

Lost In Translation: The Struggle for Black Women During the US Birth Control Movement

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Carrie Lee Gerringer, a black woman from Burlington, North Carolina, was born in 1907 and married by 1925. When Carrie married, she “didn’t know more than a two-year-old young’un knows [about marriage and what was expected of her.]”¹ Despite not knowing anything, Carrie bore six kids, five who survived to adulthood, and continued to work in the Glen Raven Mill for \$5.50 a week throughout it all. She’d “stay home long enough to have a young’un, and by the time he was six weeks old” be back at work.² At the end of her life, when asked about the availability of birth control to her, Carrie explained how she “didn’t know of anything about it if there was. If I had, I probably would have used it myself. Not that I don’t love my children, but just so many, and I think it’s better to have one or two that you can keep going and do the best you can by them, then have so many.”³ Carrie’s story is not unique to her, but represents thousands of women’s lives before the birth control movements in America. Unfortunately, there is a high likelihood Carrie’s daughters still share a similar story because despite the advancements made in contraceptive education and availability, many black American women still struggle to gain these rights. The unequal access for women makes the continued study of the birth control movement between 1910 and 1970 necessary and advantageous.

Introduction

Between 1910-1920 female activists first introduced the term birth control in feminist dialogue as they began organizing and illuminating the struggle for access to safe contraception for American women. The initial movement, and the organizations that formed out of it,

¹ Carrie Lee Gerringer, interview by Douglas DeNatale, August 11, 1979, interview H-0077, Southern Oral History Program Collection (#4007), transcript, 22, <http://docsouth.unc.edu/sohp/H-0077/H-0077.html>.

² Ibid, 20.

³ Ibid. 22.

advocated for increased education and use of contraception for poor working class women, the majority of whom were black or immigrants, because they believed that a reduction in population would lead to a reduction in poverty. Early institutions, like Margaret Sanger's *American Birth Control League* and Mary Dennett's *Voluntary Parenthood League*, advocated for poor women, but they still needed the support of wealthy patrons and professionals to establish physical care centers and influence public policy. These patrons and professionals proved critical in getting and keeping clinics up and running because federal funding was either very low or nonexistent. They believed that the way to rise out of poverty was for lower class people to adopt the reproductive habits and family structure of the white upper middle class. They established a network of organizations designed to restructure the "disadvantaged" by controlling their reproduction.

Early programs also gained support from those who advocated a birth control movement out of the necessity for the survival or reduction of certain groups. Programs based their arguments on a Eugenics philosophy that argued certain types of people; mainly well educated and financially stable whites, were the most important for continued prosperity and development of America as a whole because they contributed the most to society. If the numbers of "fit" members of society continued to shrink because of a declining birth rate and other social groups, like black or immigrants, grew, a strong potential for "race suicide," or the elimination of these more valuable citizens, developed. In the American south specifically, these developments allowed for white southern racists to argue for increased segregation and control of blacks based on the "scientific" merit of Eugenics. During the 1930's and 1940's, southern doctor's forced sterilization on black men and women as a treatment or punishment for a variety of illnesses and offenses, often without initial consent from the recipient. They saw many "inferior women" as

unable to understand less permanent methods of birth control, like the pill, and needed a simpler more “foolproof” method, like sterilization.⁴ These early decisions by male doctors about black and immigrant women’s health and mental capacity still impact dominant preferences for contraceptive methods, as many women chose their method of birth control based on family members recommendations and personal testimonies.

Blaming women for the issues at home and in society continued as a common theme for birth control advocates into the 1960s. Specifically in 1960, Patrick Moynihan’s report once again brought forward the issues of poverty and “familiar degradation.” His report promoted a doubling of efforts in the “fight” for birth control over black women. It also blamed women’s maternal “failings” for the problems of overcrowding, crime and poverty that plagued the 1960s black community. White doctors, social theorists and “concerned citizens” attempted to “fix” black women who they saw as lowering the moral standard of families. In response to these racists “concerns,” radical black male activists and religious leaders began to discourage the use of birth control in the black community. The black male leadership advocated for a “strength in numbers” philosophy and believed the development of social programs and clinics for black women was part of a larger plan of black genocide. Other male community members responded by defending birth control on a “quality of life, over quantity of children” argument. However, the end result still pushed black women out of the debate because male black community leaders did not include women’s opinions in their arguments. When these women did speak out, they voiced their desire for the freedom to choose and the right to control their own bodies, but male

⁴ Elizabeth Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-1970* (Baltimore: John Hopkins University Press, 2001), 101.

community members often silenced their voices.⁵ Yet the louder and more public debates and fears of male community members turned birth control into a fight over a “weapon” against blacks, and drowned out the more moderate opinions of black women.

Towards the end of the 1960s, black women faced further resistance as white women began to resent birth control programs based on the intrusion of doctor’s into their personal lives, and its impact on their professional ones as well. These upper-middle-class white women advocated for increased information and options for contraceptive methods in order to allow for greater freedom, but failed to consider the limitations of money, geographic access and community resentment that plagued black women. In the American south, white women actually began to push black women out of the movement as they saw the opportunity to expand their professional opportunities through reliable birth control methods. These women did not consider how working class African American women in the south were “pitted against other people of color at the bottom of the labor market... [so that] unemployment, rather than racially segregated employment” became the norm.⁶ White women seemed solely focused on their own advancements in the labor force and failed to include black women’s concerns in the arguments for a female-directed birth control. Their insensitivity towards black women, along with the lack of access and information for poor women, excluded all but wealthy and middle class white women from the late-1960s birth control movement.

The history of birth control impacts almost every American man and woman. Historians, public health experts and political scientists study both birth control movements for insight into

⁵ Robert Weisbord, “Birth Control and the Black American: A Matter of Genocide?” *Demography* 10, no. 4 (November 1973): 571-590.

⁶ Barbara Ellen Smith, “The Social Relations of Southern Women,” in *Neither Separate Nor Equal: Women, Race and Class in the South*, ed. Barbara Ellen Smith (Philadelphia: Temple University Press, 1999), 27.

our current society. They highlight the multitude of disadvantages stacked against black women that led to their exclusion from both the birth control movement of the 1920s and 1960s. In her works on women's rights, Linda Gordon explains difficulties presented to lower class women struggling for access to birth control. Many of the original Eugenic organizations restricted poor women's access to a pill and instead favored the use of permanent sterilization methods. Patrick J. Ryan explains how the eugenics philosophy gave "scientific backing" to the white fears of race-suicide that prompted many of the social programs designed to curtail black population growth in his article "Six Blacks from Home."⁷ In the 1960s, the eugenic fears largely gave way to welfare-dependency fears and social "experts" warned of the perpetual problem of poverty and crime that resulted from unwed mothers relying on social programs. Beyond social limitations, Elaine Tyler May and Beth Bailey write about the extensive physical limitations placed on black women, either through geographic distance or physician refusal. These women often struggled to find transportation and funds to see a doctor, and when they did arrive, many doctors refused to treat them.

Demographic scientists also analyze the unique backlash faced by Black women in the face of the birth control movement. In "Birth Control and the Black American: A Matter of Genocide?" Robert Weisbord illustrates how 1960s fears of a white genocidal conspiracy against blacks severely limited black women's ability to find support for birth control within their own community. His research shows how black women's desires for effective birth control were marginalized in the face of blacks leaders fears over racial genocide. Kirk Elifson and Joseph Irwin's study on "Black Ministers' Attitudes Toward Population Size and Birth Control" sheds

⁷ Patrick J. Ryan, "Six Blacks from Home': Childhood, Motherhood, and Eugenics in America," *Journal of Policy History* 19, no 3 (2007), accessed June 21, 2015, http://muse.jhu.edu.nuncio.cofc.edu/journals/journal_of_policy_history/v019/19.3ryan.pdf.

new light onto the community forces at work against black women's access.⁸ Prominent black male leaders collaborated with church leaders to fight against birth control in the black community, as they saw the increased population of blacks as one of the most powerful forces against oppression. However well all these analysis assessed black women's struggle with birth control, it was really bell hook's *Ain't I A Woman: black women and feminism* that brought the unique voices of black women into scholarly analysis.⁹ In addition to writing about the external effects of the birth control movement on black women, hooks also analyzed the internal impact of these programs on the women themselves. In a way, previous studies continue to marginalize black women by largely failing to include their personal reactions to the larger forces of the birth control movement. Hooks draws out the personal narratives of black women involved in the movement, and allows for their own interpretations and opinions to be heard.

While scholars attempt to define the black woman's experience with birth control, there is still a lack of historical analysis on the direct impact of birth control on black women. Addressing this under representation calls for a continued analysis of the black female experience. This paper demonstrates how the history of black female contraception use can reveal the complicated nature of the birth control movement, and allows historians to start to understand why initial calls for working-class women's relief in the 1920s did not result in equal access to contraceptive methods of the 1960s. Today's continued fight for equal access shows how historical arguments centered on racial supremacy limited black women's access to birth control and resulted in a legacy of inequality that persists in society.

⁸ Kirk W. Elifson and Joseph Irwin, "Black Ministers' Attitudes Toward Population Size and Birth Control," *Sociological Analysis* 38, 3 (Autumn, 1977), <http://www.jstor.org/stable/3709805>.

⁹ Bell Hooks, *Ain't I A Woman: black women and feminism*, (Boston: South End Press, 1981).

Legacy of “Race Inferiority”

Even before the initial 1920s movement for family planning and birth control, black American women struggled against the legacy of slavery and the unique characterizations of black women resulting from this enslavement. Since the introduction of the first legal American slaves in 1654 to the end of the Civil War in 1865, white men and women exploited black American women as “breeders” and denied them their rights as mothers.¹⁰ Slave owners paired their slaves in a manner similar to animals, choosing them based on valued assets like strength and work ethic. When a slave woman gave birth, the master considered the child his property and the child’s mother had no say over the handling of the child. Owners decided to sell the child or mother to purposely break up family units. In justification of these actions, and the institute of slavery itself, white slave masters defined race “inferiority” as an inherited trait and began the long tradition of regulating blacks, claiming their inferior status caused them to “lack the capacity for rational thought, independence and self-control that was essential for self-governance.”¹¹ Even after the abolishment of slavery, blacks remained in an inferior status to whites, especially in the south where state government’s continually passed laws to regulate black women’s reproduction for the “good of society” as a whole.¹² This type of racist thought formed the core of black subjugation to white ideas and morals, specifically in relation to sexuality and family planning.

¹⁰ Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), 7

¹¹ *Ibid*, 8

¹² According to Dorothy Roberts, “black reproduction ... is treated as a form of degeneracy. Black mothers are seen to corrupt the reproductive process at every stage. Black mothers, it is believed, transmit inferior physical traits to the product of conception through their genes. They damage their babies in the womb through their bad habits during pregnancy. Then they impart a deviant lifestyle to their children through their example.” (Roberts, 9)

Based on this “race inferiority” philosophy, white men and women believed blacks unable to care for their own children, and saw it as their duty to impart the necessary moral guidance to them. As reformer Eleanor Tayleur explained in her 1904 article in *Outlook Magazine*, a black mother “exhibits none of the brooding mother-love and anxiety which the white woman sends after her children as long as they live.”¹³ White upper-middle class reformers like Eleanor Tayleur believed blacks needed legal and social rules and regulations on family planning and contraception because race “hindered their inheritance of maternal values.” As a result of these racist ideas, pro-birth control supporters began to exclusively push the upper-middle class version of a small family, and worked to “popularize the idea that poor people had a moral obligation to restrict the size of their families” instead of accepting cultural differences and looking at alternative solutions for each community.¹⁴ These alternative forms of community were prominent in the southern states as black men and women relied on a much broader family network to raise their children in a way that differed from the white-nuclear family set up. White reformers blamed this difference for the issues of unemployment, poverty and crime that plagued black communities, and promoted the white family and community structure as the solution to problems within poor and black communities.

As white reformers compared immigrants and black families against the white-middle class structure and any deviation allowed for their labeling as defective. Historian Beverly Guy-Sheftall explains how “the code of behavior prescribed by this ideal was more relevant to the lifestyle of white middle- and upper-class women, whereas poor women, especially black

¹³ Quoted in Beverly Guy-Sheftall, *Daughters of Sorrow: Attitudes Toward Black Women, 1880-1920* (Brooklyn, NY: Carlson Publishing Inc, 1990), 44.

¹⁴ Linda Gordon, *Woman’s Body, Woman’s Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), 158. The white middle class family consisted of the nuclear family, a hard working father, stay at home mother and the typically two children.

women, were unable to act out this model of womanhood even if they embraced the ideology.”¹⁵ By enforcing these unrealistic standards of a “proper” family onto immigrants and blacks, white reformers failed to understand the different lifestyles of these people. In the case of black women, these practices of enforcing exclusively white standards marked them “from the beginning as objects whose decisions about reproduction should be subject to social regulation rather than their own will.”¹⁶ The fear of black reproduction and the acceptance of their inherent racial “sub status” allowed affluent whites to attempt to redefine the black family into the white-middle class model. Historian Dorothy Roberts explains how ultimately, “scientific racism predisposed Americans to accept the theory that social characteristics were heritable and deviant behavior was biologically determined.”¹⁷ In the late 19th century, this theory of race inferiority allowed white family supremacy to transition into a core value of the birth control movement.

White men and women who subscribed to the white family supremacy theory used the pseudoscience of Eugenics and its back of racial status to provide an explanation for their abuse of the “unfit” members of society. The eugenics movement based itself on the theory that “intelligence and other personality traits are genetically determined and therefore inherited. This hereditary belief, coupled with the reform approach of the Progressive Era, fueled a campaign to remedy America’s social problems by stemming biological degeneracy.”¹⁸ Like previous slave owners, eugenicists believed that “unfit” genes were passed down from parents to “degenerate offspring.” Eugenicians saw the rise in poverty and delinquency among children as a natural effect of overbreeding by “unfit” members of society.

¹⁵ Guy-Sheftall, 11.

¹⁶ Roberts, 23

¹⁷ Ibid, 61

¹⁸ Ibid, 59

In the south, the fear among eugenic scientists and their social supporters focused on the intermarrying of Blacks and Whites. By 1915, twenty-eight states passed laws on prohibiting the marriage of “Negroes and white persons.”¹⁹ The fear of intermarriage came from the false Eugenics belief that children from such unions would only inherit the traits of the “weaker race.” In 1916, the popular Eugenics author Madison Grant explained how “when it becomes thoroughly understood that the children of mixed marriages between contrasted races belong to the lower type, the importance of transmitting in unimpaired purity of blood inheritance of ages will be appreciated at its full value.”²⁰ This issue gained national attention in 1921 at the Second International Congress of Eugenics which stressed the concern many members felt over the biological and social impacts that racial-intermixing could cause in American society. Papers such as “The Problem of Negro-White Intermixture and Intermarriage” highlighted the “evils” that sprang from the increased mixture of Whites and Blacks.²¹ Southern Eugenicists worried a rise in the mixed population would run the country ground because of blacks “biological inability” to self-govern or control their reproduction. Their false statements over the potential race “infection” of whites by blacks motivated the passing of laws like Virginia’s Racial Integrity Act of 1924 which declared “it shall hereafter be unlawful for any white person in this

¹⁹ Paul Lombardo, *Eugenic Laws Against Race Mixing* (University of Virginia: Image Archive on the American Eugenics Movement).

²⁰ Madison Grant, *The Passing of the Great Race or The Racial Basis of European History* (New York: Charles Scribner’s Sons, 1916), http://www.jrbooksonline.com/pdf_books/passingofgreatrace.pdf

²¹ Frederick L. Hoffman, M.D., “The Problem of Negro-White Intermixture and Intermarriage,” in *Eugenics in Race and State: Scientific Papers of the Second International Congress of Eugenics* Vol. 2, ed. Charles B. Davenport, Henry Fairfield Osborn, Clark Wissler and H.H. Laughlin (Baltimore: Williams & Wilkins Company, 1923), 175, <http://wellcomelibrary.org/player/b18031535#?asi=1&ai=9&z=0.0226%2C0.846%2C1.2935%2C0.6941>.

State to marry any save a white person...”²² In the health bulletin that preceded the Act, Virginia’s Bureau of Vital Statistics warned:

Unless radical measures are used to prevent it [meaning intermarriage], Virginia and other parts of the Nation must surely in time go the way of all other countries in which people of two or more races have lived in close contact. With the exception of the Hebrew race, complete intermixture or amalgamation has been the inevitable result.²³

Beliefs in “race inferiority” and the white fear of dying out were so strong that these types of laws remained in effect throughout the south until the US Supreme Court finally declared them unconstitutional in 1967.

The Eugenicists’ propaganda of race-inferiority blamed the “unfit” for problems within their families and the larger white community as well, and provided evidence for poor citizens “needing” strict rules in relation to birth control and family planning. In direct relation to the birth control movement, Eugenicists held women accountable on a personal level for their “inability to control themselves” and their children, but also blamed females as a gender because they willingly passed down “defective” traits that harmed their communities. Social leaders, like the southern Methodist minister Reverend A.H. Shannon, internalized these Eugenic ideas and argued “that the absence of chastity of women (especially lacking in black women) is worse than the sexual irregularities of men because ‘the offense of men is individual and limited while

²² Virginia Department of Health, *The New Virginia Law to Preserve Racial Integrity*, by W.A. Plecker, State Registrar of Vital Statistics Document no. 16/2 (Richmond, VA), *Library of Virginia*, accessed September 5, 2015, <http://lva.omeka.net/items/show/62>. The act defined white as a “person who has no trace whatsoever of any blood other than Caucasian; but persons who have one-sixteenth of the blood of the American Indian and have no other non-Caucasic blood shall be deemed to be white persons.” (4)

²³ *Ibid*, 1.

that of women is general and strikes mortally at the existence of family itself.”²⁴ His argument, and the arguments of other social eugenicists, blamed the increasing “evils” of society on women because their “corruption” impacted all members of society when it resulted in offspring, whereas a man’s sexual immorality only impacted his own self. Social eugenicists believed the best way to stop the spread of “harmful genes” was to sterilize or isolate the young women responsible for spreading them. These pseudo-scientists pushed more for sterilization of women rather than reversible birth control because they did not think poor and black women were intelligent enough or capable enough to take a daily birth control pill.

A black woman’s supposed “inability to control herself” added to arguments against giving black women a birth control pill. Since slavery, white men and women painted the black woman as an “insatiable” being overcome with passion and lust. Historian bell hooks explains how the influence of religious and moral purity on the early American colonies translated into a restriction of sexual feelings for white women who were raised up as ideals of purity, morality and chastity. As a reaction to this, white colonizers labeled black women as “sexual temptresses,” seeing them as “the embodiment of female evil and sexual lust. [Black women] were labeled jezebels and sexual temptresses and accused of leading white men away from spiritual purity into sin.”²⁵ In a 1937 in-depth study of a small Southern town, Yale Psychology Professor Dr. John Dollard found that in the south the dominant image of a black woman by white men is “that of a seducing, accessible person dominated by sexual feeling” who could not

²⁴ Quoted in Guy-Sheftall, 41. The Reverend goes on to explain how “if a white man fornicates with a ‘negress,’ he only debases himself and dishonors his body, but he in no way impairs the dignity or integrity of his race... That is to day, because a man’s sin is individual, as opposed to a woman’s larger sins against the family and race when she commits sexual transgressions, it is of little consequence that white men fornicate with black women, for they do not contaminate the white race.”

²⁵ Bell Hooks, *Ain’t I A Woman: black women and feminism*, (Boston: South End Press, 1981), 33.

control her sexual impulses.²⁶ White men and women did not look at the difficult situation a black woman was put in with a white suitor, but instead believed the black women brought it upon themselves because of their overt sexuality. Dollard explains how “a number of white informants recorded their beliefs that there are actually no chaste Negro girls after the ages of fifteen or sixteen.”²⁷ These dominant views of black female sexuality in the south placed black women in a powerless position because they lacked access and education to fight back against this characterization. Eugenicists and their followers used the southern characterization of black women to step in and moderate the birth rate, citing black’s “incapability” of controlling themselves because they were “too overwhelmed with sexual desire.”

1920s Push for Birth Control

The push to moderate the sexual impulses of the poor and black populations and its impacts on society came to the forefront of public health and social concerns in the early 1900s. A major advocate for increased access to contraception was the feminist reformer Margaret Sanger who believed female-controlled birth control would lead to the “emancipation of women... She saw women’s ability to control their own reproduction as essential to their freedom and equal participation in society.”²⁸ Sanger became such a strong supporter of women’s access to contraception when she saw the deplorable conditions many impoverished women subsided in in American inner-cities. In 1914, Sanger published the first edition of her pamphlet *Family Limitation* to provide women across the US with information on contraceptive methods that were available in Europe but not yet in the United States.²⁹ When Sanger realized

²⁶ John Dollard, *Caste and Class in a Southern Town*, (DoubleDay Anchor Books, 1957), 137.

²⁷ Dollard, 140

²⁸ Roberts, 57

²⁹ Dorothy Wardell, “Margaret Sanger: Birth Control’s Successful Revolutionary,” *American Journal of Public Health* 70, 7 (July 1980): 739, accessed 07/02/2015,

the desperate need for family planning and contraception information she joined with her sister, Ethyl Byrne, in 1916 to establish the first US birth control clinic in Brooklyn. Mrs. Sanger and her sister “gave talks to small groups of women, gave simple instructions for using the methods [of contraception], fitted some women with diaphragms, and answered personal questions.”³⁰ The two sisters had seen the deplorable conditions many poor women lived in and knew these women would continue to die in childbirth at the current rate of 25,000 women per year if they did not do something, even something illegal. Unfortunately, local law enforcement shut down the clinic only ten days after its opening, leaving Mrs. Sanger and her sister to look for alternative ways to provide contraceptive information.

After her initial clinic failed, Sanger realized that “by framing her campaign in eugenics terms, [she] could demonstrate that birth control served the nation’s interest.”³¹ Eugenics lent “scientific reliability” to her push for birth control as it had done for the push for segregation in the South, and the Sanger used this research to develop and expand people’s awareness of the “American crisis of unfit overpopulation.”³² She recognized the political capital Eugenicists held and believed the best way to bring about female-controlled contraception was through an alliance between the two groups. For their part, eugenicists supported “Sanger’s birth control clinics as a means of reaching groups whose high fertility rates were thought to threaten the

³⁰ Wardell, 740

³¹ Roberts, 72

³² From Margaret Sanger, “Dangers of Cradle Competition,” in *The Pivot of Civilization* (New York: Brentano’s, 1922), 177-78: “Eugenists demonstrate that two-thirds of our manhood of military age are physically too unfit to shoulder a rifle; that the feeble-minded, the syphilitic, the irresponsible and the defective breed unhindered; that women are driven into factories and shops on day-shift and night-shift; that children, frail carriers of the torch of life, are put to work at an early age; that society at large is breeding an ever-increasing army of under-sized, stunted and dehumanized slaves; that the vicious circle of mental and physical defect, delinquency and beggary is encouraged, by the unseeing and unthinking sentimentality of our age, to populate asylum, hospital and prison.”

nation's racial stock and culture."³³ To build upon this support, Sanger turned her American Birth Control League towards organizing clinics for the "unfit" women that Eugenicists feared were overwhelming the "fit" in society. The League's *Principles and Aims* stated: "The complex problems now confronting America as a result of the practice of reckless procreation are fast threatening to grow beyond human control. Everywhere we see poverty and large families going hand in hand. Those least fit to carry on the race are increasing most rapidly."³⁴ She allied with Eugenicists to work towards their mutual goal of decreasing the birth rate among the "unfit" members of the population through birth control, family planning and, if necessary, female sterilization through tubal ligation.

Despite the increased support from Eugenicists, Margaret Sanger did not achieve real changes in contraception accessibility until she decided to directly fight the restrictive Comstock Act.³⁵ Passed in 1873, the Comstock Act prohibited the use of the US Postal System to transmit materials concerning contraceptive methods or devices. This law severely limited women's access to reproductive information and devices by criminalizing any attempts to send information on contraception through the mail. It was especially harmful for poor women who could not access doctors or other professionals, and relied primarily on information from newspapers, magazines and pamphlets that would have been sent through the mail. For most women at the time, the most accessible and affordable forms of birth control were the pullout

³³ Roberts, 75

³⁴ "Principles and Aims of the American Birth Control League," appendix to Sanger, *The Pivot of Civilization* (New York: Brentano's, 1922, 277.

³⁵ Encyclopedia Britannica, s.v. "Comstock Act," accessed September 04, 2015 <http://www.britannica.com/event/Comstock-Act>. The 1873 Comstock Act "criminalized publication, distribution, and possession of information about or devices or medications for "unlawful" abortion or contraception. Individuals convicted of violating the Comstock Act could receive up to five years of imprisonment with hard labour and a fine of up to \$2,000. The act also banned distribution through the mail and import of materials from abroad, with provisions for even stronger penalties and fines."

method and condoms. Men controlled both of these methods, but their failure to use them reliably resulted in women paying the price with the consequence of unintended pregnancy. In fighting against male-controlled contraceptive methods some women did choose to delay marriage. A few others had access voluntary sterilization or access other contraceptive methods like sponges, pessaries and the diaphragm as a barrier method and abortion as a last resort when already pregnant.³⁶ However, like access to contraceptive information, these methods were available only to women who could afford them, as she needed a knowledgeable doctor for the fitting of a diaphragm and to perform a medically safe abortion.³⁷ Women found ways around the restrictive contraceptive laws of the time, often putting labels that warned against the use of the product if pregnant as a side effect could be a loss of pregnancy, which allowed for women to use the product for the “negative side effect” if desired. These labels either promoted themselves as “effective for female disorders,” meaning they induced a period, or warned users “special care should be taken not to use the remedy after certain exposure has take place, as its use would almost certainly prevent conception.”³⁸

In the South, many Black women continued to rely on folk methods for birth control, such as the practice of “preventing conception by placing Vaseline and quinine over the mouth of the uterus.”³⁹ The black community also had strong ties to the southern black midwife, or “Granny midwife,” yet starting in the late-19th century; many midwives or traditional “folk” healers were pushed out by doctor’s seeking control over women's reproductive health. The

³⁶ Elaine Tyler May, *America and The Pill: A History of Promise, Peril and Liberation* (New York: Basic Books, 2010), 4. May defines pessaries as “suppositories inserted into the vagina to kill sperm or block its entry into the uterus.” (15)

³⁷ The 1873 Federal Comstock Law prohibited the US mail to be used to send contraceptive information and devices. The law remained in effect until the 1930s.

³⁸ May, 16.

³⁹ Roberts, 82

Granny midwives of black communities shared a broad base of knowledge that they often described as “mother wit,” which included knowledge on the use of herbal and patent remedies in addition to their reproductive expertise. This broad base of “mother wit” knowledge allowed southern black midwives to act as the primary care provider for the entire community, not just mothers.⁴⁰ However, in the post-World War period, many “public health policymakers and physicians [began to exclude] local black midwives from medical practice through a system of regulation and forced retirement.”⁴¹ These doctors supported public initiatives and policies that limited Granny midwives’ access to health care because they wanted to have control and profit from all patients.⁴² Granny midwives’ uneducated practices were also blamed for the poor health standards in the rural south, even when these midwives were the only ones providing healthcare services for their entire community.⁴³ Despite doctor’s claims of superiority over midwives, many “achieved very good birth statistics ... [and] often caused much less harm to women than did early medical practitioners.”⁴⁴ When midwives gained access to medical information and demonstrations, they often succeeded in reducing the infant infection rates in rural communities and increased prenatal care for their patients.⁴⁵ Ultimately, doctor’s regulations of midwifery reduce midwives status within the community and threatened the women they served.

⁴⁰ Gertrude Jacinta Fraser, *African American Midwifery in the South: Dialogues of Birth, Race and Memory* (Cambridge: Harvard University Press, 1998), 26. Fraser defines “mother wit” as a “shared system of intuitive or charismatic knowledge” that southern midwives “understood as an essential feature of a successful practice.”

⁴¹ Jennifer Nelson, “Hold your head up and stick out your chin: Community Health and Women’s Health in Mound Bayou, Mississippi,” *National Women’s Studies Association Journal* 17: 1 (Spring, 2005), 103.

⁴² May, 16

⁴³ 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), 118.

⁴⁴ Elizabeth Graninger, “Granny-Midwives: Matriarchs of Birth in the African-American Community 1600-1940,” *Birth Gazette* 13, no. 1:9. Alt HealthWatch, EBSCOhost (accessed August 21, 2015).

⁴⁵ See White House conference on Child Health and Protection quoted in Graninger. Specifically, in “a study in Georgia on infant death from neonatal tetanus neonatorum (infection through the umbilical cord) indicated that after a midwife training program on sterilization technique, infection dropped from 31.4 per 100,000 live births in 1921 to 19.4 per 100,000, and to 2.4 per 100,000 in 1929. In South Carolina,

Despite popular attempts at contraception, at the time Margaret Sanger's first clinic opening in 1916, most poor women did not have any medical information on the subject verified by professionals. The Comstock Act prohibited doctors from sending out information beyond meeting with specific patients, and many did not understand varied contraceptive methods. For those who did know, most told Mrs. Sanger they had a "feeling that the poor enjoyed breeding, [that it was] 'the poor man's luxury,'" and [the poor] would not use contraceptives anyway.⁴⁶ Yet Sanger personally experienced poor women's conditions on the street and she believed the only way to help relieve their burdens was through reliable, accessible and female controlled birth control. She harnessed the public's enthusiasm and decided to take the issue of birth control to court, winning a 1918 judgment in the New York Court of Appeals which allowed doctors to give advice to married women if they found any evidence at all it was necessary for the woman's own health.⁴⁷ With this judgment, many women began visiting their doctors and requesting information on birth control methods, prompting doctors to understand their patients desires and join in the contraception movement. Once doctor's joined the cause, Margaret Sanger opened the second US birth control clinic in 1923. Mrs. Sanger further expanded access when she won the 1936 judgment by the US Circuit Court of Appeals in *United States v. One Package*, which "allowed physicians to send contraceptives through the mail," effectively repealing the Comstock law and allowing medical professionals and experts to use the US mail to disseminate contraceptive information.⁴⁸

midwives were instrumental in bringing in 11,000 women for prenatal care during 1941, so that their home birth services were then augmented by prenatal services at a medical clinic."

⁴⁶ Wardell, 739.

⁴⁷ *The People of the State of New York v. Margaret H. Sanger*, Court of Appeals of the State of New York, 22 N.Y. 192 (N.Y. 1918), CaseText, accessed 07/02/2015, <https://casetext.com/case/people-v-sanger>.

⁴⁸ May, 19.

Opening up the distribution of contraceptive information allowed more women to gain access to reliable information, but Margaret Sanger still left behind a racist legacy of birth control as a solution to the “unfit,” specifically with black women. When she set out to establish a “Negro Project” in 1938, her proposal for the project stated “The mass of Negroes, particularly in the South, still breed carelessly and disastrously, with the result that the increase among Negroes, even more than among whites, is from the portion of the population least intelligent and fit, and least able to rear children properly.”⁴⁹ Yet perhaps the most devastating impact of Mrs. Sanger’s statement comes from the fact that her statement quoted the renowned W.E.B. DuBois, an African American civil rights leader who encouraged the availability of contraception to black women. He perpetuated the popular belief that southern blacks should not be in charge their own medical care, which allowed for organizations like the American Birth Control Federation to take away the health care of granny midwives and establish, oversee and staff clinics with whites. His words reflect the popular racial stereotypes of the time.

Margaret Sanger’s legacy of racism affected the care many blacks received from doctors, social reformers and government-sponsored programs. White doctors and reformers committed themselves to “morals-testing [which had] sometimes been priggish and victim-blaming, and sometimes deflected attention from the fundamental problems of poverty and imposed the values of a dominant group without respect for cultural differences.”⁵⁰ Instead of accommodating black women’s unique situation and societal problems, reformers blamed them. At the time, society expected women to keep “key boundaries of sexual, gender and racial purity that made a woman a candidate for respectable motherhood,” so the dialog in care facilities focused on methods that

⁴⁹ Quoted May, 48.

⁵⁰ Gordon, *Pitied*, 129-130.

would allow these women to regain their status as “respectable” and “worthy” of a good man’s attentions.⁵¹ Sanger’s initial outcry for the public health of poor women in relation to the “rampant abortion, high maternal mortality, and the instability of family life among the impoverished helped to define by contrast the ‘strengths of middle-class family life’.”⁵² White staff providing care failed to understand the unique situations black women faced and believed they already perfected the correct family structure of the white middle-class. Their disdain for poor woman's family choices and callous treatment caused these women to feel inferior when asking for assistance, and often influenced their decision on whether or not to return to a clinic or accept continued education. Writing about the plight of the black woman, Eleanor Tayleur, a southern white woman, explains how black women could not reach the ideals of motherhood without the help of white women:

The mission of the white woman of this country is to the black woman. If ever there was a God given and appointed task set to the womanhood of any people, it is to the women of America to take these lowly sisters by the hand and lift them out of the pit into which they have fallen... for be assured unless we succor these Hagers who have been thrust out into the desert of their own ignorance and superstition and sin, they will raise up Ishmaels whose hands shall be against our sons forever.⁵³

Her biblical references to black women as “Hagers” and “mothers of Ishmaels” shows the racist attitudes many white reformers carried into public health clinics during this time period.

⁵¹ Ryan, 253.

⁵² James Reed, *The Birth Control Movement and American society: From Private Vice to Public Virtue*, (New York: Basic Book Publishers, 1978), 68.

⁵³ Eleanor Tayleur, “The Negro Woman: Social and Moral Decadence,” *The Outlook* LXXVI (January 30, 1904), 270-72.

Beyond the walls of birth control clinics and family planning institutions, communities as a whole also placed blame on mothers. Community members believed if children “failed society” it was the mother’s fault for not teaching them “correct” morals and social graces. These people reiterated the popular rhetoric of “juvenile delinquency experts [who] believed that mothers played a particularly critical role in the proper upbringing of adolescent daughters... A delinquent daughter signaled a mother’s failure in child-rearing.”⁵⁴ Experts and community members decided they needed to step in to help control these “delinquent offspring” or risk them “harming society.” In order to “protect society,” community members, delinquency experts and law enforcement officials watched young women for signs of “sexual immorality” once they left home. They also spread social hygiene literature that warned of overpopulation and unsanitary living conditions for poor women, and listed sexually active women as one of the biggest threats to America’s health and well being.⁵⁵

By trying to protect society from immoral women, US courts also placed young women at a greater risk of being arrested, detained and sentenced for “sexual” crimes than young men. These courts followed in the footsteps of social reformers who blamed woman in the relationship, excluding the man from his own responsibilities. During the early 1900s, the “court system charged over 80% of all girls with sexual or moral offenses; in contrast less than 5% of boys were charged with such offenses... [reflecting] deep cultural beliefs that held females responsible for the consequences of illicit relations.” If a woman explored her sexuality and “seduced” young innocent men, her mother bore the brunt of society’s disapproval, and the woman herself faced time in an institution. Birth control and female rights activists saw these

⁵⁴ Mary Odem, “Single Mothers, Delinquent Daughters and the Juvenile Court in Early 20th Century Los Angeles,” *Journal of Social History* 25, 1 (Autumn 1991), 38, <http://www.jstor.org/stable/3788502>.

⁵⁵ Odem, 37.

problems but they did not address the underlying causes. Instead, they followed in Margaret Sanger's footsteps and continued on in the thread of victim blaming and referencing Eugenics arguments to bring in birth control supporters.

If isolating these women from society through the courts, or “rehabilitating their ways” through birth control clinics did not work, many 1900s professionals turned back to Eugenics’ arguments in support of more permanent methods of sterilization. Starting in the 18th-century “castration was imposed on slaves ‘convicted of an attempt to ravish a white woman’ [leading to] the idea of imposing sterilization as a solution for antisocial behavior.”⁵⁶ In the late 1930s, major academics like Foster Kennedy of Cornell and William Lennox of Harvard argued for state-run institutions where “unfit” people could be sterilized for their own good. Renewed sterilization arguments again won widespread support among whites who feared the rise of “degenerate offspring” and were desperate to control them. Under the 1927 *Buck v. Bell*⁵⁷ decision by the Supreme Court, “young women who were at most mildly retarded were often admitted to facilities for the feeble minded for the sole purpose of being sterilized. Many southern legislatures followed the Supreme Court’s lead and supported laws that allowed for imprisonment, compulsory use of birth control or mandatory sterilization after a black mother had given birth to a specific number of children.”⁵⁸ Before the 1970s, at least 65,000 American

⁵⁶ Roberts, 66.

⁵⁷ In *Buck v. Bell*, Justice Oliver Wendell Holmes stated: “We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world if, instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.” “*Buck v. Bell* (1927), United States Supreme Court No. 292 (May 2, 1927), <http://caselaw.findlaw.com/us-supreme-court/274/200.html>.

⁵⁸ Weisbord, 587.

men and women were involuntarily sterilized because of these eugenic arguments, which continued to focus on women as the main threat to men and society at large, leading to twice as many women being sterilized.⁵⁹

Margaret Sanger's American Birth Control League also advocated "sterilization of the insane and feeble-minded and the encouragement of this operation upon those afflicted with inherited or transmissible diseases."⁶⁰ Federal and social backing allowed states to pursue a program of 'admission, prompt sterilization, and speedy discharge' in order to perform the surgery on as many women and as efficiently as possible.⁶¹ The social "urgency" of Eugenics and the new accessibility to sterilizations caused "many physicians and psychiatrists [to exploit] psychiatric indications to get therapeutic abortions past hospital review boards, [and] some social workers [to exploit] eugenic indications in their arguments for sterilization." Social workers also attempted to highlight parts of women's backgrounds that would make them a better candidate for sterilization, including "women's family background, their failure to fulfill middle-class expectations in their roles as housewives and mothers, and their supposedly promiscuous sexual behavior."⁶² Once a medical professional or social worker determined a woman was a "qualified candidate for sterilization," the woman herself had little say in whether or not to accept the procedure because she had been proven "unfit" to make the decision.

These clinics gained popular social support from the elites in society who feared race-suicide of the "fit" population. Race-suicide proponents believed the Eugenics-supported social

⁵⁹ Ryan, 272.

⁶⁰ "Principles and Aims of the American Birth Control League," appendix to Sanger, *Pivot of Civilization*, 277.

⁶¹ Quoted in Roberts, 69.

⁶² Johanna Schoen, "Between Choice and Coercion: Women and the Politics of Sterilization in North Carolina, 1929-1975," *Journal of Women's History* 12, 1 (Spring 2001), 145.

welfare literature “that situated poor fathers and mothers as carriers of the bad seeds from which dependent and delinquent children grew.”⁶³ They concluded that since these children were born ‘disadvantaged’ and their parents could not teach them the correct rules and values at home, they became a “menace” to society once outside of family control. Race-suicide supporters perpetuated the sterilization arguments by deciding the only way to eradicate the “bad seeds” was to cut down birth rates of the members of society they deemed as “unfit.” The arguments cautioning race-suicide found many high profile leaders, like former president Franklin Roosevelt who sounded the alarm for fear that the “good Yankee stock” would be wiped out. In a 1907 letter, Roosevelt wrote “The greatest problem of civilization is to be found in the fact that the well-to-do families tend to die out; there results, in consequence, a tendency to the elimination instead of the survival of the fittest.”⁶⁴ Roosevelt and his supporters believed declining birth rates among the “fit” citizens of America constituted a *criminal* act by women who were forgetting their primary, and most important, role as mothers.⁶⁵ They ultimately feared these “unfit” members of society would gain social and political power over the “fit” members.

While race-suicidalists’ elitist fears on motherhood affected both lower class and upper class women, proponents directed the majority of their attentions towards poor and Black women. They criticized lower class women for their “overbreeding” of children into poverty at a time when neglect, crime and poor living conditions were seen as a result of degenerate

⁶³ Ryan, 258.

⁶⁴ Franklin Roosevelt, “A Letter from President Roosevelt on Race Suicide,” *The American Monthly Review of Reviews*, 35, (January-June 1907): 550, accessed June 20, 2015, https://books.google.com/books?id=HH8fAAAAYAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false.

⁶⁵ “Franklin Roosevelt Famous Race Suicide Letter,” October 18, 1902 in Albert Loren Cheney, *Personal Memoirs of the Home Life of the Late Theodore Roosevelt* (Washington DC: The Cheney Publishing Company, 1919), 132, accessed June 10, 2015, <https://books.google.com/books?id=IrQaAAAAYAAJ&pg=PA132#v=onepage&q&f=false>.

individuals who grew up in such conditions. In his 1939 study, *The Negro Family in the United States*, E. Franklin Frazier cautioned the movement of Negroes “who will crowd the slum areas of southern cities or make their way to northern cities where their family life will become disrupted and their poverty will force them to depend upon charity.”⁶⁶ His finding supported the claims from “respected” white sociologists who blamed black family life for supposed Negro sexual depravity and violence. In order for ‘unfit’ mothers to perform their duty to society, race-suicide elites believed they needed to effectively stop reproducing. These “concerns about the proliferation of non white people fueled public policies encouraging poor people of color to curb their fertility, sometimes coercing them to do so.”⁶⁷ Through these constricting rules and regulations on poor and black women, birth control “came to be interpreted as a ‘duty’ for the poor.”⁶⁸

Further hindering black representation or involvement was the differences in family structure between blacks and whites. Social reformers argued for the strengthening of family values and adhering to the “proper” role of mother as homemaker and caretaker to steer back the morals of society. Reformers held black women responsible because they “caused” jealousy and irresponsibly in black men by working outside the home and failing to fulfill the “traditional” female role of a dependent wife. Whites explained male black “depravity” within their communities as a compensation for their lost sense of masculinity at home. These white men and women failed to take into consideration the needs of blacks to rely on a broad community network to provide for and to help raise children because of their desperate financial situations.

⁶⁶ E. Franklin Frazier, *The Negro Family in the United States*, (Chicago: The University of Chicago Press, 1939), 487.

⁶⁷ May, 47.

⁶⁸ Angela Davis, “Racism, Birth Control, and Reproductive Rights,” in Marlene Gerber Fried, ed., *From Abortion to Reproductive Freedom: Transforming a Movement* (Boston: South End Press, 1990), 15, 20.

Many black mothers did not have the white, upper-middle class luxury of staying at home to raise children while their husband worked. Instead they relied on the broad kin network common in black communities. The broad kin network began during slavery when “the Negro family was a precarious institute which existed at the sufferance of the master. ‘Husbands’ and ‘wives’ and parents and children could be separated forever by the whim of a callous owner.”⁶⁹ As a result, the black community as a whole took on the task of raising the children within their protection. Individual parents did not matter as much because of these long-standing community partnerships dating back to slaves banding together.⁷⁰ After the end of the Civil War and the liberation of slaves, black communities continued in this model as many fathers and mothers both worked to support their families.

White reformers would not or could not understand the unique outside influences and different community values that influenced the reproductive choices of their poorer clientele, and largely failed to understand the political and economic realities of life for these people.⁷¹ These reformers were committed to the concept of “True Womanhood” which dominated public ideals in the Progressive Era and highlighted the “attributes of . . . piety, purity, submissiveness, and

⁶⁹ Robert Weisbord, “Birth Control and the Black American: A Matter of Genocide?” *Demography* 10, no. 4 (November 1973): 572, <http://www.jstor.org/stable/2060884>.

⁷⁰ Roberts 53, “Because families could be torn asunder at the slave master’s whim, slave communities created networks of mutual obligation that reached beyond the nuclear family related by blood and marriage. . . . This flexible family structure has proven to be an adaptive strategy for surviving racial injustice. Contemporary studies of the Black family commonly not the practice of informal adoption of children within the extended kinship network.”

⁷¹ Roberts, 15 “At the turn of the century nearly all Black women worked long days as sharecroppers, laundresses or domestic servants in white people’s homes. There was a dramatic racial disparity among married women who worked for wages at that time. In 1870, in the rural South, more than 40 percent of married Black women had jobs, mostly as field laborers, while over 98 percent of white wives were homemakers. In southern cities, Black married women worked outside the home five times more often than white married women.”

domesticity.”⁷² Taking an extreme perspective, radical activist Emma Goldman argued, “Woman no longer wants to be a party to the production of a race of sickly, feeble, decrepit, wretched human beings. Instead she desires fewer and better children.”⁷³ Her statement reflects how polarizing the outcry for birth control became during the 1920s. Emma Goldman represents an extreme view, but the majority of reformers did believe the only way for children to grow up was in a small-nuclear family with a stay at home mother who maintained the cult of True Womanhood.⁷⁴ They did not embrace alternative family definitions or needs, and limited their family planning services to reflect the white-nuclear definition of family.

Black women also faced distinct problems that whites did not accommodate for because they contended with societal separation, prejudice, and racism in the United States. In the south particularly, segregation prevented blacks from receiving the same quality of care and “many southern physicians simply refused to treat black people.”⁷⁵ When they did receive treatment, white reformers once again failed to understand the unique circumstances of poor-blacks. They questioned the ability of black women to achieve the ideal womanhood persona and balance the responsibility of motherhood because they “felt that notions about the ‘ideal woman’ did not apply to black women because of the circumstances of slavery had prevented them from

⁷² Barbara Welter, “The Cult of True Womanhood, 1820-1860,” *American Quarterly* 18 (Summer 1966), 151.

⁷³ Quoted in Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2002), 147.

⁷⁴ Barbara J. Harris, *Beyond Her Sphere, Women and the Professions in American History* (Westport, Connecticut, 1978), 33-34. She explains how “the cult of true womanhood was a compound of four ideas: a sharp dichotomy between the home and the economic world outside that paralleled a sharp contrast between female and male natures, the designation of the home as the female’s only proper sphere, the moral superiority of woman, and the idealization of her function as mother.”

⁷⁵ Smith, 6.

developing qualities that other women possessed and from devoting their lives to wifedom and motherhood.”⁷⁶

Those who did believe black women could be helped approached their reforms with condescending attitudes all too familiar to their patients. Keeping in line with the idea of the care of poor and black women as a “duty” they must perform for the betterment of society, white reformer Lily Hammond argued white women must take up the “burden” of teaching black women the “proper” role of a mother. She explains how the:

Foundation of all morality is the home ... and the full prosperity of Southern industry and commerce waits ... upon the moral status of the Negro home. It is the privileged white women who alone can fix this status for the entire community, building it up in white respect, and helping the better class of colored women to build it up in colored life...⁷⁷

Even in their attempts to help the black women of their community, white reformers did not understand the unique limitations placed upon them. At the time, white women would have learned to read, write and perform basic household duties since childhood, but many black women did not have the same access or experiences. Black extension activist Thomas Campbell explains how many black sharecroppers “could not read or write, and for that reason [reformers needed to] adhered to methods they could see and hear and understand.”⁷⁸ Yet white reformers either did not understand, or were not sensitive to these limitations. All too often black women traveled distances over ten miles on foot to attend an information session, and when they arrived received a pamphlet they could not even read.

⁷⁶ Guy-Sheftall, 40.

⁷⁷ Lily H. Hammond, *Southern Women and Racial Adjustment* (Charlottesville, VA: J.P. Bell Company, Inc. 1917), 5-6.

⁷⁸ Thomas Monroe Campbell, *The Movable School Goes to the Negro Farmer* (Tuskegee: Tuskegee Institute Press, 1936), 153-54.

Despite the racist attitudes of white reformers and the lack of consideration for the plight of black American women, many “blacks in disproportionate numbers enthusiastically used the few birth control clinics across the country that were available to them,” even when facing white supremacy and segregation when trying to access these services.⁷⁹ In 1935, members of the Alpha Kappa Alpha Mississippi Health Project reported white plantation owners discouraging blacks from attending their birth control clinics, often sending “‘riders’ with guns in their belts and whipping prods in their boots... straining their ears to hear what the staff interviewers were asking of the sharecroppers.”⁸⁰ White men used the exploitation of black women in the south to keep them women straddled down with children and to express dominance over black men in the community. John Dollard saw how some white men purposely slept with black women “to show the racial inferiority of the Negro by wanton use of Negro women. In a patriarchal society the protection of one’s ‘own’ woman tends to be an important point and the conquest of women easily becomes a means of aggression against the men related to them.”⁸¹ As this example illustrates, many former-slaves still lived in a position of servitude through the debt of sharecropping, and white plantation owners continued to exploit their black labor into the early 20th century under this system.⁸²

⁷⁹ Roberts, 82.

⁸⁰ Linda Gordon, *Pitied but Not Entitled: Single Mothers and the History of Welfare 1890-1935* (Cambridge, MA, Harvard University Press, 1998), 125.

⁸¹ Dollard, 144

⁸² See Smith, 99 who explains “Extension agents discovered that some of the rural people feared that agents were spying on them for white landowners. Possibly the greatest concern of tenant farmers and sharecroppers was to avoid injustice at the hands of white landlords. Many white plantation owners continued to treat the black people who worked for them as their own private property. Peonage, which was pervasive throughout the southern cotton belt in the early twentieth century, meant that some black farmworkers lived in what can only be called involuntary servitude. Landlords created peonage by using indebtedness to forbid sharecroppers to leave plantations, and they enforced it with the threat and reality of violence.”

Racism also inundated major social welfare bills like the 1935 Social Security Act that included racists “exclusions ... [by] wealthy southern Democrats who were determined to block the possibility of a welfare system allowing blacks freedom to reject extremely low-wage and exploitive jobs.”⁸³ Southern whites worked to keep blacks in an inferior economic and social position. They realized some level of poverty for black families benefitted this master plan by keeping black men and women from having the time and resources to fight back against these racist practices. White reformers did not understand or acknowledge these issues black women faced, and instead continued in the earlier vein of blaming women for problems outside their control. Beyond Eugenicists, race-suicide supporters, un-adaptable reformers and racial separations, black women also faced backlash from their own communities, as some black leaders condemned birth control on a social, religious or political basis. In 1934, the Universal Negro Improvement Association passed a resolution stating birth control was an attempt “to interfere with the course of nature and with the purpose of the God in whom we believe.”⁸⁴ The push back from male black community members made it even harder for black women to access safe contraception, even though studies from the 1930’s indicate the up to 75 percent of black women wanted birth control.⁸⁵ Initially, black men continued to blame black women for taking away the “masculinity” necessary for black men by employing means of contraception, but these arguments became full blown fights over racial genocide and extermination as contraceptive services increased throughout the mid-1900s. There were also members of the black community

⁸³ Gordon, *Pitied*, 5.

⁸⁴ Quoted in Robert G. Weisbord, 43.

⁸⁵ Quoted in Roberts, 86 “Dr. Lemuel T. Sewell attested in a 1933 article entitled ‘The Negro Wants Birth Control’ that 75 percent of the Black women he treated in Philadelphia ‘are anxious for birth control information.’”

who supported birth control, relying on a quality vs. quantity argument.⁸⁶ W.E.B. Du Bois argues in a 1922 article in *The Crisis*, that Black families needed to employ science and sense to reduce the number of Black children being born in an effort to lower Black infant mortality rates.⁸⁷ Yet Du Bois, like many of these population control proponents, adopted an elitist attitude all too similar to white reformers. “Eugenics for the Negro” editor Elmer Carter also employed an elitist attitude when he explained how “Negroes who by virtue of their education are best able to rear children shrink from the responsibility while the Negro who, in addition to the handicaps of race and color, is shackled by mental and social incompetence serenely goes on his way bringing into the world children whose chances of mere existence are apparently becoming more and more hazardous.”⁸⁸

The issue of birth control divided many black male community leaders into the 1950’s. In a 1954 article in *Jet Magazine*, Dr. Julian Lewis “an eminent pathologist and former University of Chicago professor,” said birth control by Negroes would be “race suicide” and that the Planned Parenthood Federation of America is “attempting ‘to improve the quality of the human race at the cost of numbers.’” However, in the very same article, Dr. E. Franklin Frazier, “noted author and Howard University sociology professor,” explained how “the survival and progress of the Negro race depends not upon how many Negro babies are born, but on how many live to become strong, healthful, useful adults.”⁸⁹ This article represents the contrasting views in black society in regards to birth control, and shows how “experts” on both sides of the debate were trying to control black women’s reproductive rights without considering their individual

⁸⁶ W. E. B. Du Bois, “Black Folk and Birth Control,” *Birth Control Review: A Negro Number* 16, 6 (June 1932), 167.

⁸⁷ W. E. B. Du Bois, “Opinion,” *The Crisis* 24 (Oct. 22, 1922), 247-53.

⁸⁸ Elmer A. Carter, “Eugenics for the Negro,” *Birth Control Review* 16, 6 (June 1932), 169.

⁸⁹ “Is Birth Control a Menace to Negroes?” *Jet Magazine* (Aug 19, 1954),

freedoms to make that choice. As birth control became more widely available in the 1960s, the divisions among white and black community leaders and the stress on black women became even more pronounced.

Continuation of Birth Control into the 1960s

The struggles black women faced in gaining access to reliable birth control in the early 1900s continued to restrict their involvement and individual representation throughout the following decades. The reform movement, especially in the south, for birth control and family planning still centered on black women, but once again left these women out of the conversation. A second major push for birth control reforms came in 1965 when Patrick Moynihan issued a call to action through his report for the US Department of Labor, but his report continued to neglect black women's own desires for improvement and their input on what changes would be best in the black community. Instead, Moynihan's *The Negro Family: The Case for National Action* focused on government projects to "fix" the Negro family, using the basis that the white nuclear family, as previously defined in the 1920s, was the solution. He called for "a national effort ... that will give a unity of purpose to the many activities of the Federal government in this area, directed to a new kind of national goal: the establishment of a stable Negro family structure."⁹⁰

While Moynihan did not blame the black community for their "unstable" social structures, he also denied blacks the ability to be part of the solution. He carried on in the racist white privilege of an earlier generation of social activists and doctors who did not believe the

⁹⁰ Patrick Moynihan, *The Negro Family: The Case for National Action*, US Department of Labor: Office of the Assistant Secretary for Administration and Management, March 1965. The area Moynihan refers to is the Negro Family Structure which he assumed had crumbled because of the "poorly educated working class" members not maintaining "correct" social relationships, i.e. husband out to work and wife at home with kids. He blamed the "disintegration" of the Negro family as the cause for poverty, high crime and broken families within the Negro community.

black community had the “ability” to impact change. He reported in his *Case for National Action* that “there is a considerable body of evidence to support the conclusion that Negro social structure, in particular the Negro family, battered and harassed by discrimination, injustice, and uprooting is in the deepest trouble. While many young Negroes are moving ahead to unprecedented levels of achievement, many more are falling further and further behind.”⁹¹ He argued that as these young Negroes were “falling further and further behind,” the white community needed to see how the black community problems of “degenerate children, poverty, and high crime” were all based on the failure of the Negro family structure. Moynihan’s solution called for white men and women to “rectify” these problems by teaching the black community how to have a “stable family structure.” By focusing on the black family as the problem, which needed a white solution, the Moynihan report’s argument for white action once again placed the black community in a position of subservience.

Introducing the Pill

The definition of family that Moynihan argued for began to fully define itself with the advent of World War II and the movement of women outside the home and into factory jobs. After the war, women did not want to quietly disappear back into the domestic sphere and started to fight against the essential principles of the pre-war social order. Previously, society accepted men as the absolute authority over households and advocated women should not be drawn into public employment because they needed time for domestic labor.⁹² WWII allowed middle- and upper class women the option of working outside the home and when men returned, they realized the only way to stay in the workforce was to gain full control over their own reproduction. After the war, women gradually began to once again advocate for a pill that would allow reliable

⁹¹ Moynihan, Chapter I. *The Negro American Revolution*

⁹² Gordon, *Pitied*, 12.

female-driven birth control, but the movement transitioned away from birth control as a way to fight poverty and overpopulation to a necessity for workingwomen to gain independence and control over their lives.

This renewed movement coincided with “changing perceptions of the roles of technology and medicine in society [which] affected the discourse on the safety and suitability of [a] pill for family planning and population control during the 1950s and 1960s.”⁹³ In 1960, female birth control activists came together with male scientists and doctors to develop the first daily birth control pill approved by the FDA.⁹⁴ As historian Elaine Tyler May explains, the pill acted as deliverance for women because “for the first time, a method of contraception separated birth control technology from the act of sexual intercourse and was nearly 100 percent effective.”⁹⁵ The white reformer community of the 1960s realized the introduction of the pill allowed them to continue working outside the home, but also inspired them to enthusiastically take up Moynihan’s call to arms by advocating for family planning and social reform based on birth control. Unfortunately, many white women failed to realize how poor and black American women still lacked the necessary information on birth control availability and use. Additionally, black women struggled to find an affordable doctor to prescribe the pill once it became highly publicized.

An immediate limitation to black women’s access to reliable birth control and the pill in the 1960s was misinformation that carried over from previous decades. Many lower class women did not have any formal sex education, and did not understand how contraceptive

⁹³ Watkins, 6.

⁹⁴ Jonathan Eig, *The Pill: How Four Crusaders Reinvented Sex and Launched a Revolution* (New York: W.W. Norton & Company, 2014).

⁹⁵ May, 1.

measures currently available prevented pregnancy. As twenty-five year old Betty Nelso explained in 1960, her sex education came from an aunt who told her “that if a boy ever put that in me I would have a baby. So I was scared to death of doing that, and sure enough the first time it happened to me I got pregnant.”⁹⁶ Betty did not understand any types of contraceptive measures and did not clear up this ignorance until a nurse told her about using a diaphragm or charting her period after her second child was born. Betty’s case is not unique to her, but occurred often in many lower class families who did not have the money, education or social standing to obtain accurate information. Racial laws enforcing separation between blacks and whites compounded the problems for poor southern black women “because segregation severely limited the number of black medical experts... [As a result] black public health work was carried out by midwives, teachers, home demonstration agents, sorority and club women, nurses and a few dentists and physicians.”⁹⁷ While these public health workers attempted to provide the best care possible, many faced restricted access themselves to new contraceptive methods and medical techniques and did not know enough to provide their clients with reliable information.

This type of misinformation is evident in a 1969 study done for the *Studies in Family Planning* journal where researchers interviewed black women on their preferred methods of birth control and their opinions of the subject in general. Authors John Kanter and Melvin Zelnik reported black women still relied primarily on the “safe period” method and that “in the area of knowledge of birth control, the widespread misunderstanding of the ovulatory cycle was

⁹⁶ Lee Rainwater, *And the Poor Get Children: Sex, Contraception, and Family Planning in the Working Class* (Chicago: Quadrangle Books, 1960), 10 and 13.

⁹⁷ Smith, 2

striking.”⁹⁸ Kanter and Zelnik’s study showed how black women received incorrect information about the limited methods of birth control they did feel comfortable using, and even the younger woman reported a high degree of misunderstanding, which the study found “unexpected since almost all of them reported having received some kind of formal sex education.”⁹⁹ While studies like Kanter and Zelnik’s did open white reformers eyes to the level of misinformation in the black community, the solution was often to swoop in, establish a white led clinic, and bombard black women with information and pamphlets. Black community members, especially women, were not invited to participate in the subject as teachers or mentors, and the earlier disconnect between educator and pupil continued in these white-run birth control clinics.

While white social reformers attempted to establish birth control clinics for poor and black women to increase their understanding, many white Southern doctors still limited access for specific patients. Doctors were in a supreme position of power because the pill required a prescription from a doctor and a visit for each refill. For white women the pill allowed them “to make demands on their physicians - initially by asking for prescriptions and later by insisting on more information and safer oral contraceptives.”¹⁰⁰ But, given the racist nature of the time and the ‘separation of intelligence’ for whites and blacks, many “poor women were rarely able to gain access to these technologies on their own terms.”¹⁰¹ Often doctors did not believe black women would were responsible enough to take the pill daily or would not remember to come in for a prescription refill. Women could not demand access to the pill “against” medical advice

⁹⁸ John F. Kanter and Melvin Zelnik, “United States: Exploratory Studies of Negro Family Formation -- Common Conceptions about Birth Control,” *Studies in Family Planning* 1, 47 (Nov. 1969), 13. For the safe period method, researchers reported that “the period of time during the monthly menstrual cycle when a woman was able to conceive or most likely to conceive was incorrectly given to be five days before and five days after the period.”

⁹⁹ Ibid, 12.

¹⁰⁰ May, 5.

¹⁰¹ Ibid, 47.

until the 1965 *Griswold v. Connecticut* decision by the Supreme Court decreed, “the constitutional right to privacy guaranteed married couples the right to make their own decisions about birth control.” Still this ruling was limited to married couples and it was not until 1972, in *Eisenstadt v. Baird*, [that] the Supreme Court extended this right to unmarried individuals”¹⁰² Yet even after these two Supreme Court rulings, many black women did not have the access to healthcare that would have put them in a position to demand birth control.

New industrial gains in farm work that occurred in the 1950s and 60s further curtailed the limited healthcare access available to southern black men and women As a result of increased mechanization, many farm owners “saw no economic incentive to provide medical care to blacks who lived on their land, [so] many rural African Americans went completely without health services.”¹⁰³ Beyond the physical limitations placed on blacks, social barriers between poor, rural blacks and doctors still existed and prevented adequate care. Reporter Richard Hall explained in a 1969 *Life Magazine* article, “blacks in the farm country ... were accustomed to suffering the pain of their illnesses until it became unbearable. Only then would they seek out a doctor. Even if the doctor was black, he would frequently demand payment on the spot; and if he was white, he would often only talk to them across a desk, asking questions.”¹⁰⁴ The extent to which black people suffered from inadequate health care did not even become an issue until 1965 when the first two community health centers in the nation opened. Black medical professionals opened up these clinics to provide accessible family planning and birth control

¹⁰² Ibid, 118.

¹⁰³ Jennifer Nelson, “Hold Your Head up and Stick out Your Chin?: Community Health and Women’s Health in Mound Bayou, Mississippi,” *NWSA Journal* 17, 1 (Spring, 2005), 103, <http://www.jstor.org/stable/4317104>

¹⁰⁴ Richard Hall, “A Stir of Hope in Mound Bayou,” *Life Magazine* (March 28, 1969), 76, <https://books.google.com/books?id=0VIEAAAAMBAJ&pg=PA76&dq=blacks+in+the+farm+country+outside+Mound+Bayou&hl=en&sa=X&ved=0CB4Q6AEwAGoVChMIwtyN7Jz3xwIVAoYNCh21LAOs#v=onepage&q=blacks%20in%20the%20farm%20country%20outside%20Mound%20Bayou&f=false>.

services, but found they first had to respond to the conditions of poverty in the home. Sister Mary Stella Simpson, a nurse-midwife in a Mound Bayou Mississippi Health Clinic, details her experience of visiting a home where:

It had gotten really cold, and the 14 people in that family all congregated in one room around a small wood burning stove.... The children were all barefoot, therefore could not go to school. The parents have no way of getting shoes for them since they have no income...A year old baby was very ill with diarrhea – had it for a week. So I had to drive the mother with all [her] six children to the clinic. The baby had to be hospitalized.¹⁰⁵

These conditions were common across many poor, rural black families well into the 1970s. Yet despite the horrible conditions and lack of access to health care, medical professionals and social workers still held black men and women responsible for their “failures” in family planning and took extreme measures to ensure black birth rates did not continue to increase.

These measures centered around more permanent methods of birth control, continuing in the vein of forced isolation and sterilization that had become popular under the Eugenics movement. In the south whites feared black overpopulation would bring about riots like those that erupted in Los Angeles in 1965, and pushed doctors to continue to perform these sterilizations as a “preventative measure.” In a 1967 issue of the popular *Esquire Magazine*, an expert warned that the population growth could “greatly increase the magnitude of juvenile delinquency, exacerbate already dangerous racial tensions, inundate the secondary schools and colleges ... and further subvert the traditional American Government system.”¹⁰⁶ These types of fears dovetailed with early reports like E. Franklin Frazier’s *The Negro Family* and the later

¹⁰⁵ Quoted in Nelson, 111-112.

¹⁰⁶ David Lyle, “The Human Race Has, Maybe, Thirty-Five Years Left,” *Esquire* LXVII, 3 (September 1967), 182-83.

Moynihan report and ramped up the sense of urgency within the white community for controlling this “overpopulation of degenerate Negroes.”¹⁰⁷

Doctors became the primary line of defense against overpopulation and many forced sterilizations continued within the black community because they worried about the rise of black women and children on welfare. The case of Marietta Williams, a 20 year old black woman from Aiken, SC, shows the fear of increased welfare dependence as her doctor “threatened to take her to court if she did not sign the surgical consent form [for sterilization] before delivery.” In 1973, the *New York Times* reported that Mrs. Williams visited “the one doctor in town who is willing to deliver babies for women ... who are on welfare. Dr. Clovis M. Pierce does so under one condition -- that mothers of three children receiving Medicaid agree to be sterilized to receive his help. He is doing so, he has said, to help reduce the welfare rolls.”¹⁰⁸ Many doctors like Pierce advocated sterilization because it did not require “continued motivation.”¹⁰⁹

White members of society who held the long established beliefs of “racial inferiority” did not blame blacks for their “problems in using birth control,” but advocated for increased doctor intervention into an area these “inferior” people could not understand. A study on “The Difference in Unwanted Births between Blacks and Whites,” explained how “because blacks presently have failure rates twice as high as whites when using physician-administered contraception, black unwanted fertility rates might be reduced to the level of whites only by

¹⁰⁷ Frazier reported “First, it appears that the family which evolved within the isolated world of the Negro folk will become increasingly disorganized. Modern means of communication will break down the isolation of the world of the black folk, and, as long as the bankrupt system of southern agriculture exists, Negro families will continue to seek a living in the towns and cities of the country. They will crowd the slum areas of southern cities or make their way to northern cities where their family life will become disrupted and their poverty will force them to depend upon charity.” (487)

¹⁰⁸ Nancy Hick, “Sterilization of Black Mother of 3 Stirrs Aiken, SC,” *New York Times* (August 1, 1973), 27.

¹⁰⁹ Larry L. Bumpass and Harriet B. Presser, “Contraceptive Sterilization in the U.S.: 1965 and 1970,” *Demography* 9, 4 (November, 1972), 547.

reducing their failure rates.”¹¹⁰ Many white social reformers and doctors believed the only way to reduce these “failure rates” was through permanent forms of birth control, i.e. sterilization, because “scientific data” showed blacks could not “handle” contraception on their own. Doctor’s took up this public health call-to-arms and between 1965 to 1970, medical sterilization of the black community grew from 14% to 21%, with figures pointing to black women as the primary target of sterilization. While white couples also elected to undergo sterilization procedures, the numbers are fairly equal between vasectomies and tubal ligations. On the other hand, the black community was almost exclusively given tubal ligation with only 1% of sterilizations in 1970 coming from a black male vasectomy.¹¹¹ Doctor’s preferred to sterilize women because the “failure” of women to “properly mother” their children was a concern.

Doctor’s also favored sterilizing low-income couples because of the continued social rhetoric on “overpopulation” of the “least-fit” members of society. This fear also created problems for uneducated members of society as evident from a 1972 Demography study which reported an increase in “medical recommendation of tubal ligation... for low education women who are not effective contraceptives.”¹¹² One example of how radical these fears became is the forced sterilization of two young black girls from Alabama in 1973. In this case, Mr. Lonnie Relf filed a one million dollar suit against a Montgomery family planning clinic that forcibly sterilized his two daughters, one twelve the other fourteen, without his consent. The Relf’s girls were only two of 80 minors who had been sterilized at the clinic within its first 15 months of operation. In a newspaper article from the *Lakeland Ledger*, clinic staff argued Mr. and Mrs. Relf, “an illiterate black couple living on food stamps and \$156-a-month welfare checks in a

¹¹⁰ Bauman and Urdy, 327.

¹¹¹ All statistics from Bumpass and Presser, Table 1, 533.

¹¹² Bumpass and Presser, 540.

\$25-a-month public housing apartment,” understood the sterilization was for their daughter’s own good because the “clinic did not think the girls were ready for coils or disciplined enough to take daily birth control pills.”¹¹³ Eventually abandoned because of jurisdictional issues, the Relf’s case illustrates the racist attitudes of clinic staff who felt the need to bring up the Relf’s educational and financial situations. Their explanation focused on how the clinic was performing sterilizations for the “good” of their patients, and the communities at large, by eliminating the “problems of black overpopulation” before these girls were old enough to reproduce.

Black Community Responses

The idea of holding back black women for their own benefit crossed medical lines into legal and social discourse of the 1960s. White men and women “blamed [black women] for perpetuating social problems by transmitting defective genes... and a deviant lifestyle to their children.”¹¹⁴ Since blacks were considered “inferior” to whites mentally and socially, it was “natural” for society to blame blacks for the problems of poverty, delinquency and despair that “characterized” the southern black lifestyle. When black families failed to uphold the traditional white values popular in the 1960s, sociologists across the southern states declared the mothers defective.¹¹⁵ White men and women considered mothers responsible for keeping the moral course of their families, and believed that since black women were defective in their own morals, they passed this along to their children as well.

¹¹³ B. Drummond Ayres Jr., “Sterilizing the Poor: Exploring Motives and Methods,” *Lakeland Ledger* (July 8, 1973), 52.

¹¹⁴ Roberts, 3.

¹¹⁵ *Ibid*, 16. “White sociologists once again held Black mothers responsible for the disintegration of the Black family and the consequent failure of Black people to achieve success in America. This thinking held that Black matriarchs damaged their families in two ways: the demoralized Black men and they transmitted a pathological lifestyle to their children, perpetuating poverty and antisocial behavior from one generation to the next.”

In addition to “failing their families,” white society members also blamed black women for the emasculation of males in their communities. Medical professionals charged that if a wife embraced the birth control pill she was undermining “a sense of masculine potency grounded in procreative power.”¹¹⁶ For the poor community in particular, a 1960 study done by Lee Rainwater explained how “for both men and women, the sexual rites they perform together compensate effectively for some of the frustrations and uncertainties inherent in the working class world view.”¹¹⁷ Rainwater’s study promoted the belief that poor men needed to feel in control in the private sphere of the home because they did not enjoy the same public control successful males did, and men needed to be masters of something to fulfill their masculine biological needs. The views of the scientific community seeped into popular discourse through magazine articles like one in the January 1969 edition of the *Ladies Home Journal* where Dr. Robert Kistner explained how “many wives feel sexually liberated by birth-control pills. But some husbands feel enslaved. It’s as if their sense of maleness and self-esteem has been threatened.”¹¹⁸ Without this sexual release, many believed working class men turned to violence or other criminal acts to assure themselves of their masculinity. Since black women’s long working hours and failings as wife and mother cut off this “necessary sexual release,” and the intervention of birth control compounded these feelings, white society considered black women to blame for the increased violence in black communities.

While the white community blamed black women for “black male problems,” black women also faced internal community backlash over birth control from black men who believed

¹¹⁶ May, 58.

¹¹⁷ Rainwater, 101.

¹¹⁸ Robert W. Kistner, M.D., “What ‘The Pill’ Does to Husbands,” *Ladies Home Journal*, January 1969, 68.

‘their’ women should “take care of household needs and breed warriors for the revolution.”¹¹⁹

This revolution referred to the 1960s Civil Rights Movement that coincided with the second push for women’s birth control. Because of the timing of these movements, many “black women felt they were asked to chose between a black movement that primarily served the interests of black male patriarchs and a women’s movement which primarily served the interest of racist white women.”¹²⁰ As black women themselves worked towards racial and gender equality, they often found allies in black men as opposed to white women, making these racial ties stronger than gender ones. Working black women experienced the racist fears of white women first hand during WWII as many entered the workforce. White women advocated against the employment of black women, as evident through the actions of a large Virginia cotton mill that “quickly capitulated to the collective protest of white women and dismissed the few black women it had recently hired” in 1944.¹²¹ After the end of the war, middle-class white women continued to fight against the fair employment of black women often complaining of the “unfair” rise in domestic wages that black women began to demand.¹²² A black housekeeper expressed her frustration to her white female employer by asking “What do you do with the fact that the women who clean your houses and tend your children while you attend conferences on feminist theory are, for the most part, poor and third world women? What is the theory behind racist feminism?”¹²³ The racial undertones evident in the feminist discourse of the day made black women hesitant to throw their support behind these white reformers. This fear of perpetuating

¹¹⁹ Hooks, 5.

¹²⁰ Ibid, 9.

¹²¹ Jacqueline Jones, *Labor of Love, Labor of Sorrow: Black Women, Work and the Family from Slavery to the Present* (New York: Vintage Books, 1986), 252.

¹²² Historian Jacqueline Jones explains how “white wives exerted pressure on their businessmen-husbands not to hire black women and in the process ‘spoil good domestic servants.’ (237)

¹²³ Quoted in Jones, *Labor of Love, Labor of Sorrow*, 316.

racist stereotypes, combined with the acknowledgement of black male assistance, led many black women to support the civil rights cause over the new feminist movement. As Dara Abubakari, the southern Vice-President of the Republic of New Africa, explained “the law was strictly against the black man. So he could not do anything. Now that he speaks, we speak together. We cannot separate, and this is what I say to the Women’s Lib movement. You cannot separate men from women when you’re black.”¹²⁴ Her argument, and arguments like it, placed black women in the position of having to choose between the two movements, and often black women felt better representation and respect within the Civil Rights Movement.

Aside from having to “choose” which side to support, black women had to deal with black male criticism of birth control. Many leaders of the black movement saw the development of a birth control pill as a new form of racial genocide engineered by white Americans. These leaders had “the feeling that the black cause would be served by an increase in the black population ... [and alleged] that a genocidal plot exists among whites openly or surreptitiously to force birth control on the black population.”¹²⁵ Black women struggled to fight these claims of a “genocidal plot” because many actions taken in the 1960s did reflect forced medical care on blacks. The issue of involuntary sterilization continued to compound black fears of white controlled contraception, and a study done in 1972 shows that 39.1% of black men and women believed “birth control programs are a plot to eliminate blacks.”¹²⁶ That 31.9% encompassed blacks from both the north and south United States and demonstrates how widespread these fears were within the black community. The disclosure of medical experiments like the the Tuskegee

¹²⁴ Dara Abubakari, “The Black Woman is Liberated in Her Own Mind,” from *Black Women in White America: A Documentary History*, Gerda Lerner ed. (New York: Pantheon Books, 1972), 586.

¹²⁵ Elifson and Joseph Irwin, 253.

¹²⁶ Castellano Turner and William A. Darity, “Fears of Genocide Among Black Americans as Related to Age, Sex, and Region,” *American Journal of Public Health* 63, 12 (November 1973), 1030.

(Alabama) experiment confirmed many of these fears. Still cited as one of the grossest cases of moral and ethical misconduct in the 20th century, the Tuskegee experiment took place in Macon County, Alabama, from 1932 to 1972. In the study, 600 black men, 400 of them who suffered from syphilis were rounded up and given incentives to become part of a program studying the effect of syphilis on the body if left untreated. The real horror of the experiment comes through in the withholding of lifesaving penicillin, which was discovered in the 1940s. The doctors in the study never told the patients the purpose of the study was to discover the effects of the untreated disease, and they did not inform or provide the patients with penicillin when its cure of syphilis became known. As a result “the men never knew of the debilitating and life threatening consequences of the treatments they were to receive, [or] the impact on their wives, girlfriends, and children they may have conceived once involved in the research. [Additionally,] there were no choices given to the participants to quit the study when penicillin became available as a treatment and cure for syphilis.”¹²⁷

The Tuskegee experiment increased black's distrust of white healthcare providers and made them even more wary of any healthcare programs. “As Dr. L.C. Dorsey, social activist and former director of the [Mississippi] Delta Heal Care Center explained... ‘Black people were suffering from the aftershocks of the Tuskegee experiment... I thought it would be real easy to tell people, “you got free healthcare,” but many of them were suspicious. Many had known people who had gone to Tuskegee and not come back or died there.’”¹²⁸ In light of experiments like those performed at Tuskegee, black men and women became increasingly fearful of white healthcare programs. Many young black men distrusted “white” medicine and preached against

¹²⁷ “About the USPHS Syphilis Study,” Tuskegee University, last modified 2015, accessed October 28, 2015, http://www.tuskegee.edu/about_us/centers_of_excellence/bioethics_center/about_the_usphs_syphilis_study.aspx.

¹²⁸ Quoted in Nelson, 103-104.

birth control because it was primarily seen as a handout from white men and women to the black community. As historian Elaine Tyler May explained, these men “responded to the pill primarily through media spokesmen, who took up the social, sexual, and moral implications of oral contraceptives,” and black women found it hard to argue against them in light of damaging white healthcare programs of the 1960s and 1970s.¹²⁹ The public efforts of black men to fight against birth control as a new system of genocide drowned out the more private desires of women to control their own fertility.

Powerful black men, like Marvin Davies, head of the Florida NAACP, “rejected contraception and argued that black women needed to produce large numbers of babies until the black population comprised 30-35 percent of Americans; only then would blacks be able to affect the power structure.”¹³⁰ Mr. Davies and his supporters believed the primary way for black Americans to gain equal rights was to grow their population enough to have a significant voting impact in legal measures taken on behalf of the black community. Dr. Charles Greenlee explained to *Ebony Magazine* how the black “birth rate is the only thing we [the black community] have. If we keep on producing, they’re going to have to either kill us or grant us full citizenship.”¹³¹ This type of argument by male black community leaders painted any black woman who chose birth control as playing into the white conspiracy to destroy the Negro race. They forced black women to choose between the health of their individual families or the health of the new generation of the black community. This all-for-one mentality colored black women’s experience throughout the Civil Rights and Women’s Liberation movements.

¹²⁹ May, 6.

¹³⁰ Simone M. Caron, “Birth Control and the Black Community in the 1960s: Genocide or Power Politics?” *Journal of Social History* 31, 3 (Spring 1998), 546, <http://www.jstor.org/stable/3789714>.

¹³¹ Quoted in Simone Caron, 555.

Strong cultural and religious organizations followed Mr. Davies and Dr. Greenlee's lead and also argued birth control was just the latest method employed by whites to control blacks. An example of this is the late 1960s Black Power Movement whose leaders "charged that the pill promoted genocide, and they encouraged black women to refuse to take it."¹³² These men argued Planned Parenthood and organizations like it were part of a mass governmental conspiracy to slow down the black race and keep them in a form of oppression. The Black Power Movement's call for black "brothers and sisters to concentrate on building their own economic and political institutions and to cease their demeaning attempts to gain an entrée into the white world" resonated with working black women who encountered unfair racial and gender divisions within the workforce.¹³³ By aligning themselves with these "militant brothers," black women again had to make the choice to value the "needs of the black community," which according to the Black Power Movement was an increased black population, over their more individual desires for birth control and fewer children. Major black male public figures, like comedian Dick Gregory, also endorsed the theory of racial genocide at the hands of white birth control reformers. In a 1971 interview with *Ebony Magazine*, Gregory explained how "one of the definitions of genocide is 'imposing measures intended to prevent births within the group' -- that is, forcing birth control measures upon black folks. There is ample evidence that government programs designed for poor black folks emphasize birth control and abortion availability, both measures obviously designed to limit the black population."¹³⁴ If black women tried to argue against this type of logic they ran the risk of being accused of supporting genocide or failing to fulfill the call of the militant groups fighting for their rights.

¹³² May, 49.

¹³³ Jones, 277.

¹³⁴ Dick Gregory, "My Answer to Genocide: Bitter comic prescribes big families as effective black protest," *Ebony* 26, 12 (October 1971), 70.

This type of thinking became even harder to combat when black religious organizations and leaders came out in support of black population growth. The church embodies a long history in the black community as a “place of peaceful resistance to the white world.” Historian Jacqueline Jones explains how “the church melded together the tribulations that wives and mothers encountered on the job and at home, and provided the means for these women to triumph over them – or at least endure them.”¹³⁵ Since the church formed this place of refuge for black women, when many religious groups like the Marcus Garvey’s Universal Negro Improvement Association, which claimed millions of members from its “700 branches in 38 states,” began to advocate against birth control, many black women felt obligated to follow their teachings.¹³⁶ The Association issued a statement “about the tragedy of racial extinction [and the need for the] U.N.I.A. to strengthen the black race as to eliminate the possibility that blacks could be exterminated.”¹³⁷ Adding more religious condemnation of birth control were the leaders of the Nation of Islam through their popular magazine, *Muhammad Speaks*. Muslim religious leaders like Elijah Muhammad “argued that the teachings of both the Bible and Holy Koran are against contraception. The white man’s motive in supporting Planned Parenthood is seen not as that of promoting the wellbeing of Negro families, but of exterminating those families in the future.”¹³⁸ Black women faced opposition to birth control all around them, from black celebrities and religious leaders as well as black doctors and Civil Rights leaders.

¹³⁵ Jones, 281.

¹³⁶ David Van Leeuwen, “Marcus Garvey and the Universal Negro Improvement Association,” National Humanities Center, last modified October 2000, accessed October 28, 2015, <http://nationalhumanitiescenter.org/tserve/twenty/tkeyinfo/garvey.htm>. Garvey’s “brand of black nationalism had three components—unity, pride in the African cultural heritage, and complete autonomy” had a strong religious component intent on showing how it was the “will of God for black people to be free to determine their own destiny.”

¹³⁷ Quoted Weisbord, 575.

¹³⁸ Quoted in Weisbord, 581.

While some male black leaders did support access to birth control for black women, they still believed in fighting against the legitimate attempts of white doctors and politicians to control the black population through birth control methods. Sterilizations, like those of the young Relf girls, and racist birth control measures continued to be a fearful reality for black Americans and these actions gave legitimacy to arguments against the birth control pill. Despite the desire for birth control to help better the family situation, the racial aspects of contraceptive programs and the lack of black leadership within them caused many black women to fear the programs. These women watched the “wrath of white mobs” that showed up to fight against Elizabeth Eckford’s entrance into the Little Rock Central High School in 1956. They could not ignore the “shrieks of white women [yelling] ‘Get her! Lynch her... Get a rope and drag her over to this tree...’”¹³⁹ These types of demonstrations made it hard for black women to accept the white-woman led feminist movement growing in the 1960s. Continuing in their push for female rights, college educated groups of women perpetuated racist rhetoric in an effort to draw on the sympathy of white men and other white women by “presenting themselves as ‘woman as nigger’ [whose social oppression was] analogous to that of the Black American.”¹⁴⁰ By comparing their fight to the fight for black civil rights, white women marked a distinction between women and blacks, and failed to embrace black women as part of both groups.

In the minds of white reformers, blacks merely did not have the same racial equality as whites and therefore black women could not participate in a white woman’s movement. This translated into black women being kept in the lowest social and political positions despite both

¹³⁹ Quoted in Jones, 284.

¹⁴⁰ Vivian V. Gordon, *Black Women, Feminism and Black Liberation: Which way?* (Chicago: Third World Press, 1987), 13.

the civil rights movements and feminist movements of later 1900s.¹⁴¹ White women who ran the late 1960s feminist movement failed to realize the unique impact of racism, sexism and economic oppression on black women. Their “second wave feminist movement” focused around the liberation of white women from the mind numbing work of a housewife and her acceptance into the labor force, but failed to see the differences in occupations that divided white and black women.¹⁴² As a result, the movement failed to address solutions for some of the most dominant black female issues, including “abortion, sexual harassment on the job, rape, child care, medical abuse, and limited opportunities for education and training.”¹⁴³ Reformers separated themselves from the black community even more by focusing on their struggles as white women and praising black women for continuing on under oppression. They “celebrated” black women “for their unique devotion to the task of mothering; for their ‘innate’ ability to bear tremendous burdens; and for their ever-increasing availability as sex objects.”¹⁴⁴ TV journalist and reporter Renee Ferguson explains how black women also embraced this inherent strength of femininity, but experienced conflict with “being a person of great strength. She has had to demonstrate the skill to cope with what has happened to the whole black family. Black women have had to make

¹⁴¹ Vivian Gordon explains how black women “have consistently had the lowest status in society -- the economic and social -- political status ranking order consisting of white men, white women, black men, black women.”

¹⁴² Martha Rampton, *The Three Waves of Feminism*, (Forest Grove, Oregon: Pacific University Press, Fall 2008) <http://www.pacificu.edu/about-us/news-events/three-waves-feminism>. Rampton defines: “The second wave began in the 1960s and continued into the 1990s. This wave unfolded in the context of the anti-Vietnam War and civil rights movements and the growing self-consciousness of a variety of minority groups around the world. The New Left was on the rise, and the voice of the second wave was increasingly radical. In this phase, sexuality and reproductive rights were dominant issues, and much of the movement's energy was focused on passing the Equal Rights Amendment to the constitution guaranteeing social equality regardless of sex.”

¹⁴³ Vivian Gordon, 25.

¹⁴⁴ Hooks, 6.

for themselves services that white women have been able to take for granted.”¹⁴⁵ In essence, white women made it seem as though black women bore the hardships placed upon them better than white women, and did not need the feminist movement as much because of this “unique ability.” However, black women saw themselves forced into these positions of strength through their continued exploitation by white society. These two different explanations for the same characteristic represents how white women did not understand or attempt to include black women in their feminist discourse.

When black women did attempt to speak up for reforms, many white women took offense and often felt threatened. In the push for equal labor rights and access, white reformers’ efforts saw black women’s’ advancements as a “threat to white female security; she [the black woman] represented more competition... As a group, white women workers wanted to maintain the racial hierarchy that granted them higher status in the labor force than black women.”¹⁴⁶ They advocated for white women to move into the male dominated corporate world, but wanted to keep working black women in lower positions like domestic work so they would have less competition once gaining entrance to coveted positions. When white reformers did reach out to black women, they continued the earlier racial insensitivity that colored previous feminist movements. Often these women would place “emphasis on ‘common oppression’ in their appeals to black women to join the movement [which] further alienated many black women. [Black women experienced this rhetoric of common oppression] as an assault, an expression of the bourgeois woman’s insensitivity and lack of concern for the lower class woman’s position in

¹⁴⁵ Renee Ferguson, “Women’s Liberation Has a Different Meaning for Blacks,” in *Black Women in White America: A Documentary History*, ed. Gerda Lerner (New York: Pantheon, 1972), 591.

¹⁴⁶ *Ibid*, 132-135.

society.”¹⁴⁷ White women did not have to contend with the issues of sanitation, housing and transportation that colored black women’s daily lives. As a result, their view of modern feminist issues failed to include the basic economic and community issues most important to black women and isolated these women from the movement. Ultimately, the late 1960s’ reformers mentality of womanhood based on a white woman’s perspective ended in the same way the earlier 1920s push for birth control did, it created a movement that helped white middle- and upper-class women gain traction but almost totally excluded black women from its ranks.

Conclusion

The black woman’s legacy in the birth control movement remains one of reduced access and restricted information. In the US today, sixty two million women are in their childbearing years, and ninety nine percent of these women will use at least one method of contraception during their lifetime. Yet, in 2009, nearly half of all pregnancies reported were unintentional. Most of these unintended pregnancies were the result of inconsistent, incorrect or nonuse of contraceptive methods, with 40% of women citing problems accessing or using methods of birth control as the primary reason for unwanted pregnancies. Many women also still face the financial and accessibility difficulties that poor women experienced during the initial development of the pill. Black women in particular reported a 30% inconsistency in their use while white women only reported a 19% inconsistency. They are also less likely to call their provider with questions or concerns based on negative experiences, which further contributes to incorrect or inconsistent use of contraception.¹⁴⁸ South Carolina statistics show how there is also still a racial divide between care for women in the south. Some of the state’s rural black

¹⁴⁷ Ibid, 144.

¹⁴⁸ All statistics from, “Improving Contraceptive Use in the United States,” Guttmacher Institute, last modified January, 2009, accessed March 10, 2015, http://www.guttmacher.org/presentations/ICU_ARHP-CORE.html.

communities report infant deaths at rates triple that of white women, with explanations from state pediatricians ranging along the lines of “poor rural areas simply ‘aren’t attractive places for doctor’s to live.’”¹⁴⁹

Not only do black women still face medical limitations on their use of birth control, they are still the targets of racial explanations on the “necessity” of birth control in black communities. In a 2011 *Journal of Health Disparities Research and Practice* article, the authors argue the failure of black mothers to behave as acceptable role models for young black women was a key contributor to high rates of teen pregnancies among black teenagers. The article also explains how high teen pregnancy rates are to blame for “community violence, gang membership involvement, alcohol substance abuse and a high incidence of illiteracy.”¹⁵⁰ In conclusion the authors suggested “early intervention, prevention and educational support” for these young black mothers to get on the “right direction in creating a positive pathway to womanhood.”¹⁵¹ This type of blame on black women echoes the eugenic arguments of the 1920s or Moynihan’s 1960s report. The legacy of racism and control still impacts Black women as public health officials, doctors and politicians continue to talk about them as a “community problem” that needs “fixing.”

As the long history of social repression continues to play out in the lives of modern black women, it suggests that the limitations placed on these women during the birth control movements are still relevant. By expanding our historical understandings of the legacy of limited access and blame that has plagued black women, it becomes possible to see how these women were never given an equal chance to fully participate in their own reproduction. An

¹⁴⁹ Doug Pardue and Lauren Sausser, “Cradle of Shame: Why Are So Many South Carolina Infants Dying at Third-World Rates?” *The Post and Courier*, last modified March 2015, accessed March 13, 2015.

¹⁵⁰ Akella, 42.

¹⁵¹ *Ibid*, 58.

analysis of this history highlights potential pitfalls health care providers and social reformers often fall into when trying to improve the contraceptive access and education of black women. Avoiding these pitfalls going forward may allow black women to finally gain equal representation in the birth control debate, and will allow for effective contraceptive programs within black communities. This paper illustrates how black women's treatment in the US birth control movement excluded the black women themselves from being involved in the conversation and proposed solutions. Going forward, historians studying birth control need to recognize their own obligations in including the narrative of the poor and minority women of America who were impacted the most but represented the least.