for them. The Negro Project clients were comprised mostly of women whose family incomes were less than \$10 a week.³³²

Negro Project Recruitment

Just as they had placed male medical authority at the helm of their clinical component, the Negro Project planners designated the minister, almost always male, as head of educational and recruitment efforts. Members of the BCFA staff shared assumptions with many other northerners that southerners, especially rural southerners, were strongly opposed to birth control for religious reasons.³³³ The Federation had probably magnified the specter of religious opposition to birth control because what it

³²⁸“Pregnancy Spacing in Rural Public Health,” pp. 4, 9.

³²⁹Clarence Gamble, MD, “A Pioneer Public Health Program In Contraception,” Journal of Contraception, January 1938, p. 16.

³³⁰Gordon, *Woman’s Body, Woman’s Right*, p. 309.

³³¹Robert L. Dickinson, MD, Clarence J. Gamble, MD, and Hannah M. Stone, MD, Journal of Contraception, January 1938, vol. 3, issue 1, pp. 6-7.

³³²“Summary of ‘Highlights’ since May 9th Meeting of National Advisory Council,” 2 December 1940, p. 2, “Birth Control Negro Service” folder, box 22, FRP, SSC.

³³³Very little official information is available regarding dominant attitudes about religion and birth control among African Americans living in the South during the time of the Negro Project. Kennedy’s chapter six, “The Debate on Morality,” in *Birth Control in America*, addresses church policy on contraception, but leaves out the South and African Americans as subgroups.

perceived as resistance by people based on religion was really resistance by the religious institutions themselves. In actuality, a 1936 article in Fortune magazine reported that “63 percent of Americans, including 42 percent of Roman Catholics, believed ‘in the teaching and practice of birth control.’”³³⁴ Religious opposition even at the institutional level had been in decline since 1930. Historians have marked that year as the “turning point in the debate on birth control” for Judeo-Christianity worldwide, when a conference of Anglican and Episcopal Churches resolved that birth control was now acceptable if practiced in the light of “Christian principles.” By the late 1930s many religious denominations in the United States believed that there were ample moral reasons for legalizing birth control.³³⁵

The Federation nevertheless assumed that its most fundamental obstacle to birth control promotion in the South was rural African Americans’ “age-old ‘taboo’ against knowledge when it pertains to sex.”³³⁶ More specifically, the BCFA anticipated that religious opposition would be the biggest stumbling block to the project and that it behooved them to address the issue upfront. They set ministers to the task of overcoming that opposition. They were to preach sermons encouraging married women to overcome reservations about birth control and do right by themselves and their families.

Some anecdotal evidence suggests that there were some in the South black ministers who counseled women, and men, on matters of family planning, but they did not always hew to the BCFA’s party line. For example, the Federation conducted an analysis of the Negro Project’s outreach and found that problems arose because some

³³⁴Kennedy, *Birth Control in America*, p. 140.

³³⁵Kathleen Tobin, *The American Religious Debate Over Birth Control, 1907-1937* (Jefferson, NC: McFarland & Company, Inc., 2001), pp. 54, 56, 60, 210.

³³⁶Untitled report, c. 1942, p. 2, folder “Reports-1942,” box 22, FRP.

women were members of “‘foot washing’ and other religious sects which prohibited the use of contraceptives.” Apparently even if Project staff had succeeded at some point to convince the women of birth control’s benefits, “‘Their pastors talked them out of it.’” Such counsel from clergy in general, apart from the Project, did not always fall into the opposition camp. Another case outside of the Negro Project, from the late 1940s, demonstrates a Virginia minister’s different disposition from the foot washing pastor. A young, single, female parishioner, pregnant by a married man, asked the minister for advice about what to do, and although he urged her to have the child, he also told her that abortion was an alternative. Respecting her decision to go ahead with the abortion, “He gave her the name of a physician friend. The thing was done.”³³⁷

The formalities around the church and power vested in the minister did not appear to correlate strongly with Project participants’ search for moral guidance. Negro Project staff armed ministers with a “Question & Answer” pamphlet “based on Biblical quotations” to help meet any objections potential participants might harbor. But although some people undoubtedly did have religious reservations, they did not necessarily turn to ministers for assistance in overcoming them. By the time the Negro Project reached its second year, the BCFA listed Jeanes teachers, not ministers, as requesting 250 copies of the “Question & Answer” pamphlet for their outreach on behalf of the Project.³³⁸ Women had acted as the authorities on reproductive control questions for years, and the organized structure of the Negro Project did not change that fact.

³³⁷ “Experiences with Ministers Attending the Summer School for Ministers,” 1949, p. 2, unnumbered box, VSU.

³³⁸ “Activities Report March 1-22,” 23 March 1942, pp. 3-4, folder “Birth Control-Negro Service,” box 22, FRP.

Historically, white people interested in interracial work with African Americans have paid inordinate attention to the role of the black minister in community politics, overlooking female leaders.³³⁹ The BCFA insisted on placing ministers alongside physicians on top of their organizational chart in part because they did not acknowledge the substantial authority women shared in rural communities, and the leadership they exercised, especially in the area of reproductive health. People at the apex of the birth control movement conflated religious leadership with male authority because they were more wedded to the idea that institutions conferred power. In rural black communities of the South, however, power – especially around health – did not reside in institutions as much as it permeated informal networks of women in their homes. Furthermore, rural people’s understanding of power was that it was to be something achieved together and shared. Tensions riddled interpersonal relationships in rural black communities to be sure, but the predominant ideology of mutualism disposed people to egalitarianism more than to power struggles.

The BCFA sought out ministers of its target communities to persuade their flocks that the Negro Project was benevolent and that birth control was a moral proposition. Before the project got underway, Margaret Sanger voiced concern about mistrust and fear dampening clinic attendance and proposed a solution in a letter to Clarence Gamble, the author of the project’s proposal: “We do not want word to go out that we want to exterminate the Negro population and the minister is the man who can straighten out that

³³⁹ Cheryl Townsend Gilkes, “The Roles of Church and Community Mothers: Ambivalent American Sexism or Fragmented African Familyhood,” in eds. Timothy E. Fulop and Albert J. Raboteau, *African-American Religion: Interpretative Essays in History and Culture* (New York: Routledge, 1997), p. 382.

idea if it ever occurs to any of their more rebellious members.”³⁴⁰ The BCFA chose ministers, men who could “straighten out” people and demonstrate moral authority to conduct local education and persuade their congregants to have faith in the Negro Project. Whereas the BCFA afforded men a power that could master others, it endowed women with a less threatening and less certain aptitude for persuasion. Nurse Minnie M. Howard of Birmingham, Alabama, for instance, the Federation considered for inclusion in the project only as a potential helpmate to her male superiors. Howard was “thoroughly [sic] informed r.e. Negro psychology as regards birth control,” a seemingly significant capacity. Her cooperation with the Negro Project, however, was defined only in terms of her “great value to any Negro Minister or M.D.”³⁴¹ As it turned out, psychology, rather than theology, was indeed what was more needed.

The BCFA’s choice of the church for promotional efforts was on the mark. Black churches have historically been considered a preserve of African American cultural traditions, important sites for forging social cohesion as well as political strategies in black communities of the South and North. As white progressive reformers, including birth control advocates, began to work in the rural South in the 1930s, they knew they had to go to the churches to reach the heart of black communities. Historically the minister occupied a place of esteem in African American urban and rural communities, and was often heavily invested in uplift work that extended beyond the confines of church. Since the 1910s, “ministers’ institutes” had been established in rural communities across the South to take up a number of non-religious issues, including those of health.

³⁴⁰ Gordon, *Woman’s Body, Woman’s Right*, pp. 332-3. Her citation is Margaret Sanger to Clarence Gamble 19 October 1939, MSP-SSC.

³⁴¹ Rose, “Negro ‘Demonstration Project’ Possibilities,” FRP.

The BCFA used this same vehicle throughout the Negro Project and in subsequent years to promote birth control in rural communities. The response was positive, as indicated by a ministers' institute held at the North Carolina College for Negroes in 1944. Forty four ministers listened to a lecture on birth control by Marie B. Schanks and twenty seven of them requested information.³⁴² The BCFA assigned ministers the primary role of educator because it believed ministers could convince reluctant congregants to practice contraception.

Sometimes what appeared to be religious opposition to birth control may have really been opposition to the birth controllers. Hazel Moore, a fieldworker for the BCCRB, encountered resistance to birth control service from the Sanctified Church in her preliminary scouting trip for the Negro Project. She thought the project would have to overcome religious bias against birth control in rural populations:

When an evangelist preacher of the Sanctified Church prevailed upon several of our negro clients to return the remainder of the can of foam powder [contraceptive] to the place where they got with the explanation 'I'm now sanctified and the Lord will take care of me and my children' – it was a bit discouraging.³⁴³

Considerations other than the theology around conception may have been at issue here, especially given the tradition in the Sanctified Church of resisting white interference. The Sanctified Church may have counseled members to refuse birth control more as an act of defiance against white medical authority. The Sanctified Church was especially resistant to white cultural and political domination, and, according to religious scholar Cheryl

³⁴² Marie B. Schanks, "Consultant's Report on Work with Negroes," 8 September 1944, folder "Birth Control Negro Service," box 22, FRP.

³⁴³ Hazel Moore, "Birth Control for the Negro," 1937, folder "Reports– 1940-1, 1937," box 22, FRP.

Townsend Gilkes, “rejected a cultural and organization model that uncritically imitated Euro-American patriarchy.”³⁴⁴ Ministers did perhaps influence their congregants about birth control, but not to any greater extent than other community leaders, and not necessarily based on their theological authority.

The BCFA privileged the minister above all others as leader in the Negro Project’s education component because it considered him the primary figure of authority as a man as the embodiment of morality by the dictates of his profession. Ministers were not the embodiment of moral authority, however. They were human, flawed, and in some instances, congregants found ministers’ personal behavior not altogether exemplary to the rest of the community, even in some ways decidedly un-Christian. A sociological study of rural southern African Americans conducted at the time recorded many instances of such perceived imperfection. Mary Parker of Madison County, Alabama, told of “preachers going with young girls,” and not to the church picnic.³⁴⁵ The daughter of sharecroppers living in Notasulgia, Alabama, Mamie Philpot, reported community consensus on the hypocrisy of local Reverend Flood: “They say he don’t live right – gambles and everything.” She concluded, “I think the preacher ain’t no count less he do what he says to do.”³⁴⁶ Ministers were not considered pinnacles of virtue then by their congregants. It was their integrity, more than their morality that mattered to people and appealed to those seeking advice on the stickier private matters of sex and contraception.

³⁴⁴Cheryl Townsend Gilkes, “Together and in Harness: Women’s Traditions in the Sanctified Church,” in Cornel West and Eddie S. Glaude, Jr., eds., *African American Religious Thought: An Anthology* (Louisville, KY: Westminster John Knox Press, 2003), p. 630.

³⁴⁵Mark Parker, Interview 1938, CSJC.

³⁴⁶Mamie Philpot, Interview, c. 1938, p. 6, folder 1, box 216, CSJC.

The church was an important part of cultivating social as well as spiritual mores in black rural life, and it makes sense that the planners of the Negro Project thought to call on ministers to persuade their congregants of the benefits of family planning. But they misunderstood the extent of religious influence on reproductive decisions and failed to understand that ministers played a part more as social leaders than moral exemplars. The minister was one valid choice as purveyor of the Negro Project's message and information, but he was not the only or the best choice. Female leaders had established their own understated authority in reproductive health matters in rural communities, and surely they were the more appropriate choice to lead their neighbors to the doorstep of the Negro Project. John Malcus Ellison, the AES representative who had heralded the arrival of "a new type of rural leadership" in the early 1930s, including Jeanes Teachers and Agricultural Extension Service agents, made a point of noting that "These movements have tended to displace, or at least supplement, the influence of the poorly-trained country minister. . . ."³⁴⁷

Female health leaders, and not ministers, held the authority in rural black communities with respect to health issues broadly, and birth control in particular. Mattie Fisher, the oldest Jeanes teacher in South Carolina, wrote a letter to Arthur Wright, President of the Southern Education Foundation, appealing to him for help in obtaining needed contraception to her clients. "I, too, am interested in Birth Control. Yes, we have in the Negro race too large families and nothing planned for the child, not even money to pay the doctor for delivering the baby. . . . I will order some material and be glad to organize groups and have my teachers and preachers in Lee County to help with the

³⁴⁷Ellison, *Negro Organizations and Leadership*, pp. 61-2.

program.³⁴⁸ Women, and especially Jeanes teachers, held the key to birth control promotion in the rural South. The BCFA clearly erred in its initial choice.

Halfway through the Negro Project's first year, organizers recognized that their strategy of using exclusively male channels was not working. A five page summary of the project's highlights at the end of the first year suggested the extent of the shift that had occurred. Perhaps women's predominance in rural health networks, in contrast to urban health, accounted for this discrepancy as to what extent religion affected approaches to birth control. While an assortment of groups, meetings and conferences were mentioned in the highlights, the minister component to the project was not addressed once. Furthermore, the only mention of religious opposition was the Catholic resistance that derailed the BCFA's participation in the American Negro Exposition in Chicago that year. The BCFA concluded at the end of the Negro Project that for the South Carolina portion, "there was no religious prejudice against birth control so far as the formal teaching of a church is concerned."³⁴⁹ In contrast, Negro Project leaders were surprised that apparently "the religious taboos in Nashville were more evident."³⁵⁰

Conclusion

In 1932, Walter G. Alexander, an African American doctor, spoke on "Birth Control for the Negro. . . A Fad or a Necessity," at the Academy of Medicine in Philadelphia. He stated that:

No subject has attracted more attention or assumed more importance in the last decade than birth control; and while many members of the medical

³⁴⁸“Activities Report April 27-May 9,” 1942, p. 2, folder “Birth Control - Negro Service,” box 22, FRP.

³⁴⁹“Pregnancy Spacing in Rural Public Health,” p. 5.

³⁵⁰“Better Health for 13,000,000,” p. 19.

profession have been interested in it from the beginning, and while the number of those interested has increased, yet the movement itself has been very largely in the hands of the laity; and the medical profession, which theoretically, ought to have the most comprehensive grasp of the subject, has in this instance been a follower, rather than the leader. . . .³⁵¹

The BCFA discovered what Alexander had acknowledged almost a decade earlier, but only after the Federation had set up the medical profession as “the leader” of its Negro Project. The Federation put into place the hierarchy that was familiar to it, one topped with male professionals whom they considered best suited to exert authority and take command of rural black communities.

The BCFA’s initial strategy of placing physicians and ministers at the top tier of the Negro Project heeded the political imperative of ensuring medical supervision, and also implicitly perpetuated a view of black southerners as unaware and uninspired about birth control, requiring the leadership of their minister to lead them to the light. The onus of leadership was not to be on the women whose stakes in birth control were much higher than men’s. For this reason, the Negro Project has been considered as having functioned, as one historian put it, “to stabilize existing social relations” through its enlistment of “conservative community leaders such as ministers and doctors.”³⁵² Yet a closer look at how it evolved over the whole course of its tenure shows how the participants of the Project, their own system of values and strategies, finally convinced the BCFA officials to change their approach.

³⁵¹ W. G. Alexander, MD, “Birth Control for the Negro. . . A Fad or a Necessity,” Speech, Academy of Medicine, Philadelphia, Pennsylvania, 1932, folder “Reports-1943,” box 22, FRP.

³⁵² Gordon, *Woman’s Body, Woman’s Right*, p. 333.

Over the course of the project, the clients revealed that religion was not a sticking point for them. They felt less religious opposition than Project planners had believed, and they also held their ministers in less regard. That is, rural African Americans did not imbue their religious leaders with supreme moral authority, and certainly not over reproductive issues. As it turned out, other leaders in these communities were better positioned to conduct outreach, and the BCFA took measures to redirect their strategy along these lines.

Other figures emerged into the spotlight that Project organizers had not expected. During the first year of the Project, the Federation listed meetings of Jeanes teachers, the Negro Organization Society, the Virginia Federation of Colored Women's Clubs, and the NAACP, for instance, as important activities. Of particular interest, listed under "current activities," was the prospect of extending birth control service through "a group of Negro college women, the Alpha Kappa Sorority," to "the underprivileged Negroes of several counties in Mississippi." The landscape of the project had clearly shifted over the course of its first year. A year ago, Margaret Sanger had almost sneered, "the idea of nurses going out to send mothers" to birth control clinics "just makes me laugh."³⁵³ Now her enterprise was sending clubwomen, sorors, and teachers to spread the word. The next chapter explores how many more channels appeared at the doorstep of the Negro Project to participate in the distribution of birth control information. This plethora of lay support and its quality influenced a change in the BCFA's approach to the Negro Project, but also in the organization's national strategy.

³⁵³ Margaret Sanger to Cele Damon, 24 November 1939, p. 1, folder "Birth Control Negro Service," box 22, FRP.

CHAPTER FOUR

“Getting it Right: Birth Control Organizing from the ‘Inside Out’”

Introduction

As the Negro Project progressed, staff of the BCFA became increasingly aware that its original approach to its audience was missing the mark. Once the project was underway, there appeared a number of local community groups, often led by women, eager to become involved with the work. These groups’ organizers at times seemed to take the lead. Moreover, the women were surprisingly well connected to other health efforts in the region, and facilitated services for their rural clients that bespoke a savvy about health care and regional politics that could assist the Federation. The project’s cadre of ministers were not exactly drawing women like magnets to clinic doors. Nurses, more than doctors, were having success with making female clients comfortable with this group of outsiders. The BCFA asked itself, should it heed what was transpiring here? And what exactly was that?

The BCFA acknowledged from the outset of the Negro Project the importance of the laity in conducting outreach. It instituted the National Advisory Council (NAC) of leading black progressive organizers for its second component of the Project, the national education campaign. The NAC was intended to serve as the centralized agency from which information about birth control was to be distributed to the masses. As such, it was the center of a web of informational channels among African American organizations, agencies, and media, extending into the most remote corners of the country. Represented on the Council were two groups of women in particular who did their own birth control

work among rural southerners in the decade of Great Depression. Through observing the strategies and ideologies accompanying this work and that of other black lay health workers, the BCFA learned how to transform and improve their Negro Project. The Federation also integrated these lessons into its national strategy.

This chapter focuses on the activities and ideologies of two particular vehicles for birth control information and dissemination that were represented within the NAC: a group of Sorority women who went to rural Mississippi in the summers to conduct birth control outreach among sharecroppers; and the Jeanes teachers, women who lived in rural communities and headed up many health projects, and who became leaders of grassroots birth control activism for the Negro Project. The comparative experiences of Jeanes teachers and the AKA sorority with rural black southerners highlights the fact that no factors were more important in birth control education than trust and shared investment in a community over the long term. A comparison between the two groups of women reveals the way class and regional differences complicated relationships between the Negro Project participants and those on the National Advisory Council who were supposed to represent them. Familiarity and mutual respect strengthened the role of Jeanes teachers among their fellow community members. Jeanes teachers themselves arose from rural communities and reflected, through their philosophies and strategies, the same claims to a female health authority and an instinct to organize communities in grassroots fashion.

The growth of birth control education in high schools over the 1930s further strengthened the effectiveness of Jeanes teachers and consequently the appeal they held for the BCFA. The confluence of the Great Depression, changes in law, and a

manufacturing blitz of contraception resulted in the final destruction of birth control as a taboo subject. Schools began to introduce the subject to birth control to high school students to help prepare them for marriage, but with an eye to preventing premarital pregnancy as well. The school as a legitimate venue for birth control education made the Jeanes teachers' involvement in the Negro Project and the birth control movement in the South even more critical. The BCFA was not overstating the case when it stated that for birth control promotion, "[i]n the rural South . . . the Jeanes Teacher leads the way."³⁵⁴

Formation of the National Advisory Council for the Negro Project

When Margaret Sanger began the preliminary scouting of the South for the Negro Project, she recognized that seeking advice about working amongst black Southerners from "any white person" was useless: "They are always wrong."³⁵⁵ White medical officers, she and the Federation insisted, needed to retain control over clinics that actually distributed contraception, but for general informational outreach, it seemed safe to cede power. Florence Rose, Sanger's secretary as well as head of "Public Information" for the Negro Project, followed the same reasoning. She wanted to take a preliminary tour of the South to get to know the lay of the land before the BCFA embarked. She emphatically wanted the trip to, "Most important, give me an actual contact with the people and with the conditions that we will be working with on this Negro project. . . . At the present time I am thoroughly uninformed, getting my information 2nd, 3rd, 4th and 5th hand, which

³⁵⁴Division of Negro Service, Report, "Educational Section (Title not decided upon yet)," c. 1942, p.5 folder "Reports 1940-1, 1937," box 22, FRP. See chapter two for the evolution of the Jeanes Teacher figure in the early twentieth century.

³⁵⁵Margaret Sanger to Cele Damon, 24 November, 1939, p. 1, folder "Birth Control - Negro Service," box 22, FRP.

never gives me the feeling of having a personal knowledge of the situation to aid in working out a program.”³⁵⁶ That contact did not initially translate to recruitment of the targeted clients themselves -- indigent African American southerners -- to help in project planning. Rather, Sanger looked to the circle of prominent African American reformers to come to the project’s aid.

Sanger turned to Baltimore, Maryland, to find a model of black activism around birth control that relied on middle-class professionals to conduct outreach to the masses. There, the Urban League had already “start[ed] the ball rolling.” In 1937 the League had gathered a “sponsoring committee” formed of over a hundred “outstanding people in all walks of life.” The committee included a “minister from each Protestant denomination,” “physicians, dentists, pharmacists, nurses” who were commonly recruited for most public health campaigns, and social workers, teachers, labor leaders, housewives and heads of civic and fraternal organizations. In late 1939 Sanger considered forming a similar committee for the Negro Project based on the example of the Baltimore group. She explicitly “asked [Florence] Rose to go to the Urban League and talk it over with their Director just to get their reaction.”³⁵⁷

The BCFA established its National Advisory Council in part to stave off suspicions of eugenic motivations behind the program, just as it sought to hire black personnel for its clinical dimension. Speaking of the members of the black middle class they were recruiting for the Council, Margaret Sanger stated that “the most important

³⁵⁶ Florence Rose to Clarence Gamble, 6 December, 1939, p. 2, box 39, Margaret Sanger Papers (unfilmed) (hereafter MSP-unf), SSC.

³⁵⁷ Margaret Sanger to Cele Damon, 24 November, 1939, p.1, folder “Birth Control - Negro Service,” box 22, FRP.

thing I'm doing is to clarify their own thinking on the subject" of contraception, for she found "extreme sensitivity on the subject but once they are convinced about our motives, as expressed in the idea of a Negro Advisory Council, their whole attitude changes."³⁵⁸

What Sanger failed to consider fully was that those people recruited to conduct outreach to fellow African Americans were biased themselves. The National Association of Colored Women (NACW), the nation's leading middle-class black women's organization and a new member of the Council, had called earlier in the decade for a "crusade" of uplift that specifically required:

ELIMINATION - by education and by all other ethical means we should prevent the stream of inheritance from being contaminated by the factors of the unfit. Such elimination as by wise choice will permit only the fit to survive, and thereby ridding society of her social disasters and economic burdens.³⁵⁹

The statement indicates an appropriation of choice, an assumption that those on the "crusade" were called to make decisions for those who were lost to "ignorance, carelessness, indifference, neglect, filth, vice and poverty."³⁶⁰ Expressions of disdain for society's downtrodden was clearly not the sole domain of the white middle class. It was shortsighted of the BCFA to think reassuring a small number of representatives (fourteen to twenty-six in the council's first year), the council would mollify the fears of hundreds of thousands.

The BCFA deliberately chose to involve members of the black professional middle class who were practiced in strategies and values of progressive reform. While on

³⁵⁸ Florence Rose to Clarence Gamble, December, 1939, box 39, MSP-unf.

³⁵⁹ National Association of Colored Women, "Child Welfare and Maternity [sic]," Draft, c. early 1930s, p.3, reel 7, NACWC.

³⁶⁰ Ibid., p.4.

her preliminary tour to make “actual contact” with black Southerners, Rose found most impressive the “outstanding persons in each place” she stopped. One such person was a “Dr. McLeod,” whom Rose called “‘tops’ among Negro women” and who was likely Mary McLeod Bethune, head of the National Council of Negro Women.³⁶¹ Bethune was one of the most powerful black women in national political organizing at the time, and someone the BCFA would want on board. With the likes of Bethune, the NAC formed a highly accomplished group, with membership in the project’s first year numbering twenty-six representatives from the medical and nursing professions, religious leaders, the Urban League, various educational institutions, labor, business, women’s groups, press, the Y.M.C.A., the N.A.A.C.P., Alpha Kappa Alpha, the American Youth Commission, and the Southern Education Foundation.³⁶² By the end of the Negro Project the number of advisors was up to 43 and additional groups were represented, such as the National Congress of Colored Parents and Teachers, the National Businessmen’s League, the National Housewives League, and the International Benevolent and Protective Order of Elks. The BCFA also recruited a “Sponsoring Committee” from the “Negro Who’s Who” and including “155 Negro Phi Beta Kappa members listed in Negro Year Book.” “Other honorary award winners of various types,” “Secretaries of Negro Chambers of Commerces and Boards of Trade,” and “Negroes in Political Life” rounded out the invitation list.³⁶³ It was evident that political clout was the key criterion for the BCFA’s inclusion of black middle-class representatives. Not surprisingly, the National Advisory

³⁶¹ Florence Rose to Clarence Gamble, December 1939, box 39, MSP-unf.

³⁶² Letterhead, Florence Rose to Midian O. Bousfield, MD, 26 March, 1941, folder 8, box 210, JRFA.

³⁶³ “Progress Report Outline 1940-1942,” December, 1942, p. 3, folder “Birth Control - Negro Service,” box 22, FRP.

Council took a stance toward its mission that reflected the bourgeois values of its middle-class, professional membership.

NAC members represented middle-class black people's "own thinking" and their views did not easily resonate with the rural black Southerners who were the Negro Project's main target population. Like other middle-class reformers, many on the council were concerned with how those below them in the social hierarchy fared under the gaze of society's most powerful white philanthropists, politicians, and other notables, and how that, in turn, reflected back on themselves. For example, an Urban League secretary who was on the NAC's sponsoring committee stated that the League's primary concern was how black overpopulation led to increased "health disabilities" which then led to "other affronts to the dignity of the Negro."³⁶⁴ In a similar vein, a doctor on the council spoke of how her work among sharecroppers in Mississippi was "worthy of emulation," not because it created greater health for patients, but because it raised the "social status of the race."³⁶⁵ This attitude was tainted with a distinctly regionalist bias. A physician at Howard University Medical School who researched public health strategies for the southern states pointed to the "rural group" and "transient group," not the "urban group," as those African Americans who contributed most to "racial stigmata[sic], challenges to social respectability, and threats to the progress of the race as a whole."³⁶⁶ A self-interest

³⁶⁴ "Summary of 'Highlights' since May 9th Meeting of National Advisory Council," Report, 2 December, 1940, folder "Birth Control – Negro Service," FRP; Florence Rose, "Educational Section," c. 1942, folder "Reports 1940-1, 1937," box 22, FRP.

³⁶⁵ Untitled Report Draft, Dorothy Boulding Ferebee Papers (hereafter DBFP), Moorland-Spingarn Library, Howard University.

³⁶⁶ Hildrus A. Poindexter, MD, "Some Opportunities for Service Among Negroes in the Southern States," in National Negro Health News, vol. 6, no. 1, January-March, 1938, p. 7, VSU.

based on class and a lack of familiarity with the rural population affected the urban-based NAC members' promotion of birth control.

Like the BCFA itself, the National Advisory Council reflected a bias toward medical professionalism that served its broader class interests and mirrored the ethos that guided the Negro Project's clinical component. The Council considered forming a liaison group to reach out to black state medical associations. One of its concerns was "drawing the Negro medical profession in officially from the start, and giving them 'face', and time for advance preparation before the public demand sets in which our other educational efforts will undoubtedly quickly create." The NAC, although it included a range of black leaders far beyond the medical field, many of whom were women, still protected the black physicians' role above all others as the most significant source of authority and power in guiding reproductive decisions. Drawing lines of authority and expertise between doctors and nurses, on the one hand, and lay healers and midwives on the other, was standard practice for middle-class health reformers of the day and NAC members followed suit. A deleted section of one of NAC's progress reports indicated that it downplayed nurses' roles in grassroots health outreach. The report elaborated on the physicians' role, detailing a questionnaire about birth control sent to 3000 black doctors that yielded 500 responses and offered them a "Refresher course" on contraceptive techniques. In contrast, the Council expunged discussion in the report of a nurse's plans to pass out birth control material to other nurses in the local National Association of Colored Graduate Nurses (NACGN) meetings.³⁶⁷ The middle-class National Advisory Council had to present an image of strict accordance with professional mores. This

³⁶⁷"Educational Section," c. 1942, pp. 2-3, folder "Reports 1940-1, 1937," box 22, FRP.

meant, however, that they were also presenting the very face that threatened many poor rural people, white and black, especially when it came to issues of reproductive control.

Even as it presented information to the general public that reinforced doctors' authority over reproductive decisions, however, the National Advisory Council's extensive network stimulated wide awareness and provided needed information about accessing more advanced contraception. In the first year of the project for instance, NAC member Jesse Thomas of the National Urban League sent birth control exhibits to each of forty-five local secretaries of Urban Leagues throughout the country, many of whom reported that the exhibit "began to attract favorable attention at once."³⁶⁸ After the second year some new additions to the NAC brought an even wider array of lay channels for disseminating information. J. Finley Wilson, Grand Exalted Ruler for twenty years of the International Benevolent Protective Order of Elks, joined the council in the Spring of 1942, and by the next fall the Division of Negro Services, the organizational subdivision of the BCFA in charge of the Negro Project, found itself in possession of a list of 500 or more of the Elks' "Temple groups," the women's auxiliaries, comprising about 500,000 women; from them, assured the women's auxiliary secretary, would flow "full cooperation" with the Negro Project.³⁶⁹ Similarly, the Virginia Federation of Women's Clubs sent out birth control information to 250 women representing sixty clubs throughout the state.³⁷⁰

³⁶⁸ Florence Rose to Midian O. Bousfield, MD, 3 February, 1941, folder 8, box 210, JRFA.

³⁶⁹ "Activities Report April 27-May 9, 1942," and "Activities Report, September 10, 1942," folder "Birth Control-Negro Services," box 22, FRP.

³⁷⁰ "Activities Report Sept 26-Oct 10 (no year)," folder "Birth Control - Negro Services," box 22, FRP.

The “General literature” of the Negro Project aimed at its primarily rural population was distinct from the “professional literature” the BCFA distributed to officials and medical professionals. Negro Project staff wanted to communicate effectively to those with the highest fertility and the least access to advanced contraception; rural southerners had high levels of illiteracy and it made sense that “printed material should be presented in its simplest forms in view of the intended distribution among the clinic type of patients in rural areas” and that “gay and colorful material would prove of value, because of its popular appeal.” Also, “Photographic material should be used in preference to printed material wherever possible.”³⁷¹ BCFA staff members looked to a prominent African American literary figure of the time, Arna Bontemps, to come up with a prototype for the general promotional piece, for he had performed a similar task for a National Tuberculosis Association campaign.³⁷²

The main piece of literature was called “It Isn’t the Stork,” a title that betrayed the inertia of class and professionalism that beset attempts by the NAC to broach the wide gap to their mostly working-class audience. The title might be interpreted as conveying condescension to people presumed childish in their “superstitious” and “backward” understanding of reproduction. It equally reflects a creative attempt to use the universal language of humor to appeal to people who have had little contact with these strangers who are dispensing advice. Bontemps drafted two versions of “It Isn’t the Stork.”³⁷³ But Bontemps also framed the individual issue of birth control in a larger context of

³⁷¹ “Minutes of the National Negro Advisory Council Meeting,” 9 May 1940, p. 3, folder “Miscellaneous,” FRP.

³⁷² Untitled, p.3, folder 8, box 210, p. 3, JRFA.

³⁷³ The final title remained “It Isn’t The Stork.” “It Isn’t The Stork,” 13 August, 1943, folder 2, box 107, CSJC.

bourgeois values, especially those relating to capitalistic efficiency and social responsibility to the economy. In his first effort to relate to his rural audience, he referenced the tax burden the middle class bore due to high fertility rates among society's poorer populations. He charged the latter with taking responsibility, and especially not using the excuse of the legacy of slavery to justify having too many children. "These are not slavery times, mind you, and nobody is going to thank you for bearing more young ones than you can feed and raise." While he left that accusatory comment out of the final document, he kept the part where he urged his readers to compare having their babies to growing crops: "One acre of rich bottom land is worth half a dozen hill-side acres that won't even grow peanuts." (W. E. B. Du Bois was even more direct in his equating people to crops, urging that "Negroes must learn that among human races as groups, as among vegetables, quality and not mere quantity really counts."³⁷⁴) Bontemps not only spoke of birth control in the dry, practical terms, he also acknowledged the more emotional ramifications of spacing one's children.

The messages of Bontemps' short essay were intended to be absorbed by a couple, but they directed most of the burden for birth control to the woman. In some ways the preferential attention put the woman in the light of having relatively more control over the risk of pregnancy than her husband. In what was supposed to be a colloquial "conversation" with rural people, Bontemps encouraged the female reader that "both you and your husband will feel a lot better about everything if you don't have to worry about having a baby when you are not ready for another one." The message was one of reassurance, conveying sympathy for his reader and even a slight hint at the possibility of

³⁷⁴"National Family Planning Serves U.S. War Efforts Declares Margaret Sanger," 4 April, 1942, p. 4, folder 7, box 107, CSJC.

more pleasurable sex. However, there is an unequivocal expectation that though she may not be ready now, women's choice to become mothers was a given. The control over childbearing was only when, not whether. This view of inevitable motherhood for every married woman accorded with middle-class, bourgeois values in the national birth control movement.³⁷⁵ Bontemps suggests that a woman could lighten the load of motherhood without guilt, assuring that birth control would not "make your husband think any less of you." But still there was a backhandedness in such reassurances. His remark that, "Just because you space out your babies doesn't mean you aren't the woman you used to be," assumes more about the writer's ideas of womanhood than the readers'.³⁷⁶ At worst, Bontemps's message was cloaked in a patronizing tone; at best, his statement to the rural reader, and therefore the message of the Negro Project, was that when it came to family planning, "you can do something about it. You can plan your family the way that's best for you."³⁷⁷ This language encouraged rural African Americans to make independent decisions about reproduction. As with most reform work, behind such propaganda existed a set of assumptions and opinions regarding what was "best." But ultimately, there was no intermediary present, just information, and people themselves were left to interpret the material as they saw fit.

The Negro Project intended for birth control information to stay within designated channels and that supplies remain under physician control. As birth control information

³⁷⁵The mainstream movement, however, interpolated race into the equation. Carole McCann notes that "...both the racial ideal and the economic ethic of fertility contained conventional gender assumptions that [Margaret Sanger's] rhetoric did not challenge. The Sangerist ideal of racial betterment, while supporting voluntary motherhood, nonetheless raised motherhood to a sacred duty." McCann, *Birth Control Politics in the United States*, p. 17.

³⁷⁶Arna Bontemps, "It Isn't The Stork," August 13, 1943, p. 2, folder 2, box 107, CSJC.

³⁷⁷Arna Bontemps, "Revised Version," 7 May, 1943, p. 1; Arna Bontemps, "It Isn't The Stork," August 13, 1943, p.1.

filtered through the network of NAC's organizations, however, it spilled outside these boundaries into the public sphere. The BCFA ended up disseminating 125,000 pieces of literature and "about 600 cardboard exhibits placed in strategic locations in Negro localities."³⁷⁸ Federation "Pictorial Statistics Posters" presented information directly and unmediated to the public through their "display in community centers, doctors' offices, health agencies, etc."³⁷⁹ Meeting minutes of the Negro Project indicated that "educational kits" distributed through the Health Week possibly included actual birth control supplies beyond mere information.³⁸⁰ A relaxation of medical authority was evident from the behavior among some members of the NAC itself when they did not operate as a unit. NAC member Dr. Midian Bousfield of the Rosenwald Fund and Chicago's Urban League requested that the BCFA send the "Plan Your Family" pamphlet, which "answers in simple form the questions usually asked by clinic patients," and two cardboard exhibits to nurse Beatrice T. Johnson at Tuskegee Institute. She was not a doctor, and there was no mention of her acting under the supervision of a doctor in this correspondence; Bousfield assumed she might find the information useful for the institute's programs. Even BCFA workers themselves adopted this more flexible attitude, for when Florence Rose heeded Bousfield's request and sent Johnson the materials, she suggested a rather open distribution scheme. She told Bousfield they should consider placing the literature near the exhibit, "enabling those who stop to look at the exhibit to pick up a leaflet to read at

³⁷⁸Division of Negro Services, "Summary Report," June, 1942, folder "Birth Control – Negro Services," box 22, FRP.

³⁷⁹Woodbridge E. Morris, MD to "Doctor," c. 26 March, 1941, folder 8, box 210, JRFA.

³⁸⁰"Program Committee Minutes," 15 March, 1943, p. 2, folder "Birth Control – Negro Service," box 22, FRP.

home at their convenience and possibly to pass along to their neighbors who may be interested.”³⁸¹

The standard protocol for physicians to dispense contraception to patients, initially a firm plank in the Negro Project’s scaffold, also underwent a transformation. Far from enforcing conventional requirements for justifying the need of contraception – married status, and a manifest “medical need” as ascertained by a doctor – this decentralized, grassroots style of dissemination required no professional mediation and freed a prospective patient to pass along the information even further. Sending information was one thing, recruiting active participation of the people into birth control programs and supplying them was quite another. Some members of the NAC were assigned the task of carrying more than information to people out in the field. Here mediation did occur, and the health practitioners acting through the NAC likely had an impact on how clients received the information and supplies. One can be sure that the African American NAC members were a far more welcome sight on rural people’s front porches than were white strangers.

Dr. Dorothy Ferebee and the Alpha Kappa Alpha Mississippi Health Project

One of the groups represented by the National Advisory Council illustrated well the challenges of African American reformers during Jim Crow and the limits to uplift work that came to communities from the outside. The NAC enlisted for their educational outreach Dr. Dorothy Ferebee and her Alpha Kappa Alpha Sorority (AKA), women who had run summer health clinics for Mississippi sharecroppers since the mid-1930s.

³⁸¹Florence Rose to Midian O. Bousfield, MD, 3 February, 1941, folder 8, box 210, JRFA.

Ferebee, who headed the Mississippi health project, was a member of the NAC, as well as the Chairman of the Committee on Family Planning of the National Council of Negro Women (a federation of all the national African American women's organizations). Dr. Ferebee was a mover and shaker at the top levels of professional medicine, African American social activism, and birth control promotion. She also epitomized the limitations of applying an urban, middle-class professional perspective to educating an overwhelmingly working-class and rural population on family planning.

Initially dedicated mostly to infant and maternal health work, the AKA began to take an active interest in promoting contraception with the onset of the Negro Project. In 1940, the first year of the Negro Project, the BCFA decided to supply birth control to the AKA project if funds permitted.³⁸² Little evidence has emerged regarding the contraception dimension of the AKA's program, but if one sorority sister's background was any indication, this group of women had some experience in organizing around birth control. The same Nurse Mary Williams who had been instrumental in cultivating the Tuskegee Mothers' Club and its "sex hygiene" instruction back in the 1910s was continuing the work with AKA on a broader scale.³⁸³ Dr. Dorothy Ferebee, leader of the Project, had an obstetrical background and almost certainly had the knowledge and skills to instruct people on the fitting of diaphragms or other contraceptive methods. Both Williams and Ferebee brought different experiences to bear on their birth control work – one, a background working with rural farm women, the other ensconced in the world of

³⁸² Report, c. 1940, p. 2, folder 8, box 210, JRFA.

³⁸³ See chapter one for more on the Tuskegee Mothers' Club.

professional medicine. Much of the AKA's Mississippi work no doubt benefited from Williams' experience, but the overarching tone left something to be desired.

Dr. Ferebee's published assessments about her Mississippi patients demonstrated an elite subjectivity out of touch with rural people and their lives. Ferebee expressed disappointment with her fellow African Americans in the remote regions of Mississippi who, "for the most part, are a saddened defeated and submissive lot. Their faces are vacant, immobile, staring stupidly as in a dull trance. They are illiterate and helpless, and almost hopeless." Ferebee's stance distinctly distances herself and her fellow sorority sisters (called sorors) from their clients. It is hard to imagine she is writing with them in mind, and not the BCFA or other middle-class colleagues, when she speaks of her surprise at seeing "None of the Southern mansions and ancestral homes I expected to see." Ferebee identified her role and that of the AKA as above the masses, and that here in the backwoods of the Deep South, beyond providing just basic health care, they fostered hopes where they saw only benighted despair. In Ferebee's mind, the sorors created a place for the sharecroppers where "here among their people, away from the hard cruel eyes of the overseer, they were able to find a balm and a comfort for their painful experience."³⁸⁴

Ferebee's public speeches and remembrances of the project also demonstrate the gulf between the professionals comprising the National Advisory Council and the clients they aimed to serve. She herself was a medical doctor, hailing from the nation's political center of power, employed at the nation's premier black medical school at Howard

³⁸⁴ Dorothy Ferebee, MD, Untitled Report, c. late 1930s, pp.1-2, and "A Day with the Clinic (draft)," c. late 1930s, p. 6, DBFP.

University, and inevitably a fish out of water in the rural South. Ferebee's status may have had real negative consequences to her rural clients' treatment. Her loyalties to the medical profession may have hindered her from finding fault with colleagues in the Negro Project, perhaps to the point of risking harm to its clients. Ferebee made reference, for instance, to what the white doctor running the South Carolina segment of the Negro Project called the "so-called 'husband-objection'" to using birth control. She reiterated the phrase, explaining that the objection "is often blamed on physical reactions to the material, but apparently is related more to superstitious fear of impairment of function through interference of vital process."³⁸⁵ Whether or male clients had cause to fear impotence, there is no reason to disbelieve the reports men gave of physical reactions to the foam and powder method. After all, the method at one time had been reported as causing "smarting and burning" in women.³⁸⁶ Dr. Ferebee not only failed to translate accurately the Negro Project's clients' experiences, but by relating Dr. Seibel's interpretation, she was silencing black people's concerns by superimposing the judgment of a white, male, medical professional.

Ferebee's lack of familiarity with the South and its people may also have obscured for her the real challenges facing her patients in Mississippi and jeopardized their care. In her speech to the annual BCFA meeting in 1942, she declared that one of the main "obstacles" to birth control that black people in the South had to overcome was "the concept that when birth control is proposed to them, it is motivated by a clever bit of machination to persuade them to commit race suicide." It was true that sometimes well-

³⁸⁵ Dorothy Ferebee, MD, "Planned Parenthood as a Public Health Measure for the Negro Race," p. 3, folder "Educational Activity," box 22, FRP.

³⁸⁶ Editor, "The Foam-Powder-Sponge Method," Journal of Contraception, January, 1938, p. 14.

intentioned birth control educators – black as well as white – were sometimes met with excessive and unfounded suspicions. And some African Americans went without valuable family planning tools as a result. But in the rural South in the 1930s, the threat of coercive eugenicist programs aimed at African Americans was steadily increasing. Ferebee, a middle-class professional living in Washington D.C., was not privy to all that went on in the rural South. There were some hard truths about what kind of medical practices occurred, where, and to whom. Ultimately, she was not representative of the population the Negro Project aimed to serve. Her own relative security regarding health care may have caused her to downplay what in the rural South was all too often a real risk of “machinations” to deprive black people of their human rights. Ferebee and her fellow health workers provided hundreds of rural black Mississippians with needed medical care and probably more advanced contraception than they otherwise could have obtained. But the tone with which they delivered birth control – whether undue coercion played any part – remains an unsettling question. Ferebee’s detachment from her client population was chilling at one point. She called for the “elimination of human waste” through birth control, intended as part of what must be a “double effort . . . to Negroes whose need is proportionately greater.”³⁸⁷ Such disparaging assessments of people she claimed to uplift suggest a general disrespect that was probably not lost on them. Ferebee’s skill in connecting with her rural patients may have been wanting, but her accomplishments within her own milieu would ultimately contribute to the progress, and health care, of all African Americans.

³⁸⁷“National Family Planning Serves U.S. War Efforts Declares Margaret Sanger,” 4 April, 1942, p. 4, folder 7, box 107, CSJC.

Dr. Ferebee was firmly committed to black participation and leadership in mainstream, national, white birth control activism. She used her perch on the NCNW to be a vocal advocate on behalf of birth control and she frequently spoke on behalf of the Negro Project. Ferebee placed the issue of birth control for African Americans squarely in the context of Jim Crow's effect of higher poverty and illness for black people, stating frankly to the BCFA's annual meeting in 1942, "It is necessary to point up the extreme inadequacy of the public health services in reaching the Negro group." The doctor also pushed the BCFA to hire black staff at the top levels of the Negro Project:

I cannot overemphasize the importance of utilizing Negro professionals, fully integrated into the staff of this organization. This key professional worker could interpret the program and the objectives to them in the normal course of day to day contacts...and would not be suspect of the intent to eliminate the race. It is well for this organization to recognize the fact that the Negro at his present stage of development is increasingly interested more in programs in which he is a participant rather than consultant.³⁸⁸

A full two years later the BCFA finally hired a black woman to be part of its full time staff and "Negro Field Consultant" Marie Schanks subsequently worked to "interpret" the objectives of the Federation to a black audience.³⁸⁹ Given the racial climate and the growing bias against women in the field of birth control promotion, this and other accomplishments of Ferebee were tremendously important and commendable. Yet, despite Ferebee's insistence that the Negro Project recruit black professionals to its staff, she did not favor equal participation in health activism for all African Americans. Her

³⁸⁸ Dorothy Ferebee, MD, Speech, "Planned Parenthood as a Public Health Measure for the Negro Race," Annual Meeting, Birth Control Federation of America, 29 January, 1942, pp. 4-5, folder "Educational Activity," box 22, FRP.

³⁸⁹"Progress and Program on Work with Negroes," January 1945, p. 1, folder "Birth Control-Negro Service," box 22, FRP.

own project in Mississippi maintained a hierarchy reminiscent of the mainstream birth control movement.

The motives behind attitudes such as Ferebee's may be more complicated than a myopic elitism, and may include calculations to navigate the constricted and dangerous world of the Jim Crow South. Like other members of the NAC, Ferebee was caught between competing desires. She had to maintain a vigilance about her status in a climate of extreme racism in the Deep South, where the behavior of herself and the other sorors was under intense scrutiny. Yet she brought genuine ambitions to promote the health and welfare of those members of her race that white society had left behind. The AKA had ample reason to want to reinforce its status as a respectable organization, and create some distance from its target audience, in order to make inroads into a region typically very dangerous for African Americans engaged in any kind of uplift work. In the Deep South, the white plantocracy usually reacted with great hostility to any sign of self possession and potential progress of African Americans.

The AKA demonstrated courage and conducted its work out in the open, publicizing the clinics "by hand bills posted on stores, trees and fences, giving a complete clinic schedule by time and place."³⁹⁰ Their open meetings with sharecroppers were no small accomplishment, for according to Ferebee's reports, landowners "employed "riders" with guns in their belts and whipping prods in their boots; riders who weaved their horses incessantly, close to the clinics, straining their ears to hear what the staff interviewers were asking of the sharecroppers." Later they were accused of being

³⁹⁰Dorothy Ferebee, MD, unnamed report, c. 1940, DBFP.

“meddlesome, communist” and there to “incite tenant farmers.”³⁹¹ The AKA was careful to defer to landowners in its recruitment of sharecroppers to the clinics: “Previous to holding a clinic days and evenings were spent in making contacts with plantation owners, landlords and sharecroppers, notifying them of the clinic schedules and arranging for clinic set-up.”³⁹² Despite its efforts, the AKA faced only grudging compliance from white plantation supervisors. At first, no one would appear at these clinics because “the riders have usually forgotten to tell them about the service they are to receive free, or refuse to have them stop chipping cotton until the clinic is in operation. Then suddenly as if a magnet is exerting” the people arrived.

The fact that people did come to the clinics summer after summer testified to the fact that the AKA provided good and desperately needed care. Little evidence from the clients of the Mississippi project survives to indicate their reception of the AKA, but according to Ferebee, they reacted enthusiastically, one saying “when they said you all was coming, I just clap my hands and shouted, at last God ain’t forgot us!”³⁹³ She conveyed with confidence her impression that sharecroppers welcomed the AKA women with gratitude: “The Negroes in these rural districts are hungry for health information, as evidenced by the experiences of joy on their faces, as they stop chopping cotton to listen to the words of health brought by this staff of 12 health workers.”³⁹⁴ One imagines that sharecroppers in rural Mississippi at this time were enthusiastic about any assistance with

³⁹¹Smith, *Sick and Tired*, p. 167.

³⁹²Alpha Kappa Alpha, “The 1942 Mississippi Health Project, Seventh Annual Bulletin,” folder 1, box 1, Series 18, “Alpha Kappa Alpha Sorority, 1935-1944,” Bethune.

³⁹³Ibid.

³⁹⁴Dorothy Ferebee, MD, untitled report draft, c. late 1930s, p. 2, DBFP.

obtaining basic medicines and health care. Birth control carried much greater meaning than basic health, however. It could fundamentally alter the course of one's life.

The all-female staff, led by a woman doctor, was an appealing combination to the Negro Project, and the AKA health project seemed to offer a good channel through which the Project could extend its work. But one of the ingredients that was lacking was a deep familiarity and trust between the clients and the sorors. Ferebee thought she and her colleagues "could break down fallacious attitudes and beliefs and elements of distrust; could inspire the confidence of the group," but it was not feasible.³⁹⁵ In Mileston, Mississippi, where one clinic operated, the AKA reported a sentiment that spoke to this unease: "Many people on the farm . . . did not understand a great deal and could not answer some of the questions as clearly as they may have, others have an inbred 'fear' that characterizes the average southern farm Negro – causing many to withhold valuable data lest it cause them trouble after the 'Northern' people are gone."³⁹⁶

In many ways the AKA project presented qualities that were familiar to rural African Americans and resonated with their traditional community organizing style. The work of Ferebee and the sorority sisters contrasted sharply with white, male-dominated and institutional birth control promotion in important ways. Dr. Ferebee and the AKA conducted health work not in hospitals, but in clinics built "under a clump of shade trees, or inside some dilapidated old church or schoolhouse on the plantation," often "converted by boards, benches, doors, colorful posters, and fresh linen into a usable and fairly

³⁹⁵ Dorothy Ferebee, MD, Speech, "Planned Parenthood as a Public Health Measure for the Negro Race," Annual Meeting, Birth Control Federation of America, 29 January, 1942, pp. 4-5, folder "Educational Activity," box 22, FRP.

³⁹⁶ Alpha Kappa Alpha, "The 1942 Mississippi Health Project, Seventh Annual Bulletin," folder 1, box 1, Series 18 "Alpha Kappa Alpha Sorority, 1935-1944," Bethune.

attractive room.”³⁹⁷ As women, they resonated better with female clients than male doctors, a fact that held true in nursing, Extension work, and Jeanes work. The clinics were modest and utilized the resources of rural communities. They also were mobile and decentralized, established on twenty seven plantations over the span of the health project. In many ways the AKA health project was a grassroots effort, echoing the strategies that rural people themselves had developed in their own channels of health work over previous decades.

Outside uplifters such as the Alpha Kappa Alpha sorors, notwithstanding their dedication and genuine contributions, did not provide a long-term solution for providing birth control services to the bulk of rural black Southerners. They faced a dilemma of many black progressives, the uncomfortable but practical need to shape their work and their opinions of rural clientele to what white people with power and useful resources wanted to hear. In so doing, however, many middle-class African Americans working in the rural South acted with a degree of distance between themselves and those they aimed to help. Ferebee and the AKA also suffered some of the same problems that the mainstream birth control movement faced when trying to reach people in remote areas. Ferebee herself was a medical doctor and she privileged professional medical authority over the perspectives of patients. Another group of women with no medical credentials but a tremendous amount of clout were in a better position to make inroads for the Negro Project.

³⁹⁷ Dorothy Ferebee, MD, untitled report, c. 1940, DBFP.

The Jeanes Teachers and a Grassroots Strategy

Jeanes teachers had become the diplomats of health for rural communities in the South over the past three decades. They had provided a number of services for all of the community under their charge, and provided care specifically geared to “social diseases” and “personal hygiene,” and had launched numerous Mothers’ Clubs in the southern region. Now they stood ready to become the leaders of grassroots birth control education for the Negro Project. Unlike the AKA sorors, Jeanes teachers did not hail from faraway places and did not arrive in rural communities with medical credentials. Most important, they did not leave after their work was done, for they were an integrated part of the weekly, monthly, and annual cycle of the communities they served. They came from rural communities themselves and were reared in the rural traditions of female-based health authority and mutualism that carried over in their work as Jeanes teachers. The Jeanes teacher acted as a liaison between her community and county and state health departments, as well as other national health organizations. She came to be a pivotal link in the chain of information from the Negro Project to remote areas in 14 southern states. Her forte was grassroots organizing and her personal style emphasized egalitarianism. The Birth Control Federation of America admired the Jeanes teacher’s methods and considered them so effective that it eventually incorporated them into its own national organizing strategy.³⁹⁸

Jeanes teachers had a tendency to be everywhere and anywhere in rural uplift work. They operated in a grassroots style and used few, if any, permanent institutions. As

³⁹⁸For a general history of the origins of Jeanes teachers and the basic elements of their work and philosophy, see chapter two.

they had in previous decades, Jeanes teachers continued into the 1930s to cover a range of responsibilities in their communities. Zelda Morton explained the diffuse nature of Jeanes work still in effect: “My work as a Jeanes Teacher is hard to classify for I have found it necessary to work in the classroom, in the home, in the churches and community organizations such as school leagues both Sr and Jr, in social and civic clubs, Home and Farm Demonstration Clubs.” She also stepped in as “emergency chauffeur of children to school.”³⁹⁹ Jeanes teachers made many connections to various elements of a community, and they nurtured these connections as a crucial part of their work.

At a time of increasing professionalization and bureaucratization of the national educational system, the Jeanes teachers retained their close and intimate ties to the communities they served. They continued to stress egalitarianism and reinforced the mutualism that sustained rural African Americans. In 1940 the Jeanes teacher of Chesterfield County, Virginia, echoed the same sentiments that teachers before her had: “I believe in order for a Jeanes teacher to be of real service to her county, she must know how to work with all people in the county. She must make them feel she is a part of them, is interested in them, and is in the county to do all she can to help them.” She also noted that to her mind, one of the great needs in being “a real Jeanes teacher” was “impartiality.”⁴⁰⁰ Since Jeanes teachers lived among their clients and more often than not had grown up in similar circumstances, the familiarity was great and the teachers’ sense of obligation profound. Minnie Watson conveyed this in her annual report: “People look to the Jeanes teacher for many things and I always try to merit their confidence and

³⁹⁹Zelda C. Morton, “Special Report of Jeanes Teacher for School Year 1939-40, Louisa County[VA],” pp. 1-2, folder 6, box 145, SEF.

⁴⁰⁰Annual report, Chesterfield County, VA, February, 1940, folder 5, box 145, SEF.

love.”⁴⁰¹ Evidence from people themselves as to their “confidence and love” for Jeanes teachers has fallen to the wayside in the historical record. The interpersonal dynamics between Jeanes teachers and the women and men they counseled, then, especially on birth control, remains a matter of speculation. One can outline, however, some general parameters of these relationships.

Since Jeanes teachers worked in so many sectors of rural life, they were able to bring an assortment of people from the community together for a common cause. A natural extension of that skill was bringing young and old people together in forums for community development. In Spotsylvania, Virginia, a Jeanes conference brought “parents, children, and educational agencies” in that county together to discuss an array of issues. Of note was one particular issue; “just a bit of mention was made of this organization, Planned Parenthood.”⁴⁰² Social etiquette likely prevented open dialogue at the time about birth control, but clearly a Jeanes conference was a gathering where the mention of such a group did not raise too much ire.

Group meetings and conferences held by Jeanes teachers ran on the same philosophy of mutualism and mutual respect as their general daily work. Shellie Northcutt, national supervisor of Jeanes teachers, lauded a Mississippi conference – “the best state Jeanes conference that I have ever attended” -- where teachers worked “without tools directly, but with downright thinking and participation because they had been asked questions about their problems and needs in their county.” It was in Mississippi where, if money was any measure of trust and support, funds for Jeanes teachers were most uniformly recruited “with the cooperation of parents.” Ideal conduits from top level

⁴⁰¹Minnie H. Watson. Rocky Mount, Franklin County, Virginia 1939-40, folder 6, box 145, SEF.

⁴⁰²“S.E.F. Proceedings,” 11 January, 1945, p. 63, folder 8, box 44, SEF.

strategists down to the grassroots levels, Jeanes teachers, Northcutt emphasized, were “touching the masses of people, the masses of people to whom we must get at all times information that they talk about in the conferences here and other places.”⁴⁰³ Jeanes teachers were such a ubiquitous presence in rural communities that they served well as missionaries to organizations and people beyond those communities’ borders. The school however, remained to them the most important institution of all.

Jeanes teachers viewed the school not only for its potential to educate students, but also its role as a center and source of general community uplift. Jeanes teachers reinforced the idea that health work was best managed through the institution of the school. For example, Susie Shepperson, a Jeanes supervisor in charge of 105 teachers in her county, found one community in particular suffered because its residents did not seek a connection with their school for stability and improvement, especially in their health. She found that due to the itinerant lifestyle of sharecroppers and tenants, these “parents are not as interested in anything in the community as they would otherwise be. They do not join the P.T.A. because they are not planning to remain. . . . This system has its evil effect on the health of the school population. The tenants live in small over-crowded cabins – water is invariably gotten from the spring and sanitary toilets are very rare.”⁴⁰⁴ Jeanes teachers considered the sharecropper as well as the landowner equal to the task of community participation, and they enlisted both to help improve their community’s health.

Jeanes teachers had always been part of their communities, but they also were always, in a way, apart from the communities they represented. In 1930, of 588 Jeanes

⁴⁰³ “S.E.F. Proceedings,” 11 January, 1945, pp. 59, 62, folder 8, box 44, SEF.

⁴⁰⁴ Susie A. Shepperson, 5 June, 1940, folder 7, box 145, SEF.

teachers responding to a survey conducted by the Jeanes Fund, 29.41 percent had four years or less of high school, and more than two thirds, then, had some college training.⁴⁰⁵ This was far more education than their clients. Jeanes teachers had more education, relatively substantial and steady salaries, and often, access to a car for travel far beyond the limits of other residents of the neighborhood. All of these things gave them more social capital than the people whose homes they visited, and some frictions and resentments were bound occasionally to arise. For instance, Mattie Fisher, a Jeanes teacher from South Carolina demonstrated how Jeanes teachers had to negotiate their role between powerful funders of programs beneficial to rural communities, and their loyalty to the people of those communities.

Fisher wrote the President of the Southern Education Foundation (SEF) to request assistance with procuring birth control for some of her clients. She expressed disappointment with “most parents” in her community whom she perceived as not practicing effective birth control: “most parents think that all they owe the child is a crust of bread and a corner to sleep in; therefore, we have so many with no health and poverty-stricken. . . .”⁴⁰⁶ On the one hand, the letter testified to the power a Jeanes teacher could exert in linking a national organization’s prized resources – difficult to obtain under the best of circumstances – to rural African Americans vastly underserved by their own state and local government health agencies. On the other hand, Fisher’s tone is unmistakably negative toward that very population. It is possible she was giving her most accurate assessment of the parents in question. However, Fisher had to present a demeanor acceptable to her white, male employer, one that would elicit the best response for her

⁴⁰⁵Caliver, “Rural Elementary Education,” p. 26.

⁴⁰⁶“Activities Report April 27-May 9,” 1942, p. 2, folder “Birth Control - Negro Service,” box 22, FRP.

constituents. Perhaps in Fisher's mind black South Carolinians would fare better if the SEF's President believed she would do what he deemed necessary, castigate their parenting and set them straight regarding birth control. This kind of question recalls the dilemma of the AKA sorors who were compelled to deal with white plantation landlords hostile to outsiders interesting in working amongst their laborers. The Jeanes teachers had the advantage, however, that people of their communities knew them well, welcomed them back after such uncomfortable encounters, and ultimately, trusted them.

The Jeanes teachers first came to the attention of Negro Project staff through the top of the Jeanes hierarchy. By the 1930s, the Southern Education Foundation (SEF) had taken over most of the management and employment of Jeanes teachers and the Fund conducted professional development conferences for them throughout the region. A number of these conferences centered on health activities. Arthur D. Wright, SEF's white president, was one of the few "consultants" to the National Advisory Council of the Negro Project. Wright collaborated with William M. Cooper of the Hampton Institute to recruit eighty Jeanes teachers to a summer course at Hampton in July of 1940; its purpose was to give training and materials on birth control from the BCFA as part of the Negro Project.⁴⁰⁷ Cooper was exposed to Jeanes teachers' work through his long-time role in the Extension Service. It was likely he was aware of the intensity of Jeanes work, and the extent of the teachers' reach beyond the school and into the home. To access the majority of the rural population in the South, there was no substitute for the teacher and the school. The BCFA quickly came to the same conclusion. It summed up the Jeanes teacher's

⁴⁰⁷ William M. Cooper, MD, National Negro Health News, vol. 1, no. 3, October-December, 1933, p. 12, MLR entry 1, "National Negro Health News' Reports, 1933-1936," record group 90, NARA II.

appeal this way: “Comparatively unknown in the North . . . the work of the Jeanes Teachers in the South is everywhere accorded the highest praise as one of the most potent influences for raising not only the educational standards of Negroes but their social and cultural and health standards as well.”⁴⁰⁸

Jeanes teachers’ leadership in numerous rural health programs and their experience as liaisons to external health agencies suggests they may have played a role in the birth control work taking place in the South before the Negro Project. Hazel Moore, Legislative Secretary for the Birth Control Clinical Research Bureau (BCCRB), noted how in the state of Virginia, there was always a “key person” to organize a committee around birth control, “to get their own people to the county or city health clinic either to ask for B.C. information or to secure it if it is given.”⁴⁰⁹ Moore did not qualify that person as a medical professional, and if anyone in the rural South were considered “key” for organizing rural people around any health matter, the Jeanes teacher was that person. This pertained to a Jeanes teacher in a central county of Virginia who enjoyed “full cooperation” with the state’s health and welfare departments, and worked with “the Red Cross, Tuberculosis Association, Infantile Paralysis Drive, The Children’s Welfare, and other social agencies” in 1939.⁴¹⁰ Jeanes teachers often forged ties with government health departments, a quality that would have been useful to the Negro Birth Control Committee of Lynchburg, Virginia, that urged people “to secure b.c. service from the

⁴⁰⁸Division of Negro Service, Report, “Educational Section (Title not decided upon yet)”, circa 1942, p.5. folder “Reports 1940-1, 1937,” box 22, FRP.

⁴⁰⁹Hazel Moore, “Birth Control for the Negro,” c. 1938, p. 2, folder “Reports – 1940-1, 1937,” box 22, FRP.

⁴¹⁰“Special Report,” Albemarle County, VA 1939-40,” folder 5, box 145, SEF.

City Health Dept which is progressive enuf [sic] to give this service on request.”⁴¹¹ A more detailed investigation needs to ascertain Jeanes teachers’ role in the establishment of these clinics. What is clear is that Jeanes teachers’ integral positions in rural community life made them a critical component of grassroots outreach in the Negro Project.

Jeanes teachers had always taken the lead when rural women wanted to form clubs to discuss reproductive health, and sometimes, to share information about birth control. “Mothers’ Clubs” had been in existence for several decades, and as the Tuskegee Mothers’ Club example indicated, some of these dealt with birth control. By the 1930s, if any such club wished to form, the Jeanes teacher was an excellent candidate for making it happen. For instance, at the local level within rural communities, Mothers’ Clubs openly used the NNHW infrastructure to conduct their own birth control education. The Phyllis Wheatley division (black only) of the Young Women’s Christian Association in Lynchburg (it is unknown if it was part of the committee mentioned above) wrote the Negro Project for birth control materials to be used during their Health Week. They sponsored a “Baby Clinic” and also planned “to organize the mothers into a study group” on the subject.⁴¹² Jeanes teachers were almost always actively involved in a leadership capacity during the NNHW if the campaign was conducted in their area. Although the

⁴¹¹For reference to Lynchburg, Florence Rose, “Negro ‘Demonstration Project’ Possibilities: South Carolina, Tennessee [sic], Georgia, Alabama, Virginia,” 1939, folder “1309,” box 22, FRP. For reference to Fredericksburg, Hazel Moore, “Birth Control for the Negro,” c. 1938, p. 2, folder “Reports – 1940-1, 1937,” box 22, FRP. Hazel Moore reported on Fredericksburg and is likely the one to have reported on Lynchburg as well. New birth control clinics had arisen in Virginia by this time at Alexandria, Fredericksburg, Hampton, Middleburg, Shenandoah, Stafford, and Virginia Beach. “Clinic Reports -- New Clinics Established During 1937,” *Journal of Contraception*, February, 1938, p. 43, CMSL.

⁴¹²Report, 8 April, 1942, box 22, FRP.

Lynchburg women very well could have acted alone, given the prevalence of Jeanes teachers and their interest in the subject, it seems likelier they had her help.

The Jeanes teachers were recruited to the Negro Project because they had such a deep reach into rural communities through the schools. At the Hampton meeting in 1940, “stimulating interest and assurances of cooperation were given” by the Jeanes teachers, who supervised a total of 3,000 to 10,000 pupils each.⁴¹³ The initial group of eighty eventually turned into 600 Jeanes teachers who cooperated with the Negro Project in promoting birth control to African Americans throughout the South.⁴¹⁴ Not only did the teachers access rural adults through their children, they used their connections to so many community groups in order to engage the whole community. The teachers were clear on how they intended to share the information on contraception with people back home at that same meeting. They were asking “for suggestions as to how they can further the program and [we]re utilizing literature, pictorial statistics posters, exhibits, and other visual aids with P.T.A. groups, church meetings, rural teachers’ association meetings, etc.”⁴¹⁵ Their strategy had a profound effect on those at the management level of the Negro Project. Halfway through its first year, with Jeanes teachers showing the way, Negro Project leaders concluded that community groups were now “to be approached via their special interests. . . and cooperation of differing varieties to be enlisted.”⁴¹⁶ Not only

⁴¹³ Division of Negro Service, Report, “Division of Negro Service Progress Report Outline 1940-1942,” December, 1942, p. 3, folder “Birth Control - Negro Service,” box 22, FRP.

⁴¹⁴ Division of Negro Service, Report, “Activities Report April 8-April 18, 1942,” 1942, p. 2, folder “Birth Control-Negro Services,” box 22, FRP.

⁴¹⁵ Division of Negro Service, Report, “Educational Section (Title not decided upon yet),” c. 1942, p.6, folder “Reports 1940-1, 1937,” box 22, FRP.

⁴¹⁶ Florence Rose, Memo, 6 June, 1940, p. 2, box 39, MSP-unf.

did they consider community groups now an integral part of the birth control education, but they recognized the school a neutral site for this controversial activity.

By the end of the Negro Project, the BCFA considered the educational arena the safest forum in which to discuss family planning. The Federation's Field Department head, Kathryn Trent, decided that any future planning for contraceptive service based on participation from any of the above groups "should be held preferably in a Negro schoolhouse. If a church or organization's meeting hall is used certain jealousies may arise which will handicap the establishment of a program. It is, therefore, important to avoid identification with any particular group in establishing the clinic."⁴¹⁷ Trent wrote up some preliminary "Steps to be Taken in Developing a Contraceptive Service for Negroes." The prominent role of educators and the democratic promise of the educational arena were unmistakable. Trent listed the usual cast of physicians and ministers, but extended the invitation to "influential members of Negro organizations," a consequence of the intense show of support from the myriad of lay organizations involved through the NAC. It was the educator, significantly, who the BCFA had determined was capable of reflecting average people's values and desires around birth control. In the list of "influential" organizations, Trent included "Superintendents, principals, and school teachers of Negro schools" as the group necessary to discern "ideas of the need for contraceptive service."

⁴¹⁷ Kathryn Trent, "Steps to be Taken in Developing a Contraceptive Service for Negroes," 15 October, 1941, folder "Birth Control-Negro Service," box 22, FRP.

The Jeanes teacher was particularly suited for work in a community that many progressive era reformers found difficult to reach, and this fact was not lost on BCFA officials, even after the Negro Project was completed. Two years after the Negro Project ended, Marie B. Schanks, PPFA's "Consultant on Work with Negroes," suggested to the Executive Secretary of the National Council of Negro Women that if the Council still had its Committee on Family Planning, it should secure the help of "Shellie Northcutt's Committee." Northcutt was the national head of Jeanes teachers and most likely this special committee was comprised of them.⁴¹⁸

Jeanes teachers had a comprehensive and overall beneficial effect on the health of rural black communities, including access to birth control, at a time when other sources of personnel and health services were sorely lacking for rural denizens of the South. Jeanes teachers were the most crucial players in sustaining the egalitarianism and maximizing the mutualistic strategies that had served rural black Southerners for decades. They now brought this perspective to bear on the strategies of a national white birth control organization that had experienced the inertia of institutionalism, professionalism, and patriarchy.

Conclusion

At the time of the Negro Project, white birth controllers working in the national movement had framed the issue of contraception in light of forming economically secure families and an economically secure nation. Rhetoric centered on morality and women's individual rights as well, but within the larger context of nuclear families' economic

⁴¹⁸Marie B. Schanks to Jeanette Welsh Brown, Letter, 7 July, 1944, folder 14, box 27, NCNW.

stability. What became apparent in conducting birth control work among rural black southerners was the extent to which these people approached birth control from an overarching concern with the public health of the whole community. This perspective was conveyed in the countless ways rural African Americans integrated concerns for health into virtually every aspect of their community organizing.

Ultimately, the BCFA had to alter its national organization strategy if it was going to be successful in the rural black South. There, health groups had been operating for decades. People had been honing grassroots organizing that was developed in step with other aspects of community life and uplift. The BCFA recognized the value of their more decentralized approach and incorporated it into its efforts towards building state leagues. A white staff member of the BCFA (by then called Planned Parenthood Federation of America) reflected on what she and her colleagues had learned from their work on the Negro Project. She urged those who planned to engage in birth control organizing to consider seriously the particular make-up of target populations and their own community systems:

In devising your plan of interpretation to the Negro Community, experience in other states shows that it is helpful to identify the natural community groupings among Negroes. There is a welter of organizations of Negro life of which white people in a community are rarely aware. These are your channels for reaching those most in need of our service and techniques to reach these groups can only be developed through Negro guidance.⁴¹⁹

In spring of 1942, BCFA officials reflected on the kind of strategy that seemed to have taken root during the Negro Project. They told of how “[i]n marked contrast to the

⁴¹⁹Florence Rose, “Suggestions on State-National Program for Promoting Pregnancy Spacing Among Negroes,” 14 January 1943, p. 3, folder “Reports-1943,” box 22, FRP.

educational efforts of the past 25 years that have gradually won support, sometimes timid, sometimes grudging, from the leaders of public opinion by the sheer weight of the common sense of the case, educational work that has proceeded from ‘outside in’ so to speak, we now witness what can be accomplished in a brief space of time by a program that works from ‘inside out’, where Negro leadership welcomes and assists in spreading the word.”⁴²⁰ This perspective contrasted with the top-down and male-dominated paradigm that framed the national birth control movement through the 1930s. The Negro Project, and eventually the Federation itself, were compelled to heed the primary place of women in rural health, the mutualistic spirit with which they conducted their work, and the effectiveness of the decentralized grassroots network they ran.

⁴²⁰Division of Negro Service, Planned Parenthood, Report, “Activities Report April 8 - April 18, 1942,” 1942, p. 2, FRP.

CHAPTER FIVE
“Birth Control Education and New Deal Black Youth: Tensions
Between Mutualism and Individualism”

When officials of the Negro Project reflected on the successful “educational work” in rural black Southern communities “that works from ‘inside out,’” they hinted at a broader phenomenon that had been developing for over a decade.⁴²¹ Spreading contraceptive knowledge was a problem for birth control advocates in the early twentieth century and one that most historians have located in the large organizations of the movement. The Birth Control Federation of America, for instance, delayed for years ambitions for widespread and integrated education for married couples in exchange for work on legislation and research. The BCFA had always directed the bulk of their attention to research, lobbying for legislation, and to programs of limited scope for “demonstration” purposes. This study has explored some alternative venues for birth control education among rural African Americans with fewer resources, less access to medical technologies, and little or no political clout to effect change in their municipalities or state legislature. Because of limited political and economic power, black communities were compelled to make the most with what little they had, and the public school had proved a durable vehicle for progress for decades. In particular, the high school became more common in black southern life by the 1930s and proved a critical resource for improving students’ chances for success. But the institution also presented the black community with new problems of shifting authority between parents,

⁴²¹Division of Negro Service, Planned Parenthood, Report, “Activities Report April 8 - April 18, 1942,” 1942, p. 2, FRP.

children, and other adult figures, and threatened the mutualism that had long served as a mainstay of rural black survival.

Education was a crucial institution for African American progress since Reconstruction and as historian Louis Harlan remarks, “one of the few avenues of aspiration open to a frustrated and depressed people.”⁴²² By the end of the 1930s, black educational efforts finally enjoyed attention from federal agencies and policies that had long been reserved for white institutions. At the same time, the high school became a new focus of birth control advocacy in the 1930s. This chapter looks at how these two facts interacted and what help and hindrances they brought to rural African American progress. For Southern black communities, these conflating trends stirred tensions between parents, schools, and children. Issues of individual prerogatives ran up against the obligations of community solidarity, undermining the mutualism that had sustained grassroots health organizing in past decades. For adults active in birth control education, the high school potentially served as a site for a captive audience and careful grooming of attitudes and behavior. Boundaries of the high school arena were more diffuse than authority figures imagined, however. Young people who came of age in the 1930s obtained less mediated birth control information, and more of it, than their parents’ generation had at their age. Black youth were a minority within their adults’ culture and were marginalized on all the fronts of traditional power, including those within their homes and communities. The high school and what they learned there, including birth control, promised just a little more power over their lives.

⁴²²Harlan, *Separate and Unequal*, pp. 5, 41.

The Seeds: Sex Education and the Rise of the Black High School

Birth control education became an open curricular item on a number of high school campuses during the 1930s, but its roots lay in the widespread sex education movement that evolved around World War I. A growing interest in children's welfare since the dawn of the century and a rampant venereal disease rate in the nation's teenage soldiers galvanized reformers to stress the teaching of abstinence and the dangerous physical and moral consequences of unmarried sexual activity and early childbearing. Historian Michele Mitchell notes that in black reformist circles, a range of "anxieties. . . generated a dynamic intra-racial discourse that brooked propriety by approaching sexuality with a fair degree of openness."⁴²³ An obvious forum for educating youth on the brink of such behavior was the high school. In 1920, a survey sponsored by the United States Public Health Service and the federal Bureau of Education found that of half the respondents, eighty five percent of principals approved of sex education. Forty one percent of the high schools responding indicated they had some kind of sex education programs.⁴²⁴ These programs were, in large part, aimed at white youth, for the nation's black population lived overwhelmingly in the South where there were very few high schools catering to African American youth.

African American reformers during the early twentieth century also focused much attention on guiding youth toward healthier and more "respectable" sexuality, but their motivations were different. White middle class society wished to combat a perceived growing immorality among the younger set, and sought to "desexualize" all social

⁴²³Mitchell, *Righteous Propagation*, p. 12.

⁴²⁴David Tyack and Elisabeth Hansot, *Learning Together: A History of Coeducation in American Schools* (New Haven, CT: Yale University Press, 1990), p. 224.

interactions between men and women aside from those of marriage that turned toward procreation.⁴²⁵ Although African Americans had their own concerns about young people's morals, confronting the problem head on was complicated by the fact that white people constantly questioned and attacked the morality and intelligence of all black people. Reformers had to focus on protecting young black people from white sexual disparagement and assault at the same time they championed better behavior toward a secure and prosperous "racial destiny."⁴²⁶

White popular culture, physicians, policymakers, and organizations like the American Social Hygiene Association considered black people as more susceptible to and more plagued by venereal disease. If they did have higher rates, this was because African Americans suffered greater poverty and had less access to preventative care. The truth may never be fully known about such a discrepancy because physicians sometimes doctored records to reflect a lower rate of venereal disease among white individuals than black individuals. The United Public Health Service cited such testimony in a 1926 report. A syphilis death rate among black people was six times higher than for white people due to "doctors giving syphilis as a cause of death on negro death certificates, but fearing to do so on white death certificates."⁴²⁷

African Americans fought back against white professional and popular depictions of them as a "notoriously syphilis-soaked race."⁴²⁸ The black newspaper Southern

⁴²⁵Ibid, pp. 220-7.

⁴²⁶Mitchell, *Righteous Propagation*, p. 80.

⁴²⁷"Venereal Diseases Information Issued by USPHS," vol. 7 no. 9, in "The Negro Welfare Survey of Richmond, VA, subsection 'Further Data On Negro Health Problems,'" folder "Negro Welfare Survey Committee (Richmond VA) 1928-1929," box 36, record group 86, Women's Bureau, Office of the Director of the Women's Bureau, 1919-1948, NARAII.

⁴²⁸James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New and Expanded Edition) (New York: The Free Press, c. 1981, 1993), p. 27.

Workman published an editorial in 1918 announcing that a surprise physical examination was made on Hampton college students in which “not one case of venereal disease was discovered in either boys or girls,” and that medical records of the “Negro Officers Training Camp at Des Moines [Iowa] last summer show only five cases of venereal disease in a total of 1250 men examined.”⁴²⁹ Black reformers and medical professionals diligently published these accounts to defend African Americans from white policymakers’ accusations that they were in need of “civilizing” health reform. But black and white society alike faced a public health problem in venereal disease and high maternal and infant mortality rates. More candid sex education ostensibly promised to help protect African Americans from this particularly debilitating health challenge, and to some, the threatened extinction of their race.⁴³⁰ Unlike those fortunate students enrolled in educational institutions such as Hampton, most young black people in the early twentieth century did not enjoy the same kind of educational arena in which to learn the most advanced knowledge on health subjects.

Black society during Jim Crow did not experience the same institutional support and educational resources as white people did, and in the rural South, the discrepancy was especially acute. Consequently, lessons to youth on sex education were limited to the informal spaces of the home and neighborhood. As previous chapters have demonstrated, rural Southern black women, men and children cultivated their own institutions for transmitting health lessons. The Agricultural Extension Service had “4-H” clubs for young people that, among other things, guided girls mostly in home nursing skills and both boys and girls in personal hygiene. Furthermore, the National Negro Health Week

⁴²⁹Editor, *Southern Workman*, 1918, vol. 47 issue 6, p. 288.

⁴³⁰Jones, *Bad Blood*, pp. 20-21; Mitchell, *Righteous Propagation*, pp. 94-5, 101-102.

geared certain activities and lectures to young people during the week or month of celebration and instruction. Jeanes teachers, of course, dealt primarily with children in health promotion and with health activism for the larger community in projects that were based at school. It is difficult to know to what extent any of these community-based venues included discussions of sexual reproduction, let alone birth control.

A fairly substantial array of evidence indicates that discussions about sex, romantic relationships, dating, and perhaps even reproduction occurred in more than a few black Southern homes. The literate and better-off read “home manuals” to garner carefully conceived advice from self-proclaimed sex education experts.⁴³¹ In the rural South of the 1910s and 1920s, however, one-on-one conversations substituted for these impersonal yet dramatic texts. In central Virginia, a typical rural town displayed a range of perspectives on educating youth on the actual mechanics of sex and reproduction. Janie Feggans, born in 1909, learned “how [babies] really were made and how you had to give birth to them,” from an older female friend who appeased her after Feggans was convinced she was pregnant from her first kiss with a boy. It was the grandmother of Mary Starks, born in the early 1920s in the same vicinity, who told her and her siblings in a straightforward manner the “facts of life.” Adult figures in most communities at the time probably wished to shield rather than enlighten youngsters. Kathryn Simpson grew up in the 1910s and remembered distinctly how “a child was not told what was going on

⁴³¹Mitchell, *Righteous Propagation*, pp. 87, 109. See chapter four, “Propagation of the Nation: Conduct, Conflict, and Sexuality,” for lengthy discussion on prescriptive sex literature. Books such as *The Colored Girl Beautiful*, written by Emma Azalia Hackley and published in 1916, gave young women explicit cautions against “sex as recreation” and enlisted them to “breed a prize winner” and “carve the destiny of the race.” Mitchell, *Righteous Propagation*, p. 132.

with women who were giving birth or carrying babies or anything.”⁴³² Whether they chose to inform their children about the challenges, pleasures, and/or consequences of sex, black caregivers of children in the South by the late 1920s had to contend with the fact that increasingly, such discussions were occurring beyond the home and beyond their control.

High schools emerged as the primary sites where black youth received sex education. Sex education was slipping into the curricula of black and white high schools with an increasing frequency by the 1920s, usually through literature, physical education, and biology courses. Secondary education for African Americans grew substantially over the 1920s and even more rapidly over the 1930s. The number of black public high schools grew from an estimated 91 in 1915 to 471 by 1929 and 2,188 almost a decade later.⁴³³ Several things factored into the growth trend. An increased dynamism in Southern white educational reform made the inadequacies of black education harder to countenance among those interested in modernizing the region.

African Americans gained greater leadership over black schooling as white philanthropists withdrew, too chagrined by the start of the 1930s by their failed promises that vocational education would bring rural black citizens the progress they desired. As the Great Depression decimated the job market, white people pushed black people out of the very jobs for which industrial education was supposed to have prepared them. In such circumstances, black youth tended more and more to stay in school rather than stand

⁴³²Janie Feggans interview, Kathryn Simpson interview, Mary Starks interview by Sarah R. Lawrence, “Race and Place,” May 24, 2002.

⁴³³William Bonds Thomas, “Guidance and Testing: An Illusion of Reform in Southern Black Schools and Colleges,” p. 171, and Spencer J. Maxcy, “Progressivism and Rural Education in the Deep South,” p. 63 in Ronald K. Goodenow and Arthur O. White, *Education and the Rise of the New South* (Boston: G.K. Hall and Co., 1981).

futilely in unemployment lines. The New Deal introduced unprecedented, yet belated and inadequate, attention to African Americans' educational opportunities⁴³⁴ and high school matriculation rates for black youth started to close the gap with white youth over the 1930s.⁴³⁵ They increased 126 percent over the 1930s, due largely to new federal programs such as the National Youth Administration.⁴³⁶

Many parents viewed education not only as providing the life-long benefits of knowledge and skills for success, but also as a crucial diversion for their children, away from various vices, early marriage, and for girls, premature childbearing. In some parents' minds, keeping one's children in school, if it could be done, amounted to a form of abstinence-birth control. African Americans Kathryn Simpson's grandmother, who along with her husband raised Kathryn, insisted that her granddaughter's success in life depended on education. "First thing was going to school to learn," reported Simpson on the priorities assigned by her grandmother. And if Kathryn had an extracurricular activity at school, her grandmother accompanied her to ensure she kept her focus.⁴³⁷ Many parents enlisted the aid of school leaders to keep their children's focus off the opposite sex through conducting routine surveillance. Janie Feggans' grandmother echoed Kathryn's, for "she had taught me no matter whatever they all, not to fool with the boys." The principal stepped right into line with the admonition and daily dismissed from school "one room, the boys, the boys or girls. And the time he thought they got a good ways up home, where we walked, he let the other part of it come out. But he never let all of us out

⁴³⁴Paula S. Fass, *Outside In: Minorities and the Transformation of American Education* (New York: Oxford University Press, 1989), especially chapter four, "New Day Coming: The Federal Government and Black Education in the 1930s and 1940s."

⁴³⁵Harlan, *Separate and Unequal*, p. 259.

⁴³⁶Fass, *Outside In*, p. 132.

⁴³⁷Kathryn Simpson interview.

together.”⁴³⁸ Over the 1920s, as schooling opportunities gradually opened to the South’s black youth, adult guardians at home and at school worked together to forge a climate of strict conduct and sex segregation where possible.

In the early decades of the century in the rural South, when black women and men attempted to control the size of their families, their cultural framework was a life of hardship and much concern about health. Almost all rural southerners at that time suffered most illnesses at greater rates than the rest of the nation. African Americans suffered the most, and disproportionately more women died in childbirth, as did their babies. Parents viewed a large family, however, in some ways advantageous, spreading the burden of labor and providing care for them as they aged. It was not until the 1930s that the government implemented Social Security to serve as a safety net in old age, and even then, the act did not cover most African Americans. Despite the precarious of life, people enjoyed a comfort in knowing that their lives were inextricably tied up in those around them. An ethos of mutualism served as a backdrop for all of their decisions, including ones related to bearing children. Members of their communities, in addition to their extended family, took up the slack when unplanned children arrived, and premarital pregnancy often was resolved within the community through eventual marriage. The cohort of black youth in the late 1930s came to experience community quite differently, however, for reasons relating to changes in the economy, popular culture, and politics.

By the end of the Great Depression decade, the economic and social landscape in the rural South was changed. The mechanization of agriculture was marginalizing sharecroppers and limiting the potential for rural black and white people to make the

⁴³⁸Janie Feggans interview.

farming life a successful one. The extra labor of a large number of children now did not seem to outweigh concerns about feeding extra mouths. Federal and private reform workers had begun delving into the problems of rural black southerners, including initiating projects for birth control education. Mrs. Abney, a 75 year old grandmother living with her daughter's family in a rural Georgia community, reflected on a particular effect of these changes: "My mother was the mother of eleven children. I was the mother of fifteen. Folks don't do like they used to. You take Doby [her daughter], she say she ain't gonna have no more. She say six is enough for her."⁴³⁹ By the end of the 1930s, a greater availability of birth control for Doby meant she had the resources to help make that happen.

Many parents experiencing financial hardship agreed that a smaller family improved the material quality of life. Mr. Brown, a sharecropper with a family of six, was in dire economic straits, lived three miles outside Clayton, North Carolina, in a household "extremely poor" and "dirty dilapidated." He was regretful that his family's meager resources had to be spread so thin. Mr. Brown's testimony is striking in how it conveyed both the traditional appreciation of child labor on the farm, and the modern influence of bourgeois materialism. "In some way children's a help," Brown said, "and in some ways a burden. They're a help on the farm -- working and helping with things. But they're a burden when they worry you to death asking for things you can't give them."⁴⁴⁰ For people such as Mr. Brown, their choices were already made. They spoke about family

⁴³⁹Elizabeth Perry Cannon, "Leaves from a Rural Journal," *Phylon*, Vol 1, no. 1 First Quarter, 1940., p. 60.

⁴⁴⁰Mr. Brown, Ora Lee Brown Interview, c. 1938, pp. 1,5, folder 1, box 213, CSJC.

size as it related to what hopes they held out for their children, not necessarily for themselves.

Young people began to express distinctly different opinions about family size of their own future families and generated some concern and resentment from their elders. In the early 1930s, an African American mother-daughter pair gave interviews to a white graduate student from the University of Virginia, Helen de Corse, for her thesis on the “Negro in Charlottesville.” The two interviewees expressed strikingly different ideas about how many children it was desirable and reasonable to have. Laura Porter, the mother of Hazel and fourteen other children, claimed that she “Didn’t know nothing when I was having mine.” “Still, fifteen wasn’t so many” she said, because “children used to be some use to you. . . Nowadays what with being in school, the reform school and on the road they ain’t no use to you. . . .” Her daughter Hazel cared little about the “use” to which she could put any future children, and was much more concerned about the toll they would take on her. She did not let on to the interviewer that she knew specific methods of birth control, but Hazel was emphatic about her intention to limit the number of children she bore. She declared “I ain’t never going to have nowhere near fifteen children. It’s so much trouble to raise them right nowadays – and cost so much. Unless I slips up I ain’t going to have no more can I help it.” She was definite about not slipping up. “Lord knows I ain’t going to know whether I needs fifteen children or not -- I ain’t never going find out.” Laura Porter found her daughter’s attitudes challenging to her own values and her comportment somewhat jarring. Using language reminiscent of

almost every generation in modern times, she attributed it to a broader social trend among the young. “I ain’t never seen children so uppity and sassy and mean as they is now.”⁴⁴¹

Parents such as Laura Porter were fighting against a powerful trend, for throughout the 1930s, the need for birth control became a major aspect of medical discourse and public policy on ameliorating the effects of the Great Depression. The rural South was an especially ravaged region that had been suffering the effects of depression for well over a decade. Family and regional economic stability was ample reason to try to curb the birth rates of the nation’s most fertile population. But as the country found itself gravitating toward war, the national public increasingly contemplated the role of the South in building up the nation’s strength. Many saw the hapless farmer of the South, not the region’s unjust and brutal peonage system, as standing in the way of his or her own progress. The white southern public was not inclined to provide any relief to black southerners, and in fact competed and cheated African Americans in the agricultural sector with hardly a thought. White policymakers sought ways to mitigate black southerners’ challenges in ways that would not cost white people their own resources. The Alliance for the Guidance of Rural Youth (AGRY) held a conference in 1939 on “the Problems of the Negro and Negro Youth” and recommended more attention be paid to a “great need for Birth Control information and service, particularly in rural southern areas.”⁴⁴² White Southerners’ recommendations retained the flavor of eugenicist thinking

⁴⁴¹Helen Camp de Corse, “Charlottesville--A Study of Negro Life and Personality,” University of Virginia Masters Thesis, 1933, Alderman Special Collections, University of Virginia, Charlottesville, Virginia. I have changed the spelling to reflect standard written English. The interviewer was white.

⁴⁴²“Proceedings of the Second National Conference on the Problems of the Negro and Negro Youth,” January 1939, box 40, folder “Negro Youth/1937-1939,” The Alliance for the Guidance of Rural Youth Papers (hereafter AGRY), Rare Book, Manuscript and Special Collections Library, Duke University, Durham, North Carolina (hereafter Duke).

that long infected their medical and social ideologies with respect to black people. It took federal programs arising out of the New Deal to effect profound changes in the health and lives of rural black people in the South.

New Deal officials took a slightly more practical line toward the “Negro Problem” in the South than the region’s white dominated governments. They proposed that black southerners’ plight was due to the fact most were undereducated, and therefore ill equipped to transition to the more lucrative industrial economy supplanting agriculture in these years. High fertility rates would be reduced, they thought, if young people in the rural South received basic education to uplift them beyond the limits of their current situations, and perhaps even to enable them to curb their reproduction. Eventually the concern for a strong economy extended to concern about the war and fortifying all the nation’s citizens for the purpose of national defense. Across the nation those in educational policy were considering, and implementing, birth control instruction at the high school level for youth of all races. By the end of the 1930s, the federal government had become more focused than ever on the nation’s black youth.⁴⁴³

Federal attention toward African Americans in light of birth control was far from neutral, for it framed black people’s challenges with reproductive health issues and large families in terms of problems with the black personality. In the late 1930s, the American Council on Education, a federal agency, established the American Youth Commission (AYC) for the purposes of examining what it considered the special challenges African American youth faced in the wake of the Great Depression. The AYC collaborated with

⁴⁴³Paula Fass, *Outside In: Minorities and the Transformation of American Education* (New York: Oxford University Press, 1989), p. 7. See Chapter Four “New Day Coming: The Federal Government and Black Education in the 1930s and ‘40s” for full discussion.

Fisk University from 1938 to 1941 to assess “the problem of personality development of southern rural Negro youth.”⁴⁴⁴ A particular section of the survey was located in eight counties of the rural Black Belt: “Bolivar and Coahoma in Mississippi, Macon and Madison in Alabama, Greene in Georgia, and Shelby in Tennessee.” Six of the counties were single crop cotton counties, two of which were chosen because they reflected the “disintegration of the plantation society,” and the remaining two counties engaged mostly in diversified farming.⁴⁴⁵ The AYC distributed the survey to over 2,000 teenagers and its staff subsequently interviewed selected students and their families. One of the survey’s aims was to investigate sex practices and sex attitudes of youth.⁴⁴⁶

The AYC survey suggested that young people were having sex and practicing birth control to a greater degree than the public had presumed. Given the social mores of the day and the inescapability of biology, girls’ and boys’ approaches to sex and the consequences of sex were inevitably quite different. As one Fisk interviewer summed up regarding rural youth in Louisiana whom he surveyed, “‘getting caught’ means something different for boys on the one hand and girls on the other.”⁴⁴⁷ Among those with the savvy and resources, there was a mutual desire to prevent pregnancy if possible. The stakes were different of course, with respect to one’s life course as well as one’s

⁴⁴⁴Charles S. Johnson, *Growing Up in the Black Belt: Negro Youth in the Rural South* (with an introduction by St. Clair Drake, 1967) (New York: Schocken Books, c. 1941), p. xxi.

⁴⁴⁵Ibid., Charles S. Johnson, *Growing Up in the Black Belt: Negro Youth in the Rural South* (with an introduction by St. Clair Drake, 1967) (New York: Schocken Books, c. 1941), p. xxiii.

⁴⁴⁶See appendix for an in-depth look at the survey. The people interviewed reveal feelings and thoughts upon which they may or may not have acted. James Scott has theorized the relationship between “thought and action” in a useful way for the purposes here. As Scott writes, “It is possible and common for human actors to conceive of a line of action that is, at the moment, either impractical or impossible. . . . The realm of consciousness gives us a kind of privileged access to lines of action that may – just may – become plausible at some future date.” The imagined futures of youth in the AYC survey should be read in that spirit. James C. Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven, CT: Yale University Press, 1985), p. 38.

⁴⁴⁷Interviewer, Lucian Joshua Interview, p. 6, box 214, folder 9 CSJC.

immediate reputation. Boys were interested in avoiding “messaging up” a girl and girls were intent on avoiding getting “ruined.” To “mess up” was a common expression for impregnating someone and was used by both sexes. For instance, one girl explained withdrawal, describing how “you just have to be careful and tell him to stop just before he gets ready to mess you up.”⁴⁴⁸ A twenty year old sharecropper named Jessie Henderson, living in Jonestown, Mississippi, used “rubbers all the time” because, “You know, if I get her messed up. Yeh, I'd marry a girl if she was going to have a baby by me....”⁴⁴⁹

The survey also revealed that the high school was a primary site for learning about birth control. Sex education premised on abstinence had given way to more explicit birth control by the late 1930s. Partly this was due to the fact that educators across the nation believed that juvenile delinquency was on the rise and that they must respond with more intense and explicit sex education. Such concern had been prevalent to some extent since the 1910s, but the dearth of employment during the 1930s and the general expansion of high school matriculation led to a more distinctive youth culture and a more defined youth environment. The visibility of so-called deviant behavior and defiant attitudes was greater. In one southern state, African American parents were asked to fill out anonymously a questionnaire regarding the introduction of “social hygiene education” into the state’s public elementary and secondary schools. The survey reasoned that “the rising rate of juvenile delinquency has caused alarm,” especially “offenses against moral laws which result, all too often, in social disease and illegitimacy.”

⁴⁴⁸Bettye Watson, c. 1938, box 217, folder 4, p. 16.

⁴⁴⁹Jessie Henderson, c. 1938, box 214, folder 3, CSJC.

According to the questionnaire, the schools might present a good way to combat it.⁴⁵⁰

Reform groups outside of education were getting their two cents in. The National Council of Negro Women (NCNW), for example, openly advocated using the school as a means to target youth. The group saw birth control education “on the high school and college level” as important not just for mitigating bad behavior but also for cultivating in black youth the “responsibilities of citizenship.”⁴⁵¹

Increasingly, schools were concerned about the rate of pregnancies that cut a girl’s education short. This is what concerned the administration at a school in rural Halifax, Virginia. The principal there, Mr. Collins, spontaneously “called all the boys together in the chapel and gave a lecture to them on sex. He had to do it as a lot of them [girls] had to leave school and were having babies. He told the boys about the dangers of venereal disease and the trouble you might get into by messing with girls.”⁴⁵² Clarence Allen, a student at The Natchitoches Parish Training School in Louisiana, learned about condoms in the school’s “health education lectures on sex.” “When I have sexual intercourse with a girl,” Allen reported learning, “I always use what Mr. Peters called a merry widow [condom], because something might happen.” If Marvin Turner of Webster Parish, Louisiana, is to be believed, such instruction from teachers like Mr. Peters, or from peers at school, had an effect. Turner commented on the high incidence of sexual activity in his neighborhood, that “There’s a lot of that going on around here, and every once in a while some girl gets ‘knocked up’ and has to drop out of school. This doesn’t

⁴⁵⁰“An Opinion and Information Questionnaire Relative to the Introduction of Social Hygiene Education in to the Schools of Virginia,” folder “Health, Hygiene,” Physical Education Collection, VSU.

⁴⁵¹“Replies to Questionnaire submitted to Agencies Relative to Luncheon on ‘The Future of the American Family,’” p. 2, series 5, box 27, folder 14 “Planned Parenthood Federation of America, 1942-1949,” Bethune.

⁴⁵²Daniel Diggs, box 213, folder 4, p. 17.

happen so much now, though, because the kids are getting wise and use ‘protection.’”⁴⁵³

The reality was that youth of all races and classes had been becoming more sexual in their premarital dating years since the 1920s.⁴⁵⁴

Adults’ alarm over young people’s sexual transgressions was hardly a new phenomenon, but in the early twentieth century, their authority to check such misbehavior became much more constrained. Up until the 1930s parents and other adults in working class black communities maintained a monopoly over the guardianship of youth’s mores. The rise of the Southern black high schools challenged parental authority at home over all social aspects of their children’s development, removing the adolescent from the family and neighborhood sphere for a longer period of time, and approaching sex education through the lens of the individual’s chances for a successful life. In 1932, a college dean speaking to a convention of black educators addressed the fact that “character education is a comparatively new thing in public schools,” for “the home is no longer the training force it used to be.”⁴⁵⁵ Where before homes were the sites for developing “courtesy, kindness, and self-control,” parents, she claimed, had less time to spend with their children to foster “loyalty, cooperation, reverence, and respect.”⁴⁵⁶

Individualism also permeated the school’s teachings on sex education. A 1940 article in the *Journal of Negro Education* demonstrated how educators in general encouraged an individualist philosophy more, claiming that “the individual was the

⁴⁵³Marvin Turner, Marvin Turner interview, c. 1938, p.8, folder 2, box 217, CSJC.

⁴⁵⁴John Modell, *Into One’s Own: From Youth to Adulthood in the United States, 1920-1975* (Berkeley: University of California Press, 1989).

⁴⁵⁵Bonds Thomas, “Guidance and Testing,” pp. 173, 177.

⁴⁵⁶*Ibid.*

principal arbiter of his fate.”⁴⁵⁷ In the classroom setting, young people learned about health issues, including sexual and reproductive health, in a context separate from the rest of the community and the community’s concerns. In the rural health ideology of prior decades, health was framed as something to which people should aspire as a community as well as for individual security. Where health instruction through mutualistic programs pointed to the benefits gained by an entire community, the school now focused on individual aspiration and achievement. In the school environment, youth learned of sex as something to be studied and mastered not only for God or community, but for self. Martha Hollaman’s lessons on venereal disease were taught her in the “Personality Club” at school, suggesting the curriculum emphasized the explicit linkage between one’s social being and one’s sexual conduct.⁴⁵⁸ This perspective ran counter to the mutualistic ideology long holding sway over rural black communities. Youth still received ample moral instruction or “character education” at home, but since it often came with fewer practical facts than what they could gather in the school environment, students inevitably shifted their attention more to teachers and peers.

Some educators addressed head-on the issues of dating and sexual activity among youth. At a “Health Education Workshop” at Virginia State College one summer, teachers organized a “teen-age club” to learn not only “correct terminology” with reference to sex and reproduction, but also to discuss “the proper conduct in relation to the other sex in matters of petting, courtesy, and friendship.”⁴⁵⁹ Eventually in many educational venues, this sex education turned into explicit birth control instruction. As

⁴⁵⁷Bonds Thomas, “Guidance and Testing,” p. 174.

⁴⁵⁸Martha Hollaman, Martha Hollaman Interview, c. 1938, box 214, folder 5, CSJC.

⁴⁵⁹“Health Education Workshop Summere 1945” folder, box “Physical Education – Unprocessed,” box 77, CHP, VSU.

scientific approaches to health became widely embraced as part of educational curricula, more complete sex education, including birth control, made it onto the agendas of many rural African American schoolteachers as well. Youth themselves participated in this trend. By 1934, according to public health nurses conducting “parent education” classes to girls in Florida high schools, the girls were so confident and savvy that they “invariably” brought up birth control.⁴⁶⁰

Birth Control Education through Popular Culture

In addition to the school venue, media was increasingly an important source of information on sex and birth control for all of society. The arena of consumerism was fast becoming a national pastime and influencing rural youth’s visions of what the future could hold. By the 1930s there was more migration of people out of and within the South, as well as some return migration resulting from the Depression’s toll on those who had moved to the North. Social networks were more fluid, expanded, and diffuse. With an expanding highway and road network, connections to cities from rural areas intensified. New road networks also facilitated an expanding commercial market that made birth control more widely available. Finally, the bedazzling world of popular culture and glamorous celebrity was entering into even the far reaches of the rural South through magazines, movies, radio, and distant relatives, introducing bourgeois values that had seemed distant, exotic and perhaps fatuous to an older generation. Youth in the 1930s

⁴⁶⁰“Parent Education,” *Public Health Nursing*, vol. 26, n. 12, December 1934, p. 645. Parent education classes were conducted in a third of Florida’s school districts. The author leaves race unspecified with respect to the school populations, until the end. Here the matter of reaching “underprivileged white parents” is raised as a need. However, “The colored and Cuban groups are the only ones of lower economic status who have been interested” in the program. This suggests that African American high schools likely were included in the 10,000 people reached. “Parent Education,” p. 647.

were mesmerized by the new materialism and opportunities in city living, and their choices about sex, marriage, and family size became bound up in such dreams in a way unthinkable to their parents.

Increasingly, youth across the country in the 1930s were exposed to and participated in discussions about sex, birth control, relationships and marriage in a venue apart from their parents. For instance, young people in southern rural families enjoyed access to the media to a far greater degree than their parents.⁴⁶¹ A range of more sophisticated journals found their way into rural homes, including several that published articles on birth control in the late 1930s and early 1940s. Look, read by J. T. Jackson who lived in Claiborne Parish, Louisiana, published a series of birth control articles in May of 1940 that might have yielded some new facts for the nineteen year old who had been sexually active for several years.⁴⁶² Helen Jackson (unrelated), who lived in East Feliciana Parish and perused the pages of the Ladies Home Journal, had the opportunity to come across the opinion poll the journal conducted on contraception in 1938. At age 17, she had never been sexually active, but the reported seventy percent approval of birth control by those polled across a broad swath of the American public might have eased her mind if she was considering such a thing.⁴⁶³ The less sophisticated popular media also found its way into youth's hands. Someone like Howard Smith, a thirteen year old living in Smithfield, North Carolina, might have gleaned something about contraception from

⁴⁶¹A 1935 survey of seventy five to one hundred African American families living in the small rural town of Petersburg, Virginia, revealed a plethora of journals purchased by these families. Rated in order of frequency of purchase were 33 families, Good Housekeeping; 27 Literary Digest; 21 Crisis; 20 Ladies Home Journal; 16 Saturday Evening Post; 13 Movieland; and eleven other magazines. "75 to 100 African American Families Responding to Questionnaire," 1935, VSU.

⁴⁶¹Eva Gurley, p. 3, box 213, folder 7.

⁴⁶²J.T. Jackson, J. T. Jackson Interview, box 212 folder 6.

⁴⁶³Helen Jackson, Helen Jackson Interview, box 214, folder 7.

Popeye, “a cheap 5 cent illustrated magazine demonstrating intercourse in various techniques” that he shared with his friends: “Some of us fellows used to buy Popeye and we saw a lot of stuff in it.”⁴⁶⁴ Written media was an easy medium to share with others, and could be accessed via the mail from anywhere, with relative privacy. It may have been key to the growing interest by youth in birth control over the 1930s.⁴⁶⁵

Young couples had increasing access to actual contraception as well. As seventeen year old John Whitlow of Providence, Tennessee, remarked, it was relatively easy to get condoms: “You can buy them anywhere.”⁴⁶⁶ Major Rowland was an eighteen year old who grew up in Greensboro, Georgia, and worked at the Colonial Hotel. He retrieved used condoms from vacated hotel rooms for his own use. “I don’t have to buy none,” he commented, because they were constantly left behind. He had “three or four now” when he was interviewed. Ever since his first experience with intercourse, he claimed, he was never without “rubbers.” Condoms were by far touted as the most frequent choice for birth control, and it was by all accounts the cheapest technology available at the time outside of home grown herbs for reducing conception.

Boys were more likely than girls to procure birth control, the condoms known by various terms as “rubber” or “merry widow.” Boys purchased contraception in the public arena of commerce where girls were more subject to harassment. Armand Jordan, seventeen year old son of tenant farmers in Gurley, Alabama, stated that in order to keep his girlfriend from getting pregnant, “I use protection. Rubbers. The man comes round 'bout once a week selling 'em and I always have enough money to keep some. Yessum, I

⁴⁶⁴Howard Smith, Howard Smith Interview, box 216 folder, 7, p. 10.

⁴⁶⁵Patricia Jane Norton, “Margaret Sanger and the Depression: Birth Control Comes of Age,” (Masters Thesis, Smith College, 1955), p. 61.

⁴⁶⁶John Whitlow, box 217, folder 5, CSJC, p.3.

ask my father for it but I don't have to tell him what I want it for. . . . they're three for fifty cents or some three for a dollar."⁴⁶⁷ Girls who were not brave enough to engage in public consumption of birth control had the option of the mails – as recalled by Harriet Yancey's catalog from New York with a sundry items of contraception, from condoms to pennyroyal tablets. Most youth who reported using condoms during the AYC interviews, however, put the boy in the role of provider.

Girls were apt to leave the matter of purchasing birth control in boys' hands, perhaps to create a good impression on their partners, or to avoid the discomfort of making the purchase. As Vada Lean put it, with respect to herself and her sister and birth control, "We leaves that up to the boys, and so far we've both been lucky."⁴⁶⁸ Some girls tried to ensure an unproductive encounter simply by stating their concern and demand that their partner to take responsibility, like Ophelia Hamilton, who said, "I tell the boys not to make me pregnant. I don't know how they do it, but they don't make me that way, so they must keep from it some way."⁴⁶⁹ Bettye Watson said for her too, "Sometimes the boy wears a rubber thing," and she mentioned how cost could be a limiting factor in cases when "they don't always have any money to buy them. They cost a quarter."⁴⁷⁰ Some young women were more assertive in their demands of their boyfriends. At age eighteen, unmarried Lula Strange of Madison County, Alabama, had her "biggest scare" when she thought she "was in the family way." "Now I always make a boy use rubbers so nothing will happen."⁴⁷¹ Similarly, Hazel Jones, nineteen years old, also "always see that the boy

⁴⁶⁷ Armand Jordan, box 214, folder 9, p. 4.

⁴⁶⁸ Mattie Mae Interview, box 216, folder 8, p. 3.

⁴⁶⁹ Ophelia Hamilton Interview, box 214, folder 1, p. 5.

⁴⁷⁰ Bettye Watson, c. 1938, box 217, folder 4, p. 16.

⁴⁷¹ Lula Strange, box 216, folder 8, p. 3.

wears a merry widow -- I see about that first 'cause I don't want a baby and I don't want any disease either," reported the young woman.⁴⁷² Taken as a whole, however, the remarks about condoms suggest girls left most of the responsibility of providing condoms to the boys. They also signify the extent to which money was necessary for this latest contraceptive technology, a consideration less germane to their mothers' generation that relied more on herbal means of birth control.

With the commercialization of contraception in the early twentieth century, especially the rapid expansion of the condom industry, the onus of acquiring birth control shifted more onto men than previously.⁴⁷³ The arrival of the automobile in general to the South brought the condom market along with it. The country store subsequently metamorphosed to accommodate the influx of roads and traffic that fed a steadier stream of goods, including birth control products, into rural areas. As of 1920, the store had taken on "the new appearance of gasoline stations." In turn, gas stations sold condoms through vending machines, along with the fuel and food items that kept passing travelers satisfied.⁴⁷⁴ One rural white woman described hearing of contraceptive devices "chiefly as something used by the wilder courting couples and obtained from filling stations."⁴⁷⁵ By the 1930s, across the nation the condom had become ubiquitous. Youth could now

⁴⁷²Hazel Jones, Hazel Jones Interview, c. 1938, box 214, folder 7, CSJC.

⁴⁷³In addition to access, better quality may have influenced the new generation of young men to be more willing to use condoms than their fathers. Ethel Oliver from Jonestown, Mississippi, made an illuminating comparison between her peers and their elders: "'There isn't a girl around here that's had a baby for a young boy'" she stated. "The boys will use rubbers but the men won't." Ethel Oliver, Ethel Oliver Interview, p. 14, box 215, folder 9, CSJC, Fisk .

⁴⁷⁴Clark, *Pills, Petticoats and Plows*, 1963 edition, p. 289.

⁴⁷⁵Hagood, *Mothers of the South*, p. 125-6.

purchase condoms from a number of venues. In Florida a survey in 1932 showed that 376 places other than drugstores sold condoms.⁴⁷⁶

From Mutualism to Individualism: Shifting Ideologies of Marriage, Family, and Birth Control

The fact that rural African Americans learned about effective birth control at an increasingly younger age meant that most of these lessons came before they had made the decisive step of marriage. They entered into their courting years with more of a sense than their parents that they could direct their futures through more deliberate marriage and choice about family size. The new forms of popular culture percolating into the South exposed rural youth to a bourgeois materialism more pronounced than their parents had ever experienced. One of the most pervasive ideas among youth was the determination to achieve an occupation different from their parents and the most common reason for this was to fashion a better material life. For most, this meant avoiding farm life if at all possible. Seventeen year old George Gibbs lived in a rural area of Memphis, Tennessee, with his two brothers, mother and father. He was unsure of his life plan, but stated he did not want to be “like his father when he grows up, because his father is a farmer.”⁴⁷⁷

In the majority of cases, parents were part of cooperative efforts to improve the family’s situation, with an eye to helping their children get a leg up. The Grant family in Union Point, Georgia, had sixteen children, and the father was clear that he was willing to sacrifice material pleasures for his children’s futures. “I’ve been putting all I could get

⁴⁷⁶Gordon, *Woman’s Body, Woman’s Right*, p. 317.

⁴⁷⁷George Gibbs, George Gibbs Interview, CSJC, box 213, folder 6.

into their schooling. That's why I don't have an automobile or a better house or a home paid for." The interviewer summarized, "There is an apparent strong family feeling in this group and they all seem to work together and to be striving for a higher social and economic level."⁴⁷⁸ Sometimes, however, the influence of bourgeois values caused friction between youth and their parents. Laura Porter, as we recall, found her daughter's concern about children "cost[ing] so much" as a reflection of a newly "uppity and sassy" demeanor sported by young people. Parents wanted their children to enjoy the fruits of success but to enjoy them through hard work. Older people who had not had nearly the same material opportunities that young people did worried that such indulgence was ruining the values of youth. Ex-slave Robert Bryant complained of the coming generation, "They don't want to work. Some of them is pretty smart. Pride is the reason they don't want to work. They dress up and strut out and have a good time...."⁴⁷⁹ Bryant was not just issuing the same diatribe that seems apparent in every generation about the next. Youth really were entertaining ideas about creating a good life that went well beyond that which their parents had been able to pursue.

Commercialized, bourgeois culture transformed an entire generation's ideas about femininity, masculinity, and money's role in shaping both. Material pleasures were linked with sexual identity, especially in the new glamorous characters that appeared in film. Bertha Mitchell lived in rural Shelby County, Tennessee, and probably first saw her favorite role model in nearby Memphis at the movies. She was inspired by none other than the white sexual icon, Mae West, to stretch her personal ambition beyond the

⁴⁷⁸Mr. Grant, Lelia Grant Interview, c. 1938, pp. 1,2,4, folder 6, box 213, CSJC.

⁴⁷⁹Robert Bryant Interview, "Born in Slavery: Slave Narratives from the Federal Writers' Project, 1936-1938," Library of Congress, p. 68. Internet site <http://memory.loc.gov>.

confines of her cotton farming life. Mitchell made a particularly illuminating reference to West's connection between sexuality and money. Taking on the movie star's persona, Mitchell quoted her saying, "Girls and boys save up your nickels and dimes and come up and see me sometimes" and she lauded West for how "she changes her men as often as she changes her clothes," as the interviewer recorded it.⁴⁸⁰ Boys sought role models in the world of celebrity as well, such as fourteen year old Charles Hayes of Providence, Tennessee, who liked "the idea of being a boxer of fame. Joe Louis is his star."⁴⁸¹ Rural youth also learned about the more appealing aspects of bourgeois culture from kin who had migrated out of the South and sent back the latest fashions from Northern stores or related stories of well clad pedestrians filling up city streets. For example, Emma Lee McCullen of Wilson Mills, North Carolina, was sad when her mother traveled to visit her sister in New York City, but "when she goes to New York she sends me dresses and pretty things you can't buy here."⁴⁸² Youth fantasized about celebrities, but of course turned to those around them to act out their sexual desires and romantic inclinations.

Rural African American youth came to consider marriage as a means to fulfill their materialistic desires and achieve a higher status in a way their parents would not have imagined in their own formative years. The inclination to tying romance to wealth was observed even in an apparently childish game played by youth in Natchitoches Parish, Louisiana. The ditty involved a mature deliberation, including the chant "Oh court the girls with the cold [sic] black hair, court the girl with the money, court the girl with

⁴⁸⁰Bertha Mitchell, Bertha Mitchell Interview, CSJC, box 215, folder 7, p. 6.

⁴⁸¹Charlie Hayes, Charlie Hayes Interview, CSJC, box 214, folder 3, p. 13.

⁴⁸²Emma Lee McCullen Interview, p. 18, box 215, folder 5

the cold [sic] black hair, kiss her and call her honey.”⁴⁸³ Boys like fourteen year old Harold Bridges from Smithfield, North Carolina, might worry that “Love could keep you out of property.” That was why, “he would like to marry a rich girl.”⁴⁸⁴

Boys were susceptible to the tantalizing possibilities of marrying into wealth, but girls cultivated the desire much more. Girls were more likely to pick up their new acquisitive tastes from the magazines they read and other forms of popular culture that promulgated bourgeois values and gender roles. A study of fifty black families in a rural county of Virginia revealed that girls were the most likely to read magazines, numbering seventeen of the families represented, compared to ten for the boys.⁴⁸⁵ Many of these magazines, such as Ladies Home Journal, True Romance and True Stories, showed fashionable women who, one can only imagine, influenced young female readers to develop ideas of femininity linked to materialistic display. Eliza Clark, for example, a sixteen year old living with her farm family in Piney Grove, North Carolina, exemplified the merging of two cultures, reading the magazines The Woman's Home Companion and the Progressive Farmer, the former more likely to inspire her to have a stash of “5 dresses, 2 skirts, and 1 sweater, and 2 Sunday dresses.”⁴⁸⁶ Lillie Mae Armstrong was a seventeen year old member of a sharecropping family living in Star, Georgia, who was adamant about not wanting “to live on a farm when she grows up,” feelings likely reinforced by the magazines she read. Armstrong perused True Story, True Confessions, and “some other romance stories,” for ideas about how to navigate the whirlwind of

⁴⁸³Annie Mae Pike, Annie Mae Pike Interview, box 216, folder 1, p. 4.

⁴⁸⁴Harold Bridges, Harold Bridges Interview, box 213, folder 1.

⁴⁸⁵Gladys Maria Cauthorne, “The Social Relationships Which Exist in Fifty Homes of King William County, Virginia,” 1942, pp. 23-4, (Masters Degree Thesis, Virginia State College).

⁴⁸⁶Mrs. Clark, Eliza Drese Clark Interview, c. 1938, box 213, folder 3, pp. 3-8, CSJC, Fisk.

adolescent emotions and perhaps even how to win a beau. Armstrong owned no fewer than six cotton, six silk, and seven “heavy dresses” and went “to the show every time that she has an opportunity to attend.”⁴⁸⁷

The greater freedom that birth control afforded youth allowed them to test out potential marriage partners. Birth control allowed youth to engage in sex without immediate consequences – pregnancy – that began girls’ sojourn into premature motherhood and pressured boys into early marriage. With contraception, the possibility of a whole different life trajectory presented itself, including further education, accumulation of wealth, higher occupational status, and, not to say the least, the advantageous economics of smaller families. More than ever, girls especially had the option to have sex without fearing or dealing with the consequences of pregnancy. Fifteen year old Ophelia Hamilton conveyed the gap between her mother and herself with respect to the option of sex without pregnancy. “My mother minds me havin’ the boys, ‘cause she tells me not to date a boy cause he would ‘pregnate’ me. I don’t see nothing wrong ‘bout it, so long as they don’t mess me up.”⁴⁸⁸ Both female and male adolescents developed a stronger commitment than their parents’ generation to make sex an important component to consider in choosing a life mate. The idea was not new. However, the spread of popular culture into the rural South helped reinforce a standard of romance that openly espoused a healthy sexual component.

Youth incorporated sexual compatibility into their decisions about a life mate and birth control allowed them to test this in the courting arena. One adolescent boy was clear

⁴⁸⁷Lillie Mae Armstrong, Lillie Mae Armstrong Interview, c. 1938, CSJC, Fisk, box 212, folder 25, p. 2.

⁴⁸⁸Ophelia Hamilton Interview, box 214, folder 1, p. 5.

on his desire for sexual compatibility in any future mate: “I think that you ought to have something to do with a girl before you marry her. I know that I am going to have something to do with whoever I marry before I marry them. You want to try them out so you can see whether you want to marry them or not.”⁴⁸⁹ Emma Graye discussed her opinions in the context of her current relationship to a “steady boyfriend” whom she had dated exclusively for a year. When asked if she had ever practiced “intercourse,” after some rumination, Graye gave an answer similar to that of her male counterpart. “Well, I think if you are going to marry a person you ought to know about them. I think I’d say yes you should have association with the boy before you marry.” Eventually Graye revealed to the interviewer that she “indulges in intercourse often because she enjoys it and so does Ray.” Graye had given thought to the matter, and she wanted to ensure a sound and lasting marriage. She used condoms to make sure she did not “get in misery” (become pregnant); “The boy uses it and that keep you from getting a baby.”⁴⁹⁰

Both the emphasis on a couple’s sexual compatibility and a growing association between marriage and bourgeois materialism changed the expectations of marriage for young rural African Americans. The focus was on the individual relationship and what one could acquire, for oneself through better career opportunities or through a marriage leading to greater fortune. Young people gained much from their wider array of choices. Girls, if able to secure birth control early enough and use it effectively, had the potential for pursuing careers and lifestyles they desired. Someone like Mary Parker, eighteen years old and living in rural Alabama making three dollars a week as a domestic, was

⁴⁸⁹“Fisk Department of Social Sciences Questionnaires Drafts of Reports,” Draft, under section “Attitudes on Sex,” p. 28, box 212, folder 23, CSJC,

⁴⁹⁰Both the daughter and mother were present during the interview and the testimony of each was overheard by the other.

hopeful that she could have a different life from that of her mother. “One thing my mother worked too hard. She had so many children.”⁴⁹¹ Willola Anderson, a fourteen year old and one of seven children living in Macon County, Georgia, summed up such an array of values and aspirations shared by her peers that her thoughts deserve full disclosure.

I think I want to be a nurse. Have been seeing the nurse come out here to Cotton Valley and I think that’s what I want to be. I don’t know how I’m going to get to be one-- just figure on working my way. Most, of these folks round here has to farm and I don’t want to farm. . . I wants to get married when I gets grown, but not right now.⁴⁹²

Amanda Hayden was another example of an unconventional disposition sharpened by her aspirations to educate herself. She lived with her sharecropping family of nine, and two male lodgers, on a farm in Huntsville, Alabama. She too intended to maintain her single status, more to avoid childrearing. The prospect of children competed with Hayden’s independent ambitions, and she was less concerned about an oppressive marital relationship. She “insisted that she was not interested in marriage” and that she “never did want a baby because I think I can take care of myself better than I could a lot of children. I want to go as high as I can in school. I want to get a Ph.D. I just want to get one and I don’t want to marry.”⁴⁹³

Boys had similar reasons to practice birth control, though the consequences of pregnancy were not so dire or immediate. They used condoms to be able to defend themselves from unfair accusations regarding a pregnancy and to avoid the obligation to marry if they were responsible for it. Theardis Davis was a sixteen year old boy who used

⁴⁹¹Mary Parker Interview, p. 9, folder 10, box 215, CSJC.

⁴⁹²Willola Anderson Interview, box 228, folder 1, pp. 7-8, 12.

⁴⁹³Amanda Hayden Interview, box 214, folder 3.

“Merry Widows” condoms and was adamant about not having gotten a certain girl pregnant: “A girl said I got her pregnant about three months ago. (Refused to give her name). . . . Children come and told me she said it. I saw her but she didn't say anything to me. I could tell she was pregnant though. It could be mine and it could not. It lay between me and another boy.” Regardless of whether or not the baby was his, Davis was certain, “I don't feel that I can marry her right now, though.”⁴⁹⁴ Boys also used condoms to prevent disease. Robert Leslie, Jr., of Madison, Alabama, understood that condoms protected one from getting venereal disease, and was especially concerned after a friend of his “caught a bad disease” from “some girls live on the highway.”⁴⁹⁵

The individualism forged through this new environment of a highly materialistic disposition about health, marriage, and family challenged the mutualism that had held rural African Americans so tightly together. The fact that girls had more knowledge of and access to effective birth control than their mothers gave them more power in a sense. But commercialization and the substitution of the school for neighborhood and home health instruction dampened female health authority. Now, when young women became sexual with their companions, they had the opportunity to explore romance and career simultaneously, and with a certain degree of active participation in contraception. But, they did so with less authority than their mothers had through their command of herbal health and birth control. The loss of a mutualistic safety net meant young women were left more alone with the consequences of unintended pregnancy.

Despite all the improvements in contraceptive technology, young women may have lost some of their leverage over the birth control decision when they got married.

⁴⁹⁴Theardis Davis, box 213, folder 6.

⁴⁹⁵Robert Leslie, Jr., box 215, folder 3.

Prior to marriage they were able to insist on their boyfriends' using a condom, making it clear that they wanted to avoid pregnancy, and occasionally mentioning protection from venereal disease as a concern. Marriage could diffuse that tendency toward insistence. Sixteen year old Emma Taylor of Jonestown, Mississippi, said of her husband, "Rufus uses a rubber. He useter didn't use one, and he'd ask me for some more and I'd tell him no, so he said he was going to get some rubbers and he did. Yes, mam, that was before we married.'" At the time of the interview she now was trying a less common form of contraception, in order, perhaps, to regain some lost control. She told of how "A lady told me about some feminine tablets. I bought some of them and I'm going to start using them soon as I get a syringe, 'cause I sure don't want no children."⁴⁹⁶ Unless girls procured a diaphragm – unlikely in the rural South for an unmarried woman with no access to a physician – or some other dubious commercial means – the “feminine tablet” and syringe method offered Emma Taylor -- they had less control due to the use of the condom. Their only sure option to avoid pregnancy was to avoid sex.

Conclusion

By the end of the 1930s, there was a much greater openness, tolerance, and availability, of birth control, a phenomenon that spanned the whole nation. In previous generations, the channels for bringing sex and birth control education to rural African Americans were distinctly adult, such as home demonstration agents, Jeanes teachers, and the National Negro Health Week. By the 1930s, these venues were so well established

⁴⁹⁶ Emma Taylor, box 217, folder 1. An interesting aside about Emma Taylor's command of knowledge of birth control was that among her reading materials were pg 6 "Good Health Habits" and "Health Efficiency."

that such offshoots began to have more of an independent identity. For instance in 1935, the Negro Organization Society, the flagship of black health activism since the 1910s, established a Conference of Junior Organizations for the state of Virginia. The junior group went well beyond participation in “Clean Up” days young people had been limited to in days gone by. The group was involved in politics, labor affairs, education, and health. Regarding the latter arena, it campaigned for “more qualified Negro health nurses,” a black physician for the state’s black tuberculosis sanatorium, and “a well-qualified Negro physician to membership upon the State Board of Health.”⁴⁹⁷ This junior group also caught the attention of editors of the Birth Control Review. The latter noticed that during the National Negro Health Week of 1938, it was the younger set, especially, who seemed most interested in birth control.⁴⁹⁸

By the time rural youngsters were engaging in sex and facing all its responsibilities and consequences, a solid network was in place in rural communities that addressed problems of venereal disease and pregnancy. Resources were available to them to direct their sexual and reproductive lives. Mutualism and the rural community health network had brought much of this about. Younger African Americans, however, did not learn about contraception exclusively as a matter of health and in the context of mutualism. Black youth, with the rest of America’s student population, were increasingly becoming part of a subculture forming in high schools since the 1920s. It was in this social climate that they formed their identities and visions of the future. Their collective eye was on the world of popular culture, fashion and glamour. Birth control, to young

⁴⁹⁷Lorenzo C. White, “Pioneer Work for Juniors,” Progress Record, vol. 9, no. 4, October – December, 1938, pp. 1,3, folder 7, box 77, Colson-Hill Papers, VSU.

⁴⁹⁸“One-Tenth of a Nation,” Birth Control Review, vol. 22, no. 8, May 1938.

African Americans in the rural South, was about living the life of material pleasures and aspiring to careers far from the likes of their farming parents.

Increasing exposure by rural youth to pronounced bourgeois materialism, along with the formation of a youth subculture as school matriculation rates rose, caused youth to develop aspirations that were more individualistic and did not heed the mutualistic ideologies their parents had been bred upon. The new generation had more advantages in terms of occupational and economic mobility, and the fruits of modernity, but they also sacrificed some of the security that mutualism afforded. Some traditional community leaders reflected on the negative consequences such a shift seemed to have on the integrity of the family and the authority of adult society. Lizzie Jenkins, the leading home demonstration agent in Virginia and an official in the NOS Better Homes Department, reminded Society members of the link between “good citizens and good homes.” The department took up the special mission in 1939 of “endeavoring to stimulate family cooperation and solidarity.”⁴⁹⁹ Educators, however, were in a unique position to counsel youth to cultivate a more independent outlook. Supported by New Deal agencies and encouraged by the progressive education movement, educational reformers pushed more explicit birth control instruction than other rural community institutions. In the process, mutualism was replaced with individualism, and personal fulfillment, not health, was the main goal.

Mutualism – an allegiance to ones neighbors – lay behind all public health instruction in rural black communities during the 1900s through the 1930s. Individual was second to community. As the high school began to compete with rural community

⁴⁹⁹Lorenzo C. White, “Pioneer Work for Juniors,” Progress Record, vol. 9, no. 4, October – December, 1938, pp. 1,3, folder 7, box 77, Colson-Hill Papers, VSU.

institutions, mutualism fragmented and generational strife abounded regarding family values and lifestyle choices. There were some disadvantages for this generation of young women and men who pursued premarital sex as a part of envisioning lives of more fulfilling careers and material pleasures. The problem was those aspirations had to succeed, and the cost if they did not was now higher. The communities from which youth came were apt to change more rapidly and permanently than the communities in which their parents grew up. This was due to more dynamic migration trends, better transportation, and the very temptations that drew youth's own attentions to city living and regions beyond the rural South. The mutualism that had served as a cushion for their parents, and especially for women who conceived and bore children when they were not married, or not ready, was eroding. No longer did young people entering the age of marriage and family assume that their experiences, and their decisions, were part and parcel of a set of community experiences, standards, and responsibilities. In ways, of course, this was freeing, but at some point for rural black people in the Jim Crow South, that was ultimately not the best bargain.

CONCLUSION

Over the first forty years of the twentieth century, rural black women had the highest fertility rate in the United States and at the same time experienced the most drastic decline in birth rate. They and their loved ones comprised the nation's poorest families with the least opportunities for economic mobility, and they endured in a region rife with white supremacist ideology, political repression, and vigilante violence. This state of affairs severely circumscribed African Americans' options for "uplift" in the South. Health was one arena white society encouraged black people to be active in for the benefit of all, and African Americans had long established traditions in health strategies, including birth control.

Rural African Americans across the South forged cooperative health care strategies through grassroots community programs led primarily by laywomen. When the commercial market of birth control and outside birth control agencies infiltrated the rural South, black women were especially desperate to expand their repertoire of methods. This study has aimed to broaden our understanding of rural black people's strategies around family planning in a region and culture of the country typically viewed as removed from the mainstream birth control movement. Far from passive participants in a top down birth control movement heedless of their values, African Americans acting collectively influenced a national birth control organization's strategy to adopt their traditions of mutualism and female health authority.

In an era of reform when white reform groups and government alike neglected to pay much attention to rural black Southerners, a few organizations rose to the occasion. Scholars of African American history have explored class tensions in areas of reform from the late nineteenth to early twentieth centuries, mostly depicting the tendencies of middle-class urban uplifters to try to assert social control over the working class. The narrative I have laid out exposes more complexity in the dynamics between rural black southerners and the black middle-class cohort with whom they interacted. The Agricultural Extension Service, the National Negro Health Week Campaign, and Jeanes Teachers operated closely to Southern African Americans' daily lives and found ways to deliver some basic but desperately needed health services. They paid attention to rural people's traditional values and strategies of egalitarianism and mutualism, and to varying degrees, female health authority. The health network these programs created relied a great deal on flexibility and overlapping of resources. Through these channels, rural people accessed health literature and discussed health topics including those relating to sexual and reproductive health, making formerly taboo subjects like venereal disease prevention and even birth control more publicly acceptable. Through their own grassroots-based community channels, and by maintaining the solidarity borne of mutualistic survival strategies, rural black people staked out relatively safer territory in the modernization of reproductive control.

This study of birth control is situated within the broader narrative of public health, a field that in recent years has accomplished an enormous amount in directing attention to the grave inadequacies of the United State's official and private institutional health care system. Edward Beardsley's *History of Neglect* has amply documented the injustices

dealt the black and white poor in the Jim Crow South and the challenges and small victories for those public health reformers who sought to ameliorate their plight. Darlene Clark Hine's book on the advent of the black nursing profession described the arduous path black women walked to make headway in the nation's halls of professional medicine. Susan Smith's work on health in the rural South complicated the narrative by taking more critical looks into reformers' and professionals' motives and strategies in obtaining cooperation from their patient population. The foundations wrought by these and other historians of medicine and public health have depicted a rich and complex context of health care and cultural attitudes toward health. What remains to be addressed in much of this work is the part played by the patients themselves. A major mission of my dissertation has been to bring rural African Americans directly into the spotlight of their own health care stories.

One of the threads throughout this dissertation, then, is the constant negotiation between rural women and men, and the reformers who conducted various campaigns in their neighborhoods. Much more research is needed on rural class dynamics in African American communities of the South during this time. This dissertation has addressed the different motivations and cultural ideologies brought to bear on rural health work by outsider middle class groups. The reformers and the participants shared a common plight of racial subjection and egregious discrimination in health services. But the former group had cultivated enough clout within their own communities that they perceived a stake in their work that went beyond the sheer matter of improving health. Opportunities to increase social reputation and professional advancement were at hand. Rural black people in the South, like their white counterparts, were often predisposed to suspicion when it

came to outsiders. The interactions revealed here demonstrate the ways that African American women and men attending health and birth control clinics held their own and challenged reformers to consider their perspectives on mutualism and the role of women in health care.

Progressive Era health reform historiography has neglected to address fully the active role of rural African Americans. Farmers in the South, especially, experienced much higher rates of illness and mortality than the rest of the country. Yet for black people who were barred from medical institutions in the South, it is not clear that living closer to those urban medical institutions would have offered them any benefit. Rural black people's strategies of health care within their own communities and orchestrated by their own network of health workers allowed them to preserve and perpetuate values held dear to them. I have attempted to highlight the collective nature of my subjects' lives and the mutualistic approach they took to help one another thrive and survive. Historians agree by now that women took the greatest leadership role in health activism in rural black communities of the early twentieth century. I have revisited throughout this study the central place of women in the various health programs serving rural black Southerners and the authority they maintained through their relatively stronger tie to the domestic sphere and with their intimate familiarity with reproduction.

It is important to continue discovering where, when and how disempowered women and men have exercised, in different ways, volition around reproduction. Birth control historiography has evolved in the last two decades, from a concentration on institutions – focused on developing technologies, implementing programs, or lobbying for policies and laws – to dynamics between those managing institutions and the people

they targeted. With some important exceptions, however, historians of the South and of public health have assumed that the rural poor, both black and white, were passive participants in public health programs and victims of birth control promotion in particular. Johanna Schoen's recent work has provided an important corrective by placing the element of choice squarely alongside the element of coercion in the birth control movement of the twentieth century rural poor.

What I have highlighted here is how rural African Americans' collective actions around birth control constituted in a sense an extension of choice, or more accurately, of agency around reproduction. An inordinate focus on individual reactions to vastly more powerful institutions presents the danger of losing the forest for the trees. My message is that one of the most oppressed groups in the twentieth century United States, facing such powerful forces, managed still to maintain strategies that worked for them; mutualism contrary to hierarchy, female leaders rather than male, grassroots strategies and community leaders instead of institution building and credentialed professionals. All of these tenets of rural black health culture affected the nation's largest birth control organization and its way of conducting business.

The Birth Control Federation, the largest birth control advocacy organization in the nation, was compelled to reflect rural black southerners' preference for female health authority in its staffing. It also integrated into the Negro Project grassroots health programs that were already firmly enmeshed with rural African Americans' lives. They considered these programs, the network they formed, so effective that the Federation brought these strategies to bear on its own national planning. Scholars of public policy might look more at grassroots influences on larger entities that, formally at least, retain

the authority to shape policy. Those entities – government agencies, national or international organizations, philanthropies, etc. – are by nature more static than smaller groups formed at the local level to respond to community needs and desires. Such entities or institutions often have bureaucracies that slow down decision-making and response time to what occurs on the ground. The issue of ideology is not the only one to consider, then, in assessing how disempowered people act to resist and change policies that harm or deprive them in some way. Also at issue are the structural implications of grassroots strategies for a larger system of policy formation. In this sense, public policy may be a realm to locate more influence, and even power, emanating from groups normally considered marginalized.

Mutualism and female health authority have been traits associated with the lives of marginalized peoples, but historians have not yet fully recognized these critical facets of vibrant and effective community organizing. Hierarchical, patriarchal, and institutional professionalism certainly command a great deal of power in the narrative of progressive reform. But a more hidden, alternative current of cooperation and egalitarian was deeply integrated into rural black life and it found its way into the channels of “progressive” reform that encroached on African Americans in the South. Furthermore, the effect of such cultural ideologies was recognized publicly by some of the most prominent traditional organs of power, notably here, the Birth Control Federation of America. This study, I hope, will cause others to look more closely, not only at the inner-workings of community organizing among marginalized and under-examined communities, but also at the records of better known and more publicly influential organizations for evidence of these influences.

There are some important reasons for focusing on the less sensational forms of collective action by African Americans in twentieth century history. Scholars have extensively researched the civil rights struggles of black people, especially in the 1950s and 1960s. A recent trend has been to locate origins of the civil rights “movement” earlier, as far back as the 1930s and perhaps even earlier. My dissertation does not directly contribute to such a historiography; I do not profess to view rural black people’s work toward improved birth control access and health as equivalent to an overtly political struggle.⁵⁰⁰ Rather, more studies like mine will contribute to a better understanding of the climate and ideologies present in rural African American communities that gave rise to more political actions and in particular to women’s leadership. The mutualism that was at the heart of health work in the early twentieth century no doubt provided a foundation for organizing around more political issues in the post World War II era. This dissertation then may lead to insights about when, why, and how movements of political struggle emerged in the rural South in later decades.

A sub-theme in this work is how life phase needs to be considered an important factor in tracing major social developments within a given community. The generation of African American youth that came of age in the 1930s differed significantly from that of their parents. They concentrated on the prospect of getting as far away as they could from the farming life of their parents. They had enjoyed the fruits of the grassroots health network and even used it to their advantage in securing birth control. But mostly they learned about birth control in the school arena where a culture of peers trumped a

⁵⁰⁰Though some scholars have. Susan Smith urges that “more studies are needed on the ways in which concerns over health and housing were as integral to the agenda of the modern civil rights movement as voting rights.” Smith, *Sick and Tired*, p. 169.

community based on mutualism. In the previous generation, adolescents were likely to have little choice but to follow their parents' lead in family planning methods, and the consequences of sex – children and marriage – were more often than not immediately and constantly at hand. In the new generation, however, a teenager was likelier to use his or her family experience not as a model but as a reference point for how to make new and specifically individualized choices. Those new choices, given the explosion of the commercial birth control market in the 1930s, were ready at hand.

Often scholars glean insights about generational change from consideration of the immigrant experience, and especially with respect to the story of modernization in the United States. Historically, as immigrant groups have assimilated, one of the most pervasive expectations imposed upon and welcomed by the next generation was that they would garner more financial wealth and security than their parents. Scholars have considered the “immigrant” experience of African Americans making internal migrations from the rural to urban South, and especially from the South to the North. These studies analyze such experiences as unidirectional, following geographic movement from rural to urban areas. Less well understood is how urban ideas and practices spread the other way into rural areas. This dissertation offers an example of how cultural factors moving into rural black communities may have triggered generational shifts, rather than such shifts occurring as people moved from rural areas to cities.

Finally, I see this work as part of a trend by historians to the more positive features of how oppressed people resist those in power. We need to examine in those behaviors and strategies of resistance the factors that are not only antagonistic, but those also that provide the “glue” among communities that allow them to act in solidarity. For

instance, Elsa Barkley Brown is currently working on friendship in African American communities in the early twentieth century.⁵⁰¹ Vanessa Northington Gamble provides another example, when she refers to one of the critical factors in understanding the experiment conducted by the USPHS at Tuskegee Institute. Gamble, a historian who is involved in policymaking around ethics in health care, considers the issue of trust in the forefront of interactions around the study; how trust is conceptualized, produced, and prevented, in relationships between doctors, nurses, and rural patients. My dissertation also considers trust, forged from familiarity and camaraderie, as a feature of the mutualism so critical in determining how rural African Americans organized around the issue of reproduction.

⁵⁰¹Elsa Barkley Brown, lecture, Penn State University, Spring, 2006.

APPENDIX

“Elaboration on the American Youth Commission Survey”

No mention existed in the American Youth Commission survey material as to parameters for selecting the students for interviews, but it was likely AYC surveyors were selecting for those they deemed “problem” students. Assumptions about respectable or “normal” sexual behavior were inherent in the structure of the survey. Developers of the survey assumed that questions answered “false” indicated a “normally” adjusted individual. Since the AYC aimed to mitigate “problem” behavior, it likely chose some students who routinely answered “true”; in other words, those who appeared maladjusted. An example statement that apparently manifested maladjustment was, “I often fight with my parents.” One “Personality Test” used to gauge students’ behavior problems indicated a student who scored “Near Top of Class” for six out of nine categories, and for the rest she was “Above Average.” This student also answered “Has Never Occurred” for every “Behavior Problem” listed, including masturbation and “obscene notes, talk, pictures.”⁵⁰² The student does not appear to have been interviewed, suggesting there may have indeed been a screening process to rule out the “well behaved” students.

The surveyors from the American Youth Commission conducted interviews asking youth and their parents questions about their lives. Interviewers elicited from youth their occupational and educational aspirations, ideas about race, marriage, family, sex, community, religion, and birth control. The parents were of secondary interest but many of the interviewers took advantage of the presence of adults to round out the

⁵⁰²Louise Kidd, “Personal Values Test,” box 215, folder 1, CSJC, Fisk.

younger people's testimony. Most of those interviewed were rural people, some small town residents, and a few lived in major Southern cities, but all had less formal education than their interviewers, and all were poor. The following discussion uses the wealth of information accumulated from scores of interviews, but focuses mostly on sexual attitudes, heterosexual activity, and family dynamics to establish a broader set of values from which people in a changing era made or expected to make reproductive decisions. The great majority of students interviewed were unmarried teenagers. As such, their responses and outlook do not include the experiences of married life, childbearing, and childrearing that most of the testimony of previous chapters presents.

Interviews occurred mostly in people's homes, and often with one or more family members present. This likely caused some self-consciousness and self-censoring that influenced responses to personal questions and those regarding the rest of the family. Parents found it difficult to answer questions about family size preference, for example, in the midst of their children, finding it hard to be completely honest. When that very question was put to her, Mrs. Alford of Johnston County, North Carolina, a farm wife, "laughed at first -- started to say a small one, but ended by saying 'I don't know. I'd rather have a large family. The children are a help. In the field and around the house they are a help.' All the children were in the room during the interview and it appeared as if Mrs. Alford may have given different answers had they been absent" guessed her interviewer.⁵⁰³ Wives and husbands might be equally hard pressed to speak openly in front of each other about their opinions on sex and efforts at family planning.

This extraordinary series of firsthand accounts dealt with matters of a very

⁵⁰³Mrs. Alford, Dora Alford Interview, c. 1938, box 212, folder 6, CSJC.

personal nature. In that light, sometimes the degree of candor is rather remarkable. Fifteen year old Salome Hinton lived in Garner, North Carolina, one of a farm family of ten, and living in “extreme poverty” according to the interviewer. She openly discussed her first sexual experience, describing her feelings of disappointment that her sexual desires were not fulfilled: “I thought it was going to feel good but it wasn’t so hot, I didn’t like it. It wasn’t like I thought it was going to be.”⁵⁰⁴

There was a range of responses to the AYC interviewers, from eagerness to impress, to reserve and suspicion, to outright refusal in answering personal questions because of privacy concerns or fears about retribution from the community. Every interviewee interpreted the interview situation differently. Sixty five year old Millard Barnhart of Greene County, Georgia, perceived the interview process as potentially beneficial to black people. He was willing to answer questions because “I believe you trying to help us and help our poor race.”⁵⁰⁵ Sara Eason, a 22 year old woman married to a fieldhand and living in Smithfield, North Carolina, told her interviewer that she had heard others wished their families had been chosen to participate in the study. According to Eason, “people generally liked talking to the interviewer.” A couple of her neighbors, however, had their doubts about the interviewer, for they “said that you were just another government man -- and like all government men, they never did help anybody.”⁵⁰⁶

Local white people perhaps had an even more chilling effect on the interview process than “government men.” Sara Eason had already exchanged words with a white man, Mr.

⁵⁰⁴Salome Hinton, Salome Hinton Interview, c. 1938, p. 5, folder 4, box 214, CSJC.

⁵⁰⁵Millard Barnhart, Millard Barnhart Interview, c. 1938, p. 6, folder 1, box 213, CSJC.

⁵⁰⁶Sara Eason, Sara Eason Interview, c. 1938, p. 17, folder 4, box 213, CSJC.

Gettis, before she met with interviewer Isham B. Jones. He gave her a warning to pass on to Jones, which she did: ““He wanted to know who you were, and what your business was. I tried to explain to him. He said that you ought to stay away because you didn’t mean anybody any good.””⁵⁰⁷ Despite Gettis’s implied threat, Eason told Jones of a different white man’s inappropriate conduct with her, relaying how the white magistrate she worked for made her uncomfortable by asking about her dating life. Topics related to sexual behavior were particularly difficult topics to discuss with a stranger. Black people in the rural South, and especially women, who experienced the pervasive threat of rape by white men, took a risk in these interviews of stirring up their white neighbors’ suspicions.

Lesbian and gay voices were effectively silent in this process. Several hundred people were interviewed and several gays and lesbians were almost certainly interspersed in the pool. Perhaps they had married people of the opposite sex and even parented children, or found themselves otherwise attached to the subject’s family.⁵⁰⁸ A person at this time did not easily disclose his or her sexual identity and interviewers made no attempts discover it. In fact, interviewers appeared never to ask whether one wanted to marry at all, it was just a matter of when. Interviewers presumed marriage was in everyone’s future, asking for instance, “What kind of husband do you want to marry?” Some dissembled rather than lied outright. Amanda Hayden answered the query about

⁵⁰⁷Sara Eason, Sara Eason Interview, c. 1938, p. 17, folder 4, box 213, CSJC.

⁵⁰⁸Since the interviewers were led to their subjects’ homes through a student survey, all interviewed were somehow related to a person of student age, likely through direct parenting but in many instances through being extended family.

marriage, “‘I don’t want to marry.’ She would not talk further on this subject”⁵⁰⁹

Similarly, since marriage was to them unequivocally tied to childrearing, the question of family size was always asked as one of degree, leaving the interviewee venturing out of the “normal” realm if she or he did not want to have any children at all. Revealing one’s sexuality to anyone, and especially someone recording information for public purposes, could have serious negative consequences. In one interviewee’s school, for example, there was a “girl who was dismissed about a year ago because ‘she was acting like a boy around the girls’.”⁵¹⁰ The silencing of lesbian and gay interview subjects means that information on their authentic sexual and romantic aspirations are missing here. At times we do not know, then, whether an absence of children was the result of a convenient marriage masking sexual incompatibility, or whether birth control, or infertility, was the likelier mechanism.

⁵⁰⁹Amanda Hayden, Amanda Hayden Interview, c. 1938, p. 5, box 214, folder 3, CSJC.

⁵¹⁰Susie Albright, Susie Albright Interview, c. 1938, p. 7, folder 25, box 212, CSJC.

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Education

The Pennsylvania State University, University Park, PA. PhD (History), May, 2007
Yale University, New Haven, CT. BA (Biology), 1991

Fellowships and Awards

2005-2006 Richards Civil War Era Mentoring Fellowship, Penn State
2003-4 Richards Civil War Era Center Research Grant, Penn State
2002 Smithsonian Predoctoral Fellowship
2001 Duke University Library/John Hope Franklin Research Center Grant
Mark and Lucy MacMillan Stitzer Award, Penn State
American Historical Association Albert J. Beveridge Grant
American Institute of the History of Pharmacy Grant
Charlotte Newcombe/Woodrow Wilson Foundation Fellowship Finalist
2000 Hill Dissertation Fellowship, Penn State
Andrew W. Mellon Fellowship
Lillian Sholtis Brunner Fellowship, University of Pennsylvania
Rockefeller Archive Center Dissertation Fellowship
Research and Graduate Studies Office Grant, Penn State
1999 Mark and Lucy MacMillan Stitzer Award, Penn State

Professional Conferences

November, 2006 Southern Historical Association. Session organizer: "Reproductive Politics amongst African Americans in the Rural South: 1845-1945."
January, 2006 American Historical Association. Paper: "The 'Negro Project,' 1939-1942: Birth Control Promotion to African Americans in the Rural South." Session organizer: "The Public Face on Private Matters: Representing Health and Sickness in the South, 1865-1945."
April, 2005 Organization of American Historians. "On Their Own Terms: African Americans, Birth Control and Modernity in the 1930s Rural South."
October, 2004 Joint Atlantic Seminar for the History of Medicine. "Birth Control and Rural African Americans in the Modernizing South, 1890-1940."

Employment

Spring, 2007 On-line Instructor, Penn State World Campus, American Civilization 1877 to present."
Research Assistant, History and Women's Studies, Penn State.
Fall, 2006 Lecturer, Penn State, "American Civilization 1877 to present."
Spring-Summer, 2006 Course developer, on-line course "American Civilization 1877 to present." Participant, "Blended Learning Initiative Faculty Academy," Penn State.
2003-2005 Lecturer, Penn State, "American Civilization 1877 to present."
Fall 2001- Co-Project Manager, "Race and Place" Website, Center for Digital
Summer 2002 History, University of Virginia, Charlottesville, VA.
2000-2001 Volunteer Coordinator, Albemarle County Historical Society, Virginia.
1996-1999 Graduate Assistant, Department of History, Penn State.
Courses: American Civilization, 1877 to present
American Civilization to 1877
Women in Modern U.S. History
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