

ABSTRACT

Title of thesis: RACE, SEXUALITY, AND THE “PROGRESSIVE PHYSICIAN”: AFRICAN AMERICAN DOCTORS, EUGENICS, AND PUBLIC HEALTH, 1900-1940

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This thesis will examine how African American doctors interpreted eugenic thought in the early twentieth century. African American doctors embraced eugenics for its potential to improve the health of their race, thus bringing about a kind of “biological racial uplift.” African American doctors thus drew on their discipline to pursue a form of eugenic activism that had internal and external ramifications for the race. . Even though African Americans faced medical injustice, they were not simply the victims of eugenics and scientific racism. They were also critics and proponents of eugenics. The first chapter will address how eugenics shaped African American discussions of public health, and how eugenic ideas about sex and sexuality influenced their discourse and understanding of venereal disease. The second chapter will examine how African American doctors discussed birth control, compulsory sterilization, and abortion within the context of racial uplift.

RACE, SEXUALITY AND THE “PROGRESSIVE PHYSICIAN”:
AFRICAN AMERICAN DOCTORS, EUGENICS, AND PUBLIC HEALTH, 1900-1940

by

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Table of Contents

Introduction	1
Chapter 1: Challenging Racial Susceptibility: African American Physicians, Scientific Racism, and Public Health	11
Race, Sexuality, and Scientific Racism	12
African American Physicians and Racial Uplift	17
African American Scientists and Scientific Racism	26
Eugenics and Public Health	30
Chapter 2: The Margaret Sanger of Her Race: African American Physicians, Black Clubwomen, and Birth Control	41
African American Women, Birth Control, and Public Health	44
Birth Control and the NMA	49
Joint Activities: Collaboration between Physicians and Club Women.....	58
Birth Control and Respectability	61
The Margaret Sanger of Her Race?.....	63
Conclusion	66
Conclusion	68
Bibliography	73

Introduction

During the early twentieth century, African Americans pursued a multi-faceted approach to achieve the goals of racial uplift and equality. They sought to challenge the political, economic, and social discrimination that plagued African Americans across the United States. African Americans from many walks of life mobilized through churches, clubs, and fledgling civil rights organizations. Significantly, African American physicians played an important role in the project of racial uplift. As part of this broad struggle for racial justice, these doctors engaged and participated in discussions of eugenics. While historians as well as scientists tend to dismiss eugenics as a “pseudo-science,” professionals as well as activists during this period often took a different view. African American physicians interpreted eugenics within the context of a comprehensive racial uplift ideology that was emerging in response to poverty, health disparities, and structural racism. The physicians understood and deployed eugenics, along with birth control, as part of their discussions and activism around public health. They embraced eugenics and birth control while challenging the scientific racism present in both movements, pursuing a kind of “eugenic activism” that they hoped would profoundly change and improve the condition of African Americans. These were “Progressive physicians” who saw their practice of medicine, their scholarship, and their activism as linked for the higher purposes of social reform and racial progress.¹ Their eugenic activism was profoundly

¹ Allan Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1985), 8.

shaped by the segregation of medical education and the medical profession, structural violence, and the ongoing struggle for racial justice.

Racial uplift ideology provided the context in which African American physicians interpreted the significance of eugenics. Racial uplift ideology emerged after Reconstruction, when African Americans had unprecedented opportunities to pursue education and move ahead in the professions, gradually constituting an African American middle class. Members of this stratum charged themselves with conducting racial uplift for the benefit of lower classes. They asserted that education, moral responsibility, and respectability would bring all African Americans for the benefits of racial equality.

Racial uplift ideology also emerged as a way to dismantle the cruelty of the Jim Crow South and the brutality of extralegal violence. This violence, which frequently took the form of lynching, was used by white supremacists to maintain an oppressive status quo. Racial uplift ideology served to challenge this oppression by demonstrating middle class values.² The politics of respectability were especially important for African American women, enabling them to reclaim the dignity of their womanhood and challenge negative constructions of black womanhood and to racialized sexual violence.³ They too embraced the possibilities of eugenics and birth control for improving African American life.

The emergence of racial uplift ideology coincided with the advent of the American eugenics movement. Francis Galton coined the term “eugenics” in 1883, from

² Kevin Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in Twentieth Century* (Chapel Hill: The University of North Carolina Press, 1996), 2, 25-26, 45-46, 67-69.

³ Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004), 84.

the Greek roots meaning “good in birth” or “noble in heredity.” Inspired by the work of his cousin Charles Darwin, Galton began to study in the new field of genetics to determine ways to mathematically improve the heredity in the human race. After reading Darwin’s *The Origin of Species*, Galton came to believe that the theory of evolution not only completely undermined religious orthodoxy but also affirmed the fledgling science of eugenics and its possibilities for removing undesirables from the human race.⁴ As the field developed into a recognized discipline, American eugenicists advanced Galton’s work through a number of measures. Figures like Charles Davenport, a biologist who founded the Eugenics Record Office (ERO) in Cold Spring Harbor, New York in 1904, believed that humanity could be improved by preventing the “unfit” from reproducing and ultimately removing them from society. The ERO, which was supported by the Carnegie Institute and the American Breeders’ Association (ABA), became the bastion of eugenic thought in the United States during the first half of the twentieth century, publishing a variety of materials, including school and university textbooks, about the importance of eugenics and studies that attempted to map the genetic traits of families in the United States.⁵

Eugenics as a discipline was somewhat diverse in its intellectual approaches and tangible applications. Proponents of neo-Lamarckian eugenics (named for French naturalist Jean-Baptiste Pierre Antoine de Monet, chevalier de Lamarck) asserted that

⁴ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge: Harvard University Press, 1985), xv, 3, 12. For more information about the development of medical genetics and its shift away from the American eugenics movement, see Nathaniel Comfort, *The Science of Human Perfection: How Genes Became the Heart of American Medicine* (New Haven: Yale University Press, 2012).

⁵ Edwin Black, *War against the Weak: Eugenics and America’s Campaign to Create a Master Race* (New York: Four Walls Eight Windows, 2003), 32, 45-47, 73-74.

external environmental factors could positively or negatively affect hereditary material. Neo-Lamarckian eugenicists advocated for social reform and public health campaigns that they believed could improve the heredity of the unfit. This particular strain of eugenics took hold in Latin America during the twentieth century.⁶ In contrast, proponents of Mendelian eugenics (named for Austrian monk Gregor Mendel) asserted that hereditary material could be passed on without being affected by external environmental factors. Linked to the work of Galton and a German cytologist named August Weisman, this strain operated under the premise that heredity was fixed and deployed more severe measures to prevent the passage of defective heredity such as institutionalization and sterilization.⁷ These contested ideas about the nature of heredity shaped the ways in which African Americans would interpret and participate in eugenics, even if they did not always solidly situate themselves as proponents of a particular strain.

Scientific racism--the use of scientific discourse to justify racial discrimination on the pretense of biological racial difference and discrimination--permeated the American eugenics movement by constructing certain races as inherently superior or inferior to one another.⁸ In the context of the American eugenics movement and earlier renditions of racial science, African Americans were constructed as racially inferior, sexually deviant,

⁶ Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), 14-15; Nancy Leys Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1992), 65-69.

⁷ Stern, *Eugenic Nation*, 14-15; Stepan, *Hour of Eugenics*, 26-29, 65-66.

⁸ W. Michael Byrd and Linda A. Clayton, *An American Health Dilemma: Race, Medicine, and Health Care in the United States 1900-2000*, vol. 2 (New York: Routledge, 2002), 18-24; Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham: Duke University Press, 2000), 9-10.

and inherently susceptible to particular diseases.⁹ Despite medical and scientific constructions of African Americans as inferior, African Americans were still able to participate in the eugenics movement and reinterpret constructs of race and sexuality for racial uplift.

The historiography of African American participation in the eugenics movement has grown in the last few decades, but still provides only a limited narrative. Early histories focus on the intellectual discussions of the mainstream eugenics movement, such as Daniel Kevles' seminal work *In the Name of Eugenics: Genetics and the Use of Human Heredity*. Kevles analyzes the scientific and intellectual underpinnings of the eugenics movements in the United States and Great Britain. Edwin Black also wrote a comprehensive history of the eugenics movement entitled *War against the Weak: Eugenics and America's Campaign to Create a Master Race*, which provides a thorough analysis of the American eugenics movement and the application of eugenics to medical, social, and intellectual fields. Other histories provide a more focused look at the eugenics movement and highlight particularly significant moments in the study of eugenics. Historian and legal scholar Paul Lombardo, for example, has written prolifically about the history of the eugenics movement, with one of his more famous books focused on the infamous *Buck vs. Bell* decision that upheld Virginia's compulsory sterilization law in 1927.¹⁰

⁹ Ibid.

¹⁰ Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore: Johns Hopkins University Press, 2008), ix-xiv. Compulsory sterilization laws were an important component of the American eugenics movement. For more about the history of compulsory sterilization laws, see Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: Johns Hopkins University Press, 1991); and Steven Selden, *Inheriting Shame: The Story of Eugenics and Racism in America* (New York: Teachers College Press, 1999).

While this book and other major works on the history of eugenics are significant historiographical contributions, they perpetuate a narrative of the American eugenics movement that does not fully capture the complex ways that marginalized groups such as African Americans were able to participate in it and often use it for their own purposes. Nor do they acknowledge or engage the complex ways in which African Americans discussed eugenics. Instead, they present a narrative of victimization in which eugenics was imposed upon the bodies of African Americans. They are not discussed as actors, but rather as passive victims of the eugenics movement and scientific racism. In historian Edward Larson's *Sex, Race, and Science: Eugenics in the Deep South*, for example, the discussion of African Americans and eugenics focuses on how they were targeted and victimized by eugenics legislation.¹¹ Similarly, Harriet Washington's *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* not only examines how African Americans were victimized by the eugenics movement, but also how they were mistreated by the American medical establishment.¹² Many studies zero in on the Tuskegee Study of Untreated Syphilis in the Negro Male, commonly known as the Tuskegee Syphilis Study. This experiment has become notorious as a significant historical moment of oppression and violence against African Americans, and as such it is often the first thought for scholars studying African Americans and eugenics. Scholars James Jones and Susan Reverby have published

¹¹ Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1995), 2-3.

¹² Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006).

significant works on its history and legacy for African American health.¹³ Research on the Tuskegee Syphilis Study and other moments of oppression within the eugenics movement should not be discounted; however historians need to complicate these narratives by looking beyond Tuskegee to develop a more nuanced analysis of American eugenics and its relationship to African American health and reform.

The historiography of the birth control movement has been more inclusive and nuanced in its discussion of African American engagement. Historian Linda Gordon locates the origins of the birth control movement in the push for voluntary motherhood during the mid-nineteenth century. In the early twentieth century, the term “birth control” emerged as a term to describe the need for contraception, reproductive health, and bodily autonomy.¹⁴ The emergence of the birth control movement coincided with development of the eugenics movement, and they had significant ideological intersections. Birth control activists often used the language of eugenics, especially within the context of who was deemed fit or unfit to reproduce, and this provided legitimacy to their discourse. Indeed, at a time when the dissemination of birth control information was illegal under the Comstock laws of 1873, the use of eugenic language strengthened the movement.¹⁵ Margaret Sanger, birth control activist and a founding figure of the birth control movement, engaged the eugenics movement and used its language in birth control literature. While there were ideological differences between eugenicists and birth control

¹³ James Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981); Susan Reverby, *Examining Tuskegee: The Infamous Syphilis Study and its Legacy* (Chapel Hill: University of North Carolina Press, 2009).

¹⁴ Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), xv-xvi, 206-207.

¹⁵ *Ibid.*, 24, 120.

activists about how contraception should be used and by whom, the links between eugenics and birth control contributed to the development of both movements.¹⁶

Historians of birth control have analyzed the ways in which African Americans were able to become involved in the larger birth control movement. They have highlighted how African Americans participated in birth control activism on multiple levels, and shown that African American women were not simply passive observers of the movement. In *Birth Control Politics in the United States, 1916-1945*, historian Carole McCann provides careful and comprehensive analysis of the birth control movement and its activists, including how African Americans interpreted birth control and engaged in the movement.¹⁷ Michele Mitchell's *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* focuses on how African American women and men interpreted birth control within their discussions of racial uplift and respectability politics, and how eugenic thought became integral to those discussions.¹⁸ Her analysis of African American women's discussions of race, sexuality, and respectability are integral to the interventions in this thesis. However, Mitchell focuses on the politics of respectability as a social response to racial discrimination; I examine physicians and their scientific responses to racial discrimination. The historiography of African American participation and engagement in the birth control movement, and its eugenic underpinnings, profoundly shaped the ways in which they pursued racial uplift.

¹⁶ Ibid., 281-285.

¹⁷ Carole McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994).

¹⁸ Mitchell, *Righteous Propagation*.

The first chapter addresses how eugenics shaped African Americans' discussions of public health, and how eugenic ideas about sex and sexuality influenced their discourse and understanding of venereal disease. Scientific racism constructed African Americans as inherently inferior, innately promiscuous and susceptible to venereal disease, especially syphilis. African American physicians, however, attributed epidemic rates of disease and mortality to environmental factors such as socioeconomic deprivation and thus pushed for public health measures that would both address the diseases and challenge scientific racism. Along with the physicians, African American scientists challenged the fundamental belief in biological differences between races, a concept that was central to the eugenics movement. They also engaged in rich conversations within their profession, as well as external conversations with the mainstream eugenics movement. My discussion of these internal and external conversations illustrates the complexity of African American engagement in the mainstream eugenics movement, and how African American doctors used their medical knowledge to participate and challenge it.

The second chapter examines how African American physicians and club women discussed birth control, compulsory sterilization, and abortion within the context of racial uplift. Birth control and compulsory sterilization were central to the mainstream eugenics movement and were often disproportionately deployed on African American bodies. However, African American physicians and club women were able to interpret and use birth control for the improvement of public health. Targeted reproduction, they believe, not only addressed maternal and infant mortality, it also allowed African American women to produce eugenically fit offspring that could uplift the race. African American

physicians and club women collaborated on public health projects to improve African American public health, and they also sought the assistance and participation of the larger birth control movement.

In analyzing African American physicians' engagement with eugenics and birth control, I will intervene in the historiography by showing how African American physicians interpreted the possibilities of eugenics. As Progressive physicians, they used their scholarship and professional status to challenge scientific racism and pursue a eugenic activism that would bring about social and biological uplift for African Americans. Their internal and external conversations about the dynamic possibilities of eugenics and birth control show that African Americans were not passive observers or victims of these movements. Rather, they interpreted their discussions within a broader context and saw their eugenic activism as intimately tied to struggles for racial justice. My argument complicates historical discussions of African Americans' interactions with eugenics and birth control by showing how they identified and sought to exploit the possibilities of these ideologies and movements. Although their interactions are not uniform or monolithic, their engagement shows that they were proponents, critics, and victims of eugenics during the twentieth century.

Chapter 1: Challenging Racial Susceptibility: African American Physicians, Scientific Racism, and Public Health

Like other African American intellectuals in the early twentieth century, African American physicians engaged with eugenics and hereditarian thought. African American doctors were able to use their knowledge of science and medicine to interpret eugenic thought while challenging the assumptions of scientific racism. Their professional status gave them credibility in their internal and external conversations about the role of eugenics in African American life. This chapter examines how African American doctors interacted with and reinterpreted eugenic thought to improve public health and promote biological uplift among poor African Americans. I begin with an overview of the eugenics movement and how it constructed concepts of race, sexuality, and “racial susceptibility.” I then examine how African American doctors and scientists understood and interpreted those concepts, and demonstrate how African American doctors deployed eugenic concepts and challenged scientific racism in public health work.

Eugenicists in the United States had two main approaches to the scientific improvement of the population. Some argued that “fit” members of society should have more children to improve the hereditary stock of the country; this was known as positive eugenics. Many others, however, advocated negative eugenics, which entailed policy interventions to prevent the reproduction of the “unfit,” such as immigration restrictions and compulsory sterilization laws. Eugenicists attributed a number of social pathologies, such as alcoholism, pauperism, and promiscuity, to bad heredity. Definitions of being a eugenically “fit” person corresponded with the racial, ethnic, and class biases that were pervasive in American culture during the early twentieth century. These racial, ethnic,

and class biases were rooted in beliefs about white supremacy and overlapped with social and cultural concerns about citizenship and inclusion.¹ By attributing social pathologies to biology and heredity, eugenicists constructed large segments of the population as eugenically unfit, including racial and ethnic minorities, immigrants, and people of low socioeconomic status.

Race, Sexuality, and Scientific Racism

Eugenic concepts of race, gender, and sexuality would profoundly shape the ways in which African Americans both supported and criticized the eugenics movement. Race as both a social and scientific construct did not begin with the eugenics movement, but rather can be dated to earlier justifications of slavery and white supremacy.² The eugenics movement, however, gave scientific legitimacy to existing racial prejudice. Racial purity advocates in the twentieth century were quick to embrace eugenic thought because it justified their preconceived belief in fundamental biological differences between races. They called for strict segregation laws, in part because they feared that interracial sexual relationships would cause “race suicide,” or the destruction of a pure white race.³ Eugenicists became increasingly concerned about the dangers of interracial relationships, believing that “hybridization” and “mongrelization” would yield eugenically “unfit”

¹ Gregory Michael Dorr and Angela Logan, “‘Quality, Not Mere Quantity Counts’: Black Eugenics and the NAACP Baby Contests,” in *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, ed. Paul A. Lombardo (Bloomington: Indiana University Press, 2011), 70.

² A number of books examine how social and scientific constructions of race were used to legitimize slavery including: Walter Johnson, *Soul by Soul: Life inside the Antebellum Slave Market* (Cambridge, MA: Harvard University Press, 1999); Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006); Jennifer L. Morgan, *Laboring Women: Reproduction and Gender in New World Slavery* (Philadelphia: University of Pennsylvania Press, 2004).

³ J. David Smith, *The Eugenic Assault on America: Scenes in Red, White, and Black* (Fairfax: George Mason University Press, 1993), 13.

results. In a 1933 article in the *Eugenics Review*, a publication of the Galton Institute, Dr. Kenneth B. Aikman argued that the majority of the medical community was opposed to hybridization across racial lines. He also asserted that hybridization produced eugenically unfavorable outcomes:

It is found that the greater the difference between the races crossed, the less likely is the result to be beneficial: that the Caucasian is nearer to the Mongolian than either is to the Negro, and that the Dark Caucasian is nearer to the Mongolian than is the Fair Caucasian, and so the Dark Caucasian cross is the less harmful of the two.⁴

Aikman's article demonstrates that eugenicists understood race as a biological category. In arranging races in relation to one another, he assumes the existence of a racial hierarchy. Despite some races being closer together in the hierarchy, racial mixing would still have eugenically problematic consequences. Aikman's ideas about interracial mixing reflected those of the larger eugenics movement, whose members also believed that maintaining the racial purity of the white race was vital to its survival. Fears of race suicide profoundly shaped the trajectory of the American eugenics movement and led to the conclusion that it was essential to maintain separate and pure racial categories.

Sexuality also shaped racial differences and their meanings. Race and sexuality were mutually constructed categories, and sexuality was a marker of race. Assumptions about African Americans being innately promiscuous and overly sexualized made those traits defining characteristics of blackness, and these assumptions were used to justify

⁴ Kenneth B. Aikman, "Race Mixture," *The Eugenics Review* 25, no. 3 (October 1933): 161-162.

discrimination, rape, and extralegal violence during the nineteenth century.⁵ Scientific studies of race and sexuality, which emerged during the late nineteenth and early twentieth centuries, were rooted in the study of comparative anatomy. For anatomists in the late nineteenth century, the black female body was an important site for negotiating racial, gendered, and sexual boundaries and constructing racial, sexual, and gender norms. Comparative anatomists used the bodies of African women to locate racial and sexual difference. Comparative anatomists W.H. Flower and James Murie paid particular attention to the buttocks and labia minora in their 1867 work “Account of the Dissection of a Bushwoman,” in which they claimed that the markers of racial difference were located in genital excesses. Flower and Murie asserted that all of their subjects had large buttocks, known as steatopygia, and over-large labia minora. They rooted their analysis in the work of French naturalist George Cuvier and his description of the “Hottentot Venus,” Saartjie Baartman.⁶ Baartman, a Khoisan woman from the area now known as South Africa, arrived in London with Dr. William Dunlop in 1810 and became a medical curiosity and sexual spectacle. Khoi people, known pejoratively as Hottentots, were considered to be at the very bottom of human evolution. Doctors and scientists came from all over Europe to study her steatopygia and labia minora, which were labeled the “Hottentot apron” or sinus pudoris (Latin for “veil of shame”). After Baartman’s death in 1815, Cuvier dissected her body.⁷ Baartman became an important model for scientific

⁵ Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004), 84.

⁶ Siobhan B. Somerville, “Scientific Racism and the Invention of the Homosexual Body,” in *Sexology in Culture: Labelling Bodies and Desires*, eds. Lucy Bland and Laura Doan (Chicago: University of Chicago Press, 1998), 64-65.

⁷ Washington, *Medical Apartheid*, 82-85.

discourse around race, sexuality, and the body, which would be foundational to the emergence of scientific racism.

The reproductive organs of the black female body could mark deviant sexuality as well as race—often together. For example, sexologists of the late nineteenth and early twentieth centuries believed that both black women and lesbians had larger clitorises than white women. Sexologists interpreted the enlarged clitoris as an indicator of sexual transgression and thus an important marker of both racial and sexual inferiority. The myth of the large clitoris perpetuated ideas of white female sexual purity and African American sexual deviance and hypersexuality.⁸ The racialized and sexualized display of black bodies illustrated how sexuality and race, and inferior race and deviant sexuality, became mutually constitutive markers.

As cultural scholar Siobhan Somerville argues, during the late nineteenth and early twentieth century, medical and scientific assumptions about race were frequently articulated through gender and sexuality.⁹ Perceived anatomical differences between races served to mark the bodies of black people as both different from and inferior to those of white people. The construction of race and sexuality as both medical and scientific categories also shaped the ways in which physicians understood and interpreted disease. Perceived susceptibility to specific diseases distinguished black and white bodies. In order to justify slavery and discrimination, white Southern doctors created medical discourses on the bodily peculiarities of black people. These discourses also

⁸ Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham: Duke University Press, 2000), 25-28.

⁹ *Ibid.*, 25-28.

worked to construct and maintain racial hierarchies. In the 1840s and 1850s, two white physicians, Dr. Josiah Nott and Dr. Samuel Cartwright, gained great notoriety among their Southern colleagues for their numerous articles about the physiology of black bodies. They even identified medical conditions that were peculiar to black people such as Cachexia Africana, or dirt-eating.¹⁰ African Americans were considered to have different immunities and susceptibilities from those of white people, and this assumption was used to reinforce their fitness for slavery. African American susceptibilities were blamed upon inherent racial and sexual characteristics, as along with perceptions of laziness, criminality, and poor hygiene. Doctors of the nineteenth century effectively blamed African Americans, rather than environmental and socioeconomic factors such as slavery and poverty, for their own health profile. In this way, these doctors absolved themselves from fully addressing issues of public health.¹¹

These prevalent attitudes of inherent racial susceptibility, along with the racial and sexual marking of African American bodies as diseased and depraved, facilitated medical discussions of venereal disease. During the nineteenth century African Americans had been considered more susceptible to syphilis for a variety of reasons. Some doctors argued that it was because of their unbridled hypersexuality, while others attributed it to the physiology and anatomy of the black male penis.¹² Yet even after physicians identified the spirochete, the microbe that causes syphilis, in 1905, the disease continued to be racialized because the responsibility of sexual intercourse still fell on the

¹⁰ James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981), 16-17.

¹¹ *Ibid.*, 21-22.

¹² *Ibid.*, 22-23.

individual. Susceptibility to syphilis resided both in the anatomy and perceived promiscuity of African Americans.¹³

Concerns about venereal disease and public health proved to be an impetus for physicians to embrace the eugenics movement. To many physicians in the late nineteenth and early twentieth centuries, venereal disease was a public health problem and marker of degeneracy. These concerns led physicians to become highly engaged in pushing for eugenic marriage laws that would require men to be checked for syphilis and gonorrhea prior to marriage. (Such laws did not subject women to examination for venereal disease as that was considered to be offensive to their respectability.)

Physicians were also involved in advocating for eugenic immigration laws. Immigrants from Southern and Eastern Europe were considered eugenically inferior, and massive immigration from 1897-1907 activated fears of race suicide.¹⁴ The bodies of certain immigrants were marked as diseased and depraved in comparable ways to African Americans. Similarly, particular groups of immigrants were regarded as a threat to white racial purity and thus proposed as to be subject to eugenic measures.

African American Physicians and Racial Uplift

The medical practice, scholarship, and activism of African American physicians were direct responses to constructions of race, sexuality, and racial susceptibility to disease. Much of their work in the twentieth century was shaped by the emergence of

¹³ Ibid., 22-23.

¹⁴ Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (New York: Oxford University Press, 1985), 19-21. For a more comprehensive study at immigration, race, and medicine in the United States, see Alan Kraut, *Silent Travelers: Germs, Genes, and the Immigrant Menace* (Baltimore: Johns Hopkins University Press, 1994).

racial uplift ideology, which also challenged racial susceptibility to disease and scientific racism. In his seminal work, *Uplifting the Race: Black Leadership, Politics, and Culture in Twentieth Century*, historian Kevin Gaines argues that racial uplift ideology stemmed from the emergence of an educated African American middle class after Reconstruction. Proponents of the ideology championed the values of temperance and chastity and advocated for racial solidarity across social classes. Advocates of racial uplift also promoted education as an important tool for gaining racial equality. If the entirety of the African American race were to be educated and understand the value of social and moral responsibility, all African Americans could be lifted up from poverty and discrimination.¹⁵

For African American physicians, the application of racial uplift to the practice of medicine took the form of professionalization and scholarship. They established two separate professional organizations: the National Medical Association (NMA) and the National Hospital Association (NHA). The NMA was founded in 1895 to address the discrimination that faced African American doctors in the American Medical Association, which barred them from membership, and to better allow them to respond to the needs of their patients. Its charter of the NMA called for the NMA to advocate for their race, foster professional development and research, and improve the collective public health of African Americans. The NHA was founded in 1923 as a way to advocate for the rights of African American medical professionals and make sure that black

¹⁵ Kevin K. Gaines, *Uplifting the Race: Black Leadership, Politics, and Culture in Twentieth Century* (Chapel Hill: The University of North Carolina Press, 1996), 2, 45-46.

hospitals met high professional and medical standards.¹⁶ Both of these organizations provided African American medical professionals with an important platform for medical discourse and public health activism.

In keeping with the NMA's goals of fostering professional development and scholarship, the organization founded the *Journal of the NMA (JNMA)* in 1909.¹⁷ The *JNMA* became an important site for discussions of African American medicine and public health, as well as race, sexuality, scientific racism, and eugenics. African American doctors also utilized other African American periodicals to discuss scientific racism and public health activism, including the *Journal of Negro Education*, the *Journal of Negro History*, and *The Crisis*, which was published by the National Association for the Advancement of Colored People (NAACP), starting in 1910. These periodicals served as important fora for African American scholars and leaders to engage each other in conversations about the significant possibilities that improving public health would have within the context of racial uplift.

As African American doctors discussed and debated the prevalent medical and scientific constructions of race, they drew on their professional expertise to engage with eugenic thought. One such doctor, W. Montague Cobb, was a scholar-activist who sought to use his knowledge to agitate for racial equality. Born in Washington, D.C., Cobb graduated from Amherst College in 1925, received his MD from Howard University in 1929, and went on to pursue a PhD in anatomy and physical anthropology from Western

¹⁶ Vanessa N. Gamble, *Making a Place for Ourselves: The Black Hospital Movement, 1920-1945* (New York: Oxford University Press, 1995), 35-37.

¹⁷ *Ibid.*, 37-38.

Reserve University in 1932. He was an active member of the NMA and served as its president and as an editor of the *JNMA*.¹⁸

Cobb wrote prolifically about race and medicine, and his work illustrates the complex ways in which African American doctors engaged with eugenic thought and scientific racism. In a 1934 article entitled “The Physical Constitution of the American Negro,” he examined and provided a detailed overview of the work of the “Committee on the Negro” of the National Research Council, an organization within the National Academies.¹⁹ The members of this committee included famed eugenicists Earnest A. Hooton and Charles B. Davenport, among others. The committee conducted detailed research on the anatomy of African Americans, including anthropometric studies of their features and analyses of internal and external organs, and ultimately sought to determine the biological effects of race-mixing. In summarizing the anthropometric studies, Cobb importantly noted that “[neither] advantageous nor deleterious effects have been proven to be a consequence of hybridization.”²⁰ Cobb concluded the article by quoting geneticist William E. Castle:

So far as a biologist can see, human race problems are not biological problems any more than rabbit crosses are social problems. The rabbit breeder does not cross his selected races of rabbits unless he desires to improve upon what he has.

¹⁸ Walter J. Lear, “William Montague Cobb: Medical Professor, Civil Rights Activist,” *American Journal of Public Health* 92, no. 2, (February 2002): 193.

¹⁹ <http://www.nationalacademies.org/about/history/index.html>

²⁰ W. Montague Cobb, “The Physical Constitution of the American Negro,” *Journal of Negro Education* (July 1934): 357, W. Montague Cobb Papers, Manuscript Division, Moorland-Spingarn Research Center, Howard University.

The sociologist who is satisfied with human society as now constituted may reasonably decry race crossing. But let him do so on social grounds only. He will wait in vain, if he waits to see mixed races vanish from any biological unfitness.²¹

Cobb's understanding of hybridization demonstrates that he understood race as a medical and scientific category. Through scientific analysis, he was able to assert that race-mixing had no biologically adverse effects, thus undermining a foundational concept of the eugenics movement. Significantly, Cobb believed that challenges to race-mixing were invalid on a biological level, and asserted that racial differences were not dysgenic or harmful. Cobb, like other African American doctors of the period, used race as an analytical category within medical and eugenic discourse. However, he was able to refute scientific racism within the context of eugenics and medicine by challenging beliefs in racial hierarchy.

Cobb was deeply engaged in contemporary discussions of racialized medicine and science. Having degrees in both medicine and physical anthropology gave him a unique perspective on the biology of race. In a 1939 article entitled "The Negro as a Biological Element in the American Population," he analyzed the racial characteristics and genetic composition of African Americans. He attributed the survival of African Americans in the United States to the strength of their stock:

Not only the conditions surrounding his arrival but those under which the Negro has lived in America must have had a selective effect on improving his stock. Pre-emancipation exploitation must be credited with a mass elimination not alone of

²¹ Ibid., 388.

the weak and unfit, but also of those who were lacking in that individual shrewdness which is a vital essential in self preservation.²²

Cobb essentially asserted that slavery and systematic oppression had actually *improved* the biological and genetic make-up of African Americans. While such an assertion would be considered scientifically inaccurate in modern times, it illustrated the eugenic parameters in which some African American doctors operated. Cobb challenged scientific racism by refuting the assertion that African Americans as a whole were descended from inferior stock and arguing instead that there had been inferior elements within the race but they had been effectively eliminated by oppression. Cobb was thus able to reinterpret eugenic thought in a way that challenged constructions of racial inferiority and scientific racism.

Additionally, Cobb challenged not only the “dysgenic effects” of race-mixing but also the scientific racism that fueled the eugenics movement: “The most important roots of American race prejudice are clearly non-biological.... The popular stereotype of the Negro as a biological inferior has neither scientific origin nor usefulness.”²³ In other words, Cobb believed that racial difference is socially and culturally, not biologically, constructed. This statement had profound significance in an era when medical and scientific constructions of racial inferiority were pervasive. While Cobb was certainly not the only African American to make this assertion, his knowledge as a medical doctor and

²² W. Montague Cobb, “The Negro as a Biological Element in the American Population,” *Journal of Negro Education* (July 1939): 342, W. Montague Cobb Papers, Moorland-Spingarn Research Center, Howard University.

²³ *Ibid.*, 346.

scientist gave him additional credibility and strengthened his ability to do so with confidence.

Medical and scientific knowledge proved invaluable in undermining the scientific racism that fueled the eugenics movement. Dr. Charles Drew used his medical and scientific knowledge to advance the study of blood banking, challenging another fundamental premise of scientific racism. Another native of Washington, D.C. who also graduated from Amherst College in the 1920s, he earned his medical degree from McGill University in 1933 and in 1940 became the first African American to receive a doctorate in medical science from Columbia University. His dissertation, “Banked Blood,” was a groundbreaking study of blood preservation and banking²⁴ that provided Drew with an early platform from which to challenge scientific racism. He used data generated by the Royal Serbian Army during World War I about the distribution of blood types across racial lines, which included Africans from Senegal, Arabs, Turks, and Jews. This data, in conjunction with other scientific research, illustrated that the fundamental difference was simply in the frequency of certain blood types among racial and ethnic groups. Drew stated, “A survey of the literature indicates that men of all races have agglutinogens [the markers of blood types] common to mankind in general. Given a blood sample, there is at present no agglutination test which alone elucidates the race of the donor.”²⁵ This fact undermined a key basis for asserting fundamental biological

²⁴ W. Montague Cobb, “Charles Richard Drew, M.D., 1904-1950,” *Journal of the National Medical Association* 42, no. 4 (July 1950): 239, 242, W. Montague Cobb Papers, Moorland-Spingarn Research Center, Howard University.

²⁵ Charles R. Drew, “Banked Blood” (PhD diss., Columbia University, 1940), 28-30, Charles Drew Papers Box 134-4, Folder 1, Manuscript Division, Moorland-Spingarn Research Center, Howard University.

differences between races and in turn provided a solid scientific rationale for refuting scientific racism that would have particular significance in Drew's career.

During World War II, Drew collaborated with his advisor at Columbia University, Dr. John A. Scudder, on the Blood for Britain project, which worked to provide wounded soldiers with blood plasma. As his part of the project, Drew conducted pioneering research on blood plasma which brought him significant attention in the mainstream medical and scientific communities. Upon completion of the project, Drew submitted a proposal to the American Red Cross to produce mass amounts of dried blood plasma. In 1941, he was made medical director of a American Red Cross pilot program in New York, but he soon left to return to Howard University, where he became head of the department of surgery and chief surgeon at Freedmen's Hospital. In his absence, in November 1941 the American Red Cross announced plans to exclude black donors, a decision that caused a great outcry among African Americans eager to serve their country after the attack on Pearl Harbor. After substantial negative press in African American newspapers and pressure from the NAACP, the American Red Cross amended its policy to accept black donors, but insisted on segregating the blood.²⁶ Being told that their blood would be treated separately angered many African Americans; in many ways it added insult to injury. Although Drew did speak out against this policy, some people thought he should have been more vocal in his criticism. In 1942 he stated, "I feel that the recent ruling of the United States Army and Navy regarding the refusal of colored blood donors is an indefensible one from any point of view. As you know, there is no scientific basis

²⁶ Spencie Love, *One Blood: The Death and Resurrection of Charles R. Drew* (Chapel Hill: University of North Carolina Press, 1996), 147-148, 153-155.

for the separation of the bloods of different races except on the basis of the individual blood types or groups.”²⁷ He also made similar statements to the *Chicago Defender*, asserting that there was no scientific legitimacy in blood segregation on the basis of race.²⁸

As this incident makes clear, although eugenics had begun to fall out of favor as a result of World War II and the atrocities of the Holocaust in the late 1930s and early 1940s, many doctors and scientists still refused to relinquish scientifically racist beliefs.²⁹ This gradual erosion of eugenics as science and popular discourse resulted from a greater awareness, from medical and scientific communities and the general public, of Nazi policies of sterilization and genocide.³⁰ Despite Drew’s pioneering research about blood and blood plasma, scientific racism continued to triumph over scientific research. For example, DeWitt Stetten, chairman of the Blood Transfusion Betterment Association, which was dedicated to blood procurement and plasma production in New York City for the Red Cross, worked closely with Drew and Scudder. Stetten lauded Drew as the leading man in the field of blood banking, and yet he questioned whether to collect and transfuse black blood.³¹ These inconsistencies in scientific and eugenic studies illustrate

²⁷ *Ibid.*, 155-156.

²⁸ *Ibid.*, 156-157.

²⁹ World War II was an important moment in the history of eugenics. The devastating outcomes of the Holocaust shifted public opinion against the eugenics movement, and it loses scientific credibility. A number of works address this including: Edwin Black, *War against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York: Four Walls Eight Windows, 2003) and Nathaniel Comfort, *The Science of Human Perfection: How Genes Became the Heart of American Medicine* (New Haven: Yale University Press, 2012).

³⁰ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge: Harvard University Press, 1985), 117-119, 251.

³¹ DeWitt Stetten, “The Blood Plasma for Great Britain Project,” *Bulletin of the New York Academy of Medicine* 17, no. 1 (January 1941): 27-38, Charles Drew Papers Box 134-5, Folder 6, Manuscript Division, Moorland-Spangarn Research Center, Howard University.

how deeply constructions of race had permeated science and medicine. African American doctors and scientists had to use their knowledge to challenge these ideas in order to succeed in their respective fields and ultimately uplift the race. Although eugenics had declining popularity, the presence of scientific racism persisted, and African Americans continued to use racial uplift ideology to challenge it.

African American Scientists and Scientific Racism

In addition to physicians, African American scientists constituted another group of professionals who used their knowledge, status and skills to reinterpret and challenge the scientific racism that fueled the eugenics movement. Thomas Wyatt Turner was one figure who profoundly shaped the interactions of other African American scientists with eugenic discourse. The son of former slaves in Charles County, Maryland, in the early twentieth century he became an important African American eugenicist, biologist, and professor. Turner was able to construct a form of eugenics that complicated and challenged ideas of scientific racism, affecting his participation in the American eugenics movement. He learned about eugenics and hereditary science from famed eugenicist and ERO founder Charles Davenport.³² This encounter influenced the way that Turner engaged with eugenic thought and addressed eugenic and scientific constructions of race. After graduating from Howard University in 1901, Turner joined the faculty at the Tuskegee Institute. In 1912, he left to join the faculty at Howard as a biology professor. During his time at Howard, Turner taught biology and eugenics to numerous students. He

³² Gregory Michael Dorr, *Segregation's Science: Eugenics and Society in Virginia* (Charlottesville: University of Virginia Press, 2008), 99-100.

even assigned *Applied Eugenics*, a seminal text by Paul Popenoe and Roswell Johnson, and Charles Davenport's famous essay, "Eugenics and Euthenics," to his students.³³

Turner's application and instruction of eugenic and hereditarian thought to address inequality was very much connected to contemporary conversations about racial uplift. Turner argued that African Americans could use biology and eugenics to reach equality and dismantle the various disparities and social pathologies that faced them. This concept of an "assimilationist eugenic uplift," which would challenge biological justifications for racial inequality by emphasizing the essential genetic similarities across races, created an opportunity for African Americans to challenge notions of their innate and fixed inferiority, thus constructing what historians Gregory Dorr and Angela Logan call a "scientifically inflected liberation ideology" for African American people.³⁴ Turner's assertions created space for African Americans to assert their humanity in relationship to white people and challenge beliefs in inherent racial inferiority, even though he operated within a framework of eugenics. His beliefs in eugenic uplift articulated the possibility of change for African Americans: if African Americans could be socially and biologically uplifted with eugenics, they would have the opportunity to dismantle socioeconomic and cultural inequalities.

Turner wrote prolifically and published several important works about biology and eugenics education for African Americans--works that were profoundly shaped by his conceptions of heredity. In a pamphlet entitled "Biological Laboratory and Human

³³ Dorr and Logan, "'Quality, Not Mere Quantity Counts': Black Eugenics and the NAACP Baby Contests," 77.

³⁴ *Ibid.*, 78.

Welfare,” Turner argued that biology should be applied to human problems and experiences, and that the laboratory was an important site of this application. The biological laboratory, he said, should be placed at the service of humanity. Like African American physicians of the period, Turner identified intersections between eugenics and public health and pointed out that the biological laboratory could play an important role in the promotion of sanitation, public health, and hygiene. He noted that the biological laboratory has contributed to the resolution of “infant mortality, child labor, and the woman question,” thus facilitating social uplift.³⁵ Thus the biological laboratory should be included in the “vigorous movements which we see on all sides for social betterment and social uplift.”³⁶

Turner also discussed the significance of the biological laboratory in categorizing races. Stating that its role was to “establish the true relationship of races and nations to each other,” he argued that the categorization of races as superior and inferior had no basis in biology.³⁷ In this way, he used biology to challenge social discrimination, and he interpreted the biological laboratory as a site for the resolution of social problems. He believed that science could resolve social inequalities by challenging the scientific racism that was embedded in eugenic discourse.

Turner and other African American scientists saw the social and scientific possibilities of eugenics for racial uplift. Turner’s contemporary Dr. Harold Finley was

³⁵ Ibid.

³⁶ Thomas Wyatt Turner, “Biological Laboratory and Human Welfare,” n.d., Thomas W. Turner Papers Box 153-6 Folder 18, Manuscript Division, Moorland-Spingarn Research Center, Howard University.

³⁷ Ibid.

an African American biologist who engaged in discussions of eugenics and racial uplift. He was an avid scholar, earning his PhD in zoology from the University of Wisconsin in 1942, followed by a postdoctoral fellowship at Johns Hopkins University from 1955-1956. He became the head of the Department of Zoology at Howard University, where he initiated a doctoral program in 1958. Finley was a prolific writer and researcher in the specialties of microbiology and protozoology.³⁸ Despite his productivity in those fields, he does not appear to have published scholarship about eugenics, heredity, or scientific racism. Yet Harold Finley was an important figure in African American discourse about eugenics because, in 1932, he was the only African American delegate to the Third International Congress of Eugenics, which was organized by eugenicists Charles Davenport and Harry Laughlin of the ERO and held at the American Museum of Natural History. In the published proceedings of the conference, Finley was listed as an official delegate to the conference, along with famous white eugenicists like Roswell Johnson. The conference proceedings also included a photograph with Finley and all of the other members and participants.³⁹

Harold Finley's presence at this conference provides an example of how some African Americans intellectuals attempted to engage in discussion of eugenics in the early twentieth century, and his presence was a noteworthy accomplishment for African American intellectuals. The inclusion of an African American delegate in a field rife with beliefs in the innate racial inferiority of African Americans was significant. Not only did

³⁸ Colliston R. Rose and Irene P. Finley, "Harold Eugene Finley: American Negro Zoologist and Educator (A Preliminary Biographical and Bibliographical Sketch)," *Transactions of the American Microscopical Society* 95, no. 3 (July 1976), 285-287.

³⁹ International Congress of Eugenics, *A Decade of Progress in Eugenics* (New York: Garland Pub, 1984).

Finley attend, he gave a courageous rebuttal to a speech by famous Virginia eugenicist Dr. Walter A. Plecker, a major advocate for anti-miscegenation laws who led investigations of people who were suspected to have traces of Negro or Indian blood. Finley refuted Plecker by stating that there were no biological differences between races and that one race was not innately superior to another.⁴⁰ Although Finley may not have self-identified as a eugenicist, his presence and rebuttal illustrate that African Americans not only engaged in internal discussions of eugenics, but also some attempted to use their knowledge to refute scientific racism to the mainstream eugenics movement. Additionally, Finley's public rebuttal of scientific racism at such a conference demonstrates that African American physicians and scientists reinterpreted race as a category in eugenics, and that their professional knowledge bolstered their ability to challenge scientific racism.

Eugenics and Public Health

By interacting with eugenic thought and challenging scientific racism, African American doctors and scientists saw an inextricable link between racial uplift ideology and public health. Public health became central to deploying racial uplift ideology and eugenic thought, because it provided an important challenge to scientific racism and negative constructions of the intersection of race and sexuality in African Americans. They engaged in a public health activism that sought to address issues of disease, hygiene, and socioeconomic status. There were significant health disparities between black and white people, specifically in mortality and life expectancy. While white public health officials sought to construct racial disparities in health as a sign of innate black

⁴⁰ "Only Negro Delegate to Eugenic Congress Denies Biological Differences in Races." *Pittsburgh Courier* 3 September, 1932. <http://www.proquest.com> [accessed January 30, 2009].

inferiority, African American doctors emphasized that these disparities primarily were caused by socioeconomic factors like poverty.⁴¹

African American doctors and medical organizations engaged in a public health activism that sought to address the particular health concerns that faced African Americans. Dr. John A. Kenney, general secretary of the NMA, discussed the importance of African American engagement in public health work in his book *The Negro in Medicine*:

In many places, without quibbling over such academic questions as whether the Negro is dying as rapidly as some other people, or whether there is some racial inherency productive of its high mortality, or whether it is due to environment, the race is realizing that its death-rate is high; that certain diseases are taking more than their fair toll of human life from its ranks, and that many of these diseases are preventable. With this realization, many Negroes have set to work to improve their living conditions and reduce the mortality.⁴²

The NMA played a vital role in African American public health work and activism. Kenney understood that African Americans must be fully engaged in public health work to reduce mortality and prevent disease, amidst discussions of racial susceptibility and scientific racism. These discussions did not change or alter the epidemic levels of disease or mortality rates among African Americans; other explanations and remedies were needed, but they were impeded by the prevalence of scientific racism in public health

⁴¹ 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), 10-11.

⁴² John A. Kenney, *The Negro in Medicine* (Tuskegee: Tuskegee Institute Press, 1912), 50.

discourse. The improvement of African American health would in itself constitute a challenge to canards about racial susceptibility to disease and scientific racism.

One of the most visible African American public health efforts was National Negro Health Week. The idea originated with a group of Hampton Institute alumni who formed the Negro Organization Society in 1910. The society was a coalition of African American organizations that sought racial uplift, and Booker T. Washington, a Hampton alumnus who went on to become president of Tuskegee Institute, drew upon their work in creating a black health campaign. As one of the architects of National Negro Health Week, Washington also drew upon the work of sociologist Monroe Nathan Work, who compiled statistics on African American health in the South. These statistics not only illustrated the high mortality rates among African Americans, but Work used the data to prove that almost half of the deaths documented were preventable with public health intervention, thus challenging white officials who had attributed them to racial susceptibility. In 1915, Washington called for the observance of National Negro Health Week, receiving strong support from a variety of African American organizations and activists.⁴³ National Negro Health Week was an important effort to address and improve African American public health by educating African Americans about health and nutrition, and by creating educational opportunities for African American physicians to use their knowledge to uplift the race.

African Americans were considered inherently susceptible to tuberculosis and syphilis, so African American physicians focused much of their public health work on

⁴³ Ibid., 36-38.

those diseases. Constructions of race and sexuality had already rendered the bodies of black people as diseased and deprived. Pre-eugenic racial science supported the notion that African Americans were more susceptible to tuberculosis because of the ways in which nineteenth-century doctors and scientists understood the relationship between external race markers and internal anatomy. High tuberculosis rates and high tuberculosis mortality among African Americans were used as evidence of “racial degeneration.” Southern doctors even blamed high tuberculosis mortality on emancipation, believing that slavery had somehow saved African Americans from racial demise.⁴⁴

African American physicians sought to address these high rates of tuberculosis while also operating within critical discussions of scientific racism. They were eager to demonstrate that higher rates of tuberculosis were not the result of some racial deficiency, but rather due to the socioeconomic conditions that faced both urban and rural African Americans. African American physicians even found interesting ways to challenge scientific racism in their scholarship. In a scathing 1912 editorial in *JNMA*, Dr. E. Mayfield Boyle satirically used the flawed language of scientific racism against a white physician who argued that the bodies of black people were inherently more susceptible to tuberculosis:

If the mere prevalence of tuberculosis among American Negroes and its less prevalence among American whites need no further explanation than that the Negro's body is inferior to that of the white man and can only come to par with the latter through centuries of tuberculization, then one may also infer that the

⁴⁴ Samuel K. Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009), Kindle Edition, Loc 542, 582, 588.

prevalence of, and almost exclusive tendency toward, suicidal tendency in the white race and its scarcity among American Negroes is indicative of inferior brain structure or mental endurance in the whites and the reverse in Negroes; that the Negro has emerged from centuries of suicidal mania through which your race is now wending its weary way.⁴⁵

This biting refutation of the biological inferiority of African Americans used scientifically racist language to reveal the flaws in constructing entire races as inferior. Boyle's satire was also indicative of how African American doctors used their knowledge and experience to challenge scientific racism.

African American physicians continued to challenge racial susceptibility during the early twentieth century by emphasizing the environmental causes of disease. A 1923 editorial listed the black and white death rates from tuberculosis for eleven different states and called for improving African American living and health conditions as a way to address the tuberculosis problem. More importantly, the journal's editors challenged prevalent beliefs in the susceptibility of black bodies: "We repeat, there is no special inherent tendency on the part of the Negro people to tuberculosis. We believe firmly that this higher death rate on our part is due to ignorance, superstition, unwholesome and unhygienic living conditions."⁴⁶ Attributing tuberculosis mortality to environmental rather than hereditary causes pointed to the need for public health work to change African

⁴⁵ E. Mayfield Boyle, "Tuberculosis and the Negro," *Journal of the National Medical Association* 4, no. 4 (October-December 1912): 345.

⁴⁶ "Mortality from Tuberculosis, 1921" *Journal of the National Medical Association* 15, no. 1 (January-March 1923): 46-47.

American health and socioeconomic conditions, and also served to challenge prevalent ideas about racial susceptibility and inferiority.

In order to gain a broader understanding of tuberculosis and race, some physicians sought to analyze the experiences of other racial groups. In 1931, Dr. Barnet Stivelman, a visiting physician at the Harlem Hospital in New York,⁴⁷ published an article in the *JNMA* about the history and impact of tuberculosis. Stivelman noted that tuberculosis represented a significant problem for Jews as well African Americans:

Urbanization and tuberculization are synonymous. In ancient and medieval times, and particularly during the Renaissance, the toll of tuberculosis among them was heavy indeed, with the result that multitudes perished from the disease and left no progeny at all, and only those with resistance to tuberculosis were left to perpetuate the race with offsprings possessing a superior immunity.⁴⁸

According to Stivelman, Jewish people were able to overcome their susceptibility to tuberculosis and increase their immunity. But he still situated his argument within a broader conception of racial science. His analysis of Jewish people affirmed certain ideas about susceptibility and constructions of race:

In addition to this dearly acquired immunity, the Jew's susceptibility to study and learning and his propensity to follow or lead in progressive social and economic movements, and his proclivity to profit by established hygienic and sanitary

⁴⁷ Barnet P. Stivelman, "Atelectasis in Pulmonary Tuberculosis," *Journal of the American Medical Association* 99, no. 2 (November 12, 1932): 1666-1670.

⁴⁸ Barnet P. Stivelman, "Address on Tuberculosis," *Journal of the National Medical Association* 23, no. 2 (July-September 1931): 129.

discoveries have all contributed to reinforce his natural immunity by complementary environmental factors.⁴⁹

Dr. Stivelman's juxtaposition of both racial and environmental factors as aspects of Jewish immunity illustrated the ways in which he interpreted race as a category in medicine. It also showed that eugenic thought and scientific constructions of race permeated American discussions of public health, and broader medical discourse. He concluded the article by stating that improving the socioeconomic conditions of African Americans would decrease mortality from tuberculosis.⁵⁰ Dr. Stivelman's conclusions made a critical environmental argument about race and disease that paralleled African American medical discussions, and showed how physicians negotiated race as a category in medicine and public health work.

In the early twentieth century African American doctors also directed their public health work towards syphilis. By this time, this disease had reached epidemic proportions among poor African Americans. As a result of high infection rates after World War I, the United States Public Health Service (USPHS) formed the Division of Venereal Disease to promote health education. White public health officials targeted African American communities because high rates of syphilis were associated with what they perceived as innate black sexual promiscuity and a lack of morality. African American physicians and activists often countered these white assumptions by noting that high rates of syphilis were, as with tuberculosis, direct results of socioeconomic status.⁵¹ African American

⁴⁹ Ibid., 129.

⁵⁰ Ibid., 130.

⁵¹ Ibid., 109.

physicians used the *JNMA* as a site to challenge prevalent constructions of race and sexuality. In 1910, Dr. John A. Kenney published a scathing editorial criticizing an article from the *Journal of the American Medical Association* about high syphilis rates among African Americans. The author of that article, one Dr. Thomas W. Murrell, asserted that African Americans were sexually promiscuous and innately immoral, a charge to which Kenney took great objection. At the end of his editorial, he asked his readers: “Has there ever been an article more filled with wholesale condemnation of the morals of ‘all classes’ of the race? And what is most unfair is his attempt to condemn even our refined classes along with the slum product among whom he undoubtedly has had large experience.”⁵² In an era when both medicine and public health were still strictly segregated by race, Kenney’s heated refutation of Murrell’s assertions had profound significance. Kenney’s experience as a medical doctor lent him the credibility to refute the scientific racism that plagued medical and health discourse in this period. But he did it at the expense of lower-class African Americans (“slum product”). Kenney’s differentiation between his peers and the lower classes of African Americans shows the complexity of race and class dynamics, and how they were shaped by eugenic thought.

While African American doctors used the *JNMA* to have internal conversations about the impact of syphilis, they also saw the importance of engaging in larger discussions of public health, and syphilis in particular. In 1937, Dr. M.O. Bousfield, chairman of the NMA’s Commission on Medical Education and Hospitalization, published a review of Surgeon General Thomas Parran’s book *Shadow on the Land* –

⁵² John A. Kenney, “Syphilis and the American Negro – A Medico-Sociologic Study,” *Journal of the National Medical Association* 2, no. 2 (April-June 1910): 115-117.

Syphilis in the journal. Bousfield lauded Parran's book for being the most comprehensive and up-to-date study of syphilis in the United States, singling out the chapter "White Man's Burden," which focused on African Americans. Despite its title, Bousfield praised this chapter because it did not capitulate to prevalent discourses of scientific racism but rather addressed the statistics and public health work that provided a more objective perspective on African Americans with syphilis. Moreover, according to Bousfield, Parran quoted former NMA president Dr. D.W. Byrd throughout the book and endorsed the NMA's efforts to address syphilis among African Americans. Parran even referred to syphilis as "the white man's disease," asserting that "[t]he fact that [the African American] is at the bottom of the economic ladder contributes to his abnormally high death rate" from syphilis.⁵³ Bousfield's clear enthusiasm for the book stemmed from its comprehensive and thorough nature, and because the book distanced itself from attributing syphilis rates to innate African American inferiority. African American doctors could have understood and appreciated the significance of the Surgeon General's work, even without affirming its racialized underpinnings.

No discussion of African Americans, eugenics, and syphilis would be complete with a reference to the infamous Tuskegee Syphilis Study. The official name of the study was Tuskegee Study of Untreated Syphilis in the Negro Male, and it represented the actualization of eugenic thought and scientific constructions of race and sexuality. The study was predicated upon beliefs in racial susceptibility to syphilis and conceptions of blackness as diseased and depraved. The experiment was designed to study the effects of

⁵³ M.O. Bousfield, "Book Review: Shadow on the Land—Syphilis by Thomas A. Parran," *Journal of the National Medical Association* 29, no. 4 (November 1937): 173.

untreated syphilis in African American men. It was particularly harmful because the subjects were not informed that they had syphilis and were not offered treatment. The men studied were told that they had “bad blood,” and that they were being treated for that fictitious condition.⁵⁴

The study began in 1932 with financial support from the Julius Rosenwald Fund under the auspices of the United States Public Health Service (PHS). Organized in 1917, the fund was a philanthropic organization that supported African American educational and medical projects, including the Tuskegee Syphilis Study and a birth control clinic that served African American women in Harlem.⁵⁵ What is significant about the study is that it was widely publicized in both black and white medical communities without contest. African American organizations like the NMA saw the study as aligned with the public health work they hoped to pursue. African American physicians did not initially object to the study because they did not perceive it as unjust, but rather as connected to their larger health activism.⁵⁶ African American physicians saw the study as valid and scientific, not as a tool of oppression. They perceived the study as a way to better understand a disease that marked the race as both inherently inferior and sexually deviant. It represented a significant moment in their activism: national attention and funding being used to study a disease that disproportionately affected African Americans.⁵⁷

⁵⁴ Jones, *Bad Blood*, 2-5; Brandt, *No Magic Bullet*, 157-158.

⁵⁵ Eric Anderson and Alfred A. Moss, Jr., *Dangerous Donations: Northern Philanthropy and Southern Black Education, 1902-1930* (Columbia: University of Missouri Press, 1999), 5, 9, 11; Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States* (Urbana: University of Chicago Press, 2010), 85-86.

⁵⁶ Smith, *Sick and Tired of Being Sick and Tired*, 110-111.

⁵⁷ *Ibid.*.

Although this thesis intends to push the discussion of African Americans and eugenics beyond Tuskegee, that notorious study still remains crucial to understanding how African Americans interacted with racial science. As mentioned above, African American doctors and nurses participated in the Tuskegee Study without perceiving it as problematic because of the ways they understood and interpreted eugenic thought as a tool to address unfit members of the race. African American doctors embraced eugenics for its potential to construct a biological uplift of the race, and public health activism and social hygiene were significant to this process. African American doctors used their interpretations of eugenic thought to develop public health work that would both improve the health of African Americans and challenge prevalent discussions of scientific racism. African American doctors and scientists' deployment of eugenic thought shows that African Americans did not passively absorb eugenic concepts. Rather, African American physicians and scientists were proponents, critics, and victims of the eugenics movement.

Chapter 2: The Margaret Sanger of Her Race: African American Physicians, Black Clubwomen, and Birth Control

In 1932, Dr. M.O. Bousfield wrote in *The Birth Control Review* that “it is time for some colored woman to become the Margaret Sanger of her race.” This statement appeared in an article entitled “Negro Public Health Work Needs Birth Control,” where he emphasized the centrality of birth control to the improvement of African American public health more generally, as well as its effects on the promotion of racial uplift ideology. Bousfield understood birth control as a missing piece in larger discussions of public health activism and racial uplift,¹ and he and other African American physicians embraced the birth control movement as another tool to achieve racial progress. At the same time, these physicians were deeply connected to the eugenics movement and engaged in hereditarian thinking. Thus they interpreted birth control as a way to address both the health and social problems plaguing the race. Through eugenics and birth control, they sought to bring about a biological uplift that would challenge scientific racism and facilitate greater struggles for equality. The birth control movement was central to the construction of African American narratives of racial uplift and public health activism

African American physicians and club women were significant agents in discussions of birth control, public health, and racial uplift. African American professional and social organizations both engaged the larger birth control movement, and used their organizational status to advocate for birth control in different ways. This

¹ M.O. Bousfield, “Negro Public Health Work Needs Birth Control,” *Birth Control Review* XVI, no. 6 (June 1932): 170.

chapter will show the internal and external conversations of African American club women, and how these conversations shaped their activism. I will then examine the collaborations between African American physicians and club women, and how both interpreted the possibilities of birth control, and its intersections with the eugenics movement, for improving African American life.

In her groundbreaking study of the birth control movement, Linda Gordon divided its history into three phases. The first began with the push for “voluntary motherhood” in the second half of the nineteenth century. The second phase, from 1910-1920, was defined by the development of the term “birth control.” The third phase extended from 1920 onwards and was defined by the term “planned parenthood.”² This periodization constructs a narrative that captures the overlap of the eugenics movement and the birth control movement, and the ways in which African Americans negotiated both movements as part of a racial uplift strategy. The second and third phases coincide with the emergence of the eugenics movement and racial uplift ideology in the twentieth century.

The work of birth control activist Margaret Sanger is vital to any discussion of birth control in the United States. Sanger coined the term birth control in 1915, and this term embodied the significance of the movement to its participants.³ The child of Irish immigrants, Sanger and her husband, William, became involved in the suffrage movement and in socialist politics. Sanger turned to birth control when, while working as a visiting nurse in New York’s Lower East Side, she became aware of the dire need for

² Linda Gordon, *Woman’s Body, Woman’s Right: A Social History of Birth Control in America* (New York: Grossman Publishers, 1976), xv-xvi.

³ *Ibid.*, 206-207.

birth control information among her patients. A young Jewish woman named Sadie Sachs, whom Sanger was treating for complications of a self-induced septic abortion, pleaded for better contraception because she and husband simply could not afford to have any more children. The doctor whom Sanger was accompanying helpfully advised Sachs to have her husband “sleep on the roof.” When Sanger returned three months later, Sachs was dying from septicemia from another self-induced abortion.⁴ Although it is unclear whether Sadie Sachs or her story were true or apocryphal, according to Sanger, stories like this profoundly shaped her activism around birth control and how she interpreted its significance in the lives of poor women.

The birth control movement was also deeply shaped by eugenics and hereditarian ideas about race, sexuality, and various social pathologies. Historians have noted that Sanger used the language of eugenics and eugenic concepts to argue for the legalization of birth control as a way to prevent the procreation of “defective heredity.”⁵ Gordon, for example, shows the strong connections between birth control and hereditarian thought in the late nineteenth and early twentieth centuries, even though knowledge of genetics at that time was scanty.⁶ Social sciences like psychology and criminology embraced hereditarian ideas about social pathologies and vices and employed hereditarian arguments to justify white supremacy and discourage social reforms that did not prevent these pathologies. Eugenics created an intellectual space for social scientists and

⁴ Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York: Simon Schuster, 1992), 12-13, 57, 59, 62-63.

⁵ Carole McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994), 103, 106.

⁶ Gordon, *Woman's Body Woman's Right*, 120-121.

reformers to discuss the possibilities of eradicating social and moral vices by preventing their occurrence.⁷ Birth control provided a tangible way to apply eugenics to social problems, and for women, birth control allowed them to exercise control of their bodies and reproduction.

African American Women, Birth Control, and Public Health

Scientific racism and constructions of blackness fuelled political, economic, and social discrimination that had particularly dangerous connotations for African American women. In various forms of media, the larger American society had for decades depicted African Americans as lazy and sexually promiscuous and used these depictions to justify slavery, segregation, and extralegal violence.⁸ For African American women, these stereotypes were profoundly destructive to their womanhood because of the rampant sexual violence perpetrated against them by white men.⁹

In response to these damaging constructions and stereotypes, African American women embraced a politics of respectability. This brand of politics emphasized the importance of female domesticity, education, and temperance as central to racial uplift ideology. African American club women championed the politics of respectability to challenge white perceptions of their biological inferiority and deviant sexuality.¹⁰ The politics of respectability were also profoundly shaped by the idea of race motherhood,

⁷ Ibid., 120-121.

⁸ Michele Mitchell, *Righteous Propagation: African Americans and the Politics of Racial Destiny after Reconstruction* (Chapel Hill: University of North Carolina Press, 2004), 84.

⁹ Ibid.

¹⁰ Victoria W. Wolcott, *Remaking Respectability: African American Women in Interwar Detroit* (Chapel Hill: University of North Carolina Press, 2001) Kindle Edition Loc 160, 171, 182, 206, 218.

which emphasized the significance of African American women in racial uplift. Race motherhood gave African American women the opportunity to selflessly serve their race in their traditional gender roles as mothers of uplifted offspring. At the same time, race motherhood constructed African American women as the vanguards of racial uplift, placing its onus on their shoulders.¹¹ The politics of respectability also shaped African American discussions of birth control and eugenics, and the ways in which they could challenge stereotypes rooted in scientific racism. While birth control may seem to be contrary to conceptions of respectability, it actually allowed African American women the ability to target their reproduction for the noble purpose of racial uplift, and to assert the dignity of their womanhood.

In addressing destructive racial stereotypes, the intersection between eugenics and birth control created dynamic possibilities for racial uplift. African American women engaged in discussions of birth control within the context of racial uplift and feminist activism. Their interpretations of racial uplift, in turn, were profoundly shaped by a radically transformative Christian theology of liberation, which led to them to understand eugenics and birth control. African American women used both this theology of liberation and racial uplift ideology to challenge racist stereotypes. The coincidence of racial uplift ideology and theology of liberation was shaped by the church activism of the club movement. Christian churches were an important platform for African American female social reform.¹² Racial uplift gave African American women the tools and

¹¹ Erin Chapman, *Prove It On Me: New Negroes, Sex, and Popular Culture in the 1920s* (New York: Oxford University Press, 2012) Kindle Edition, Loc 1259, 1271.

¹² Evelyn Brooks Higginbotham, *Righteous Discontent: The Women's Movement in the Black Baptist Church 1880-1920* (Cambridge: Harvard University Press, 1993), 9-11.

opportunities to challenge these stereotypes and assert the validity of their womanhood. For these women, birth control had dual significance: as targeted reproduction to uplift the race and as a reclamation of their bodily autonomy.

African American club women became vocal advocates of birth control, which they saw as part of their larger racial uplift platform. Birth control offered African American women a new form of reproductive autonomy that had been denied to them as a result of centuries of bondage and sexual violence. African American club women wrote about the significance of birth control in periodicals like *The Birth Control Review* and in African American newspapers. For both African American women and the larger white movement, birth control literature was an important vehicle for reaching women.¹³ Some of it took literary form. In the September 1919 issue of *The Birth Control Review*, for example, clubwoman Mary Burrill published a play entitled “They That Sit in Darkness,” which described poverty in the rural South and proposed birth control as the solution.¹⁴ Her colleague Angelina Weld Grimké contributed a short story called “The Closing Door” about an urban couple caring for a distant cousin. The female protagonist, Agnes Milton, discovers she is pregnant and then receives a letter informing her that her brother has been lynched. Upon the birth of her child, Agnes smothers the child to death to save it from the same fate as her brother.¹⁵ African American women’s birth control literature served as an important site to respond to racial discrimination, sexual violence,

¹³ Daylanne K. English, *Unnatural Selections: Eugenics in American Modernism and the Harlem Renaissance* (Chapel Hill: University of North Carolina Press, 2004), 116-120

¹⁴ Mary Burrill, “They That Sit in Darkness” *Birth Control Review* III, no. 9 (September 1919): 7.

¹⁵ Angelina W. Grimké, “The Closing Door” *Birth Control Review* III, no. 9 (September 1919): 10-14.

and negative constructions of blackness. The women used this literature both to express their vulnerability and to assert their reproductive autonomy for the noble purpose of racial uplift.¹⁶

African American club women engaged in conversations about birth control and compulsory sterilization in African American newspapers as well. Perhaps surprisingly, some embraced compulsory sterilization as a result of their interaction with the birth control movement. Margaret Sanger openly endorsed compulsory sterilization for particular groups, such as the insane and the syphilitic, but she supported a more limited approach than her eugenicist contemporaries. She only supported compulsory sterilization for particular categories of people, and did not treat it as a singular tool for racial improvement. Sanger's support of limited compulsory sterilization differentiated her from other eugenicists, and even challenged their broad criteria for defining eugenic unfitness.¹⁷ African American club women accepted Sanger's approach but also interpreted the connection between birth control and sterilization as significant to their discussions of racial uplift and social reform.

African American clubwomen discussed sterilization, along with birth control, quite openly. Black clubwoman Thelma Berlack Boozer¹⁸ penned a regular column entitled "The Feminist Viewpoint" in the *New York Amsterdam News* under the initials T.E.B. In 1934, she published a piece called "Birth Control Gains Sanctions," in which

¹⁶ Daylanne K. English, *Unnatural Selections*, 117-120.

¹⁷ McCann, *Birth Control Politics*, 117-118.

¹⁸ Jessie Carney Smith, *Notable Black Women: Book II* (Detroit: Gale Research Inc., 1996), 38-39.

she stated, “We need compulsory sterilization of the mentally and physically unfit. Too, we should welcome birth control as a national measure.”¹⁹ T.E.B. understood compulsory sterilization not only as a measure connected to discussions of birth control, but as a tangible application of birth control and eugenic concepts. “More well-born babies, fewer ill-born babies, and sterilization of those unfit to become parents will aid society in solving some of its major problems.”²⁰ Similarly, clubwoman Rebecca Stiles Taylor promoted the use of compulsory sterilization as a temporary measure:

With such an education and such an elevation of their [African Americans] tastes there will be little need for sterilization for they will seek their mental, moral, social, and physical equal or superior and their children will of a consequence, all things being equal, not swell the ranks of defectives.²¹

Both Taylor and T.E.B promoted the need for compulsory sterilization as part of a broad application of birth control and eugenic concepts but assumed that at a certain point it would become obsolete, no longer necessary. Their interpretations embodied the ways in which African American club women conceptualized a form of biological racial uplift. Like Sanger in her perspective on sterilization, they believed that compulsory sterilization should be applied in limited and temporary ways to achieve racial uplift.

¹⁹ T.E.B. “The Feminist Viewpoint: Birth Control Gains Sanction.” *New York Amsterdam News* January 24, 1934.

²⁰ *Ibid.*

²¹ Rebecca Stiles Taylor, “As a Woman Thinks: Let Us Breed Our Group” *Chicago Defender* July 17, 1937, national edition.

Birth Control and the NMA

African American physicians also embraced the possibilities of birth control to improve public health and uplift the race. They believed that birth control was an important tool for addressing public health and challenging scientific racism. Once again, the *Journal of the National Medical Association* (JNMA) became an important forum, this time for medical discussions about birth control and its impact on public health. Like the black clubwomen, these physicians interpreted sterilization as a tangible tool in the application of birth control for racial uplift. In 1918, Dr. G. Jarvis Bowen told fellow members of the Tidewater Medical Society, an African American medical organization in Virginia,²² that African American physicians must contribute to birth control discourse and recognize its social and medical value. He provided case studies of women with reproductive complications for whom he advised sterilization and, in one case, abortion. He argued for physician-based family planning:

There are several diseases which if the family physician knows his patient is a victim to, I see no reason why he should hesitate to advise against conception and produce abortion, if pregnancy exist. Among those diseases are syphilis, eclampsia, tuberculosis, chronic nephritis, insanity, epilepsy, valvular lesion and rachitic conditions, any of which tax the human economy to such an extent even if not fatal per se, would if complicated with pregnancy end disastrously to both mother and child.²³

²² Todd L. Savitt, "Entering a White Profession: Black Physicians in the New South, 1880-1920" in *A Question of Manhood: A Reader in U.S. Black Men's History and Masculinity*, ed. Darlene Clark Hine and Earnestine Jenkins, (Bloomington: Indiana University Press, 1999), 222.

²³ G. Jarvis Bowen, "Birth Control—As It Addresses Itself to the Physician," *Journal of the National Medical Association* 10, no. 4 (October-December 1918): 176.

Bowen's discussion of sterilization and abortion in a published address about birth control illustrates that African American physicians did not have a uniform approach or understanding of birth control and eugenics. In making a medical argument for birth control, sterilization, and abortion, he situated himself in a broader eugenics discourse legitimized by medicine and science. He interpreted the intersection between eugenics and birth control in a medical context, and their significance to public health work.

Bowen's article emphasized the role of eugenics in addressing physical disease. However, eugenics and birth control were also often deployed in response to mental and psychiatric illness. In 1923, Dr. Alfred Gordon, a physician from Philadelphia, gave an address to the Cape May County (New Jersey) Medical Society about mental and psychiatric disorders in which employed eugenic language to analyze varying degrees of mental disease and defect. Emphasizing the importance of the prevention of mental disease and disorder through a "eugenic endeavor,"²⁴ Gordon argued that the primary cause of mental defects was heredity: "The character of predisposition is determined by the presence in the spermatic or ovarian cells of concrete hereditary factors which determine the hereditary transmission. Heredity is the cause of causes."²⁵ The only solution for these hereditary disorders, he concluded, was eugenics; eugenics was imperative to race betterment:

²⁴ Alfred M. Gordon, "Mental Abnormalities and the Problem of Eugenics," *Journal of the National Medical Association* 15, no. 1 (January-March 1923): 7.

²⁵ *Ibid.*, 8.

The problem of race betterment embraces the two fundamental elements of eugenics, namely the knowledge of the laws of heredity and sterilization of the mentally unfit. The beneficent results of education in that direction are too obvious to dwell upon.²⁶

Gordon's analysis reflected the ways in which African American physicians saw clear connections between racial uplift and eugenics. If defects were prevented and defectives were sterilized, African Americans would be able to achieve biological racial uplift.

Although African American physicians showed some consistency in their application of eugenics and birth control to racial uplift, they did not have a uniform approach. In a 1932 article entitled "Birth Control for the Negro...A Fad or a Necessity," Dr. W.G. Alexander, general secretary of the NMA, made a medical, demographic, and moral argument for African American participation and advocacy around birth control. Alexander asserted that African American physicians were the stewards of African American health, and thus it was imperative for them to embrace birth control in this role. Like some other physicians who contributed to the *JNMA*, Alexander recognized the potential impact of birth control on African American health. Unlike Bowen, however, Alexander differentiated between abortion and birth control because the conflation of the two prevented African American physicians from embracing the concept. Because birth control and abortion had become synonymous, many Christians opposed birth control.²⁷

²⁶ *Ibid.*, 9.

²⁷ W.G. Alexander, "Birth Control for the Negro...A Fad or a Necessity," *Journal of the National Medical Association* 24, no.2 (August 1932): 35.

For Alexander, it was important to disaggregate the terms because he regarded birth control as essential for African American racial improvement:

I have endeavored in this paper to indicate that birth control is a reasonable, a sane and a safe program and procedure; and that because of the peculiar situation and circumstances of Negro living and Negro life, it is particularly applicable to Negroes. And I have endeavored to show that the economic betterment of the Negro, the health betterment of the Negro, and the betterment of community standards, which is an inevitable corollary, invite and demand the institution of a policy and a program that will at least modify one cause of the Negro's unfavorable situation.²⁸

Alexander's article provided thoughtful analysis on why birth control was indeed a necessity for African Americans. By using words like reasonable and sane, his concluding statement demonstrated his desire to show both the efficiency and significance of birth control to improving multiple areas of African American life. He understood that birth control was situated within a multi-faceted approach to racial uplift.

As noted in Bousfield's 1932 article, African American physicians believed birth control could serve as a tool to improve African American health. His article was published in a special edition of the *Birth Control Review* entitled "A Negro Number," which was dedicated to the theme of African Americans and birth control. Sanger actually sought out African American physicians and scholars to contribute to the issue. The articles in "A Negro Number," which came from physicians and leading African

²⁸ Ibid., 39.

American intellectuals, and all echoed similar beliefs about the centrality of birth control in improving African American life.

Famed African American intellectual W.E.B. Du Bois also published an article in this issue, “Black Folks and Birth Control,” in which he too articulated the need for birth control, but interpreted it in ways that challenged much of the received wisdom in other African American quarters. Du Bois believed that unplanned reproduction presented a significant problem for racial progress:

[T]he mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from part of the population least intelligent and fit, and least able to rear their children properly.²⁹

Du Bois’ statement echoed the larger discourse of eugenics and birth control, but with some unique twists that related it to the situation of African Americans. He concluded that African Americans were concerned about preventing race suicide, and they were not as focused on reproduction for racial uplift as they needed to be. He reminded his fellow African Americans that “[t]hey must learn that among human races and groups, as among vegetables, quality and not mere quantity really counts.”³⁰ While it may seem problematic to compare people to vegetables, Du Bois’ statements were drawing an

²⁹ W.E.B. Du Bois, “Black Folks and Birth Control” *Birth Control Review* XVI, no. 6 (June 1932): 166. Du Bois and Margaret Sanger collaborated on an endeavor called the “Negro Project” which included the Harlem branch of the Birth Control Clinical Research Bureau (BCCRB) and focused heavily on birth control information and education. Both Hajo and McCann discuss the Negro Project on an administrative and organizational level.

³⁰ *Ibid.*, 167.

important connection among eugenics, birth control, and racial uplift: targeted reproduction would create eugenically fit offspring that would be able to uplift the race.

Although Du Bois was not a physician or a scientist, he also perceived an inextricable link between eugenics and racial uplift. In her study *Unnatural Selections: Eugenics in American Modernism in the Harlem Renaissance*, Daylanne English asserted that Du Bois' "Talented Tenth" concept was deeply infused with eugenic thought: it articulated the idea that intellectually and biologically superior members of the race were vital to its uplift, and inferior members prevented the entire race from reaching its collective potential. These eugenically superior members would also be charged with the responsibility of targeted reproduction for racial progress, which was consistent with African American club women's interpretations of birth control. Du Bois, however, differed in his interpretation of eugenics in that he challenged prevalent discussions of racial purity by emphasized the superiority of mixed race people, himself included.³¹ Du Bois' belief in the superiority of mixed race people, particularly African Americans with white ancestry, clearly conflicted with conceptions of racial purity perpetuated by the larger eugenics movement. Du Bois' ideas complicate the narrative of African American interpretations of eugenics by illustrating how African Americans functioned within and beyond the eugenics movement to construct different notions of biological racial uplift.

Bousfield's article in the same issue highlighted the intersections between birth control and public health. Although African American public health workers did teach women about infant care and maternal health, he said, the essential problem was that they

³¹ English, *Unnatural Selections*, 41, 59-60.

needed to do more to ensure that these women were not having too many children. Bousfield described his visit to Margaret Sanger's Birth Control Clinical Research Bureau headquarters in New York City, and to the smaller branch that served African Americans in Harlem. At the Harlem branch, he met with its advisory council, which included African American physicians, social workers, and ministers. Bousfield was pleased to discover that local physicians and ministers had fully embraced birth control activism, and its possibilities for uplifting the race. He believed that African Americans needed to be at the forefront of birth control advocacy: "If birth control is to progress rapidly among colored people, it is important that colored physicians, especially women practitioners, and colored nurses and social workers, be thoroughly initiated."³²

Bousfield's desire to push African American women to the forefront of birth control activism echoes the idea of race motherhood, which also placed the onus of racial uplift upon women.³³ Although Bousfield, like the club women, was invested in the possibilities of birth control, he also believed that African Americans needed to take greater ownership over their discussions and birth control activism. African American women needed to be equipped with the knowledge and skills to teach their fellow women about the importance of birth control to achieving improved health and racial progress.

Dr. W.G. Alexander also published in "A Negro Number," discussing his ideas about African Americans' dire need for birth control to improve their health. As in his article for the JNMA, Alexander asserted that birth control offered a valuable solution to the health and socioeconomic problems that faced African Americans. He traced these

³² Bousfield, "Negro Public Health Work Needs Birth Control," 171.

³³ Chapman, *Prove It On Me*, Loc 297, 342, 351.

problems to slavery and the ways that slave masters benefitted economically from their slaves' children. Although African Americans continued to have large families after slavery's demise because they perceived value in it, he argued, these large families were the main cause of their poverty and social condition. The desire for large families could be explained by its roots in slavery, but it also caused high morbidity and mortality rates for both women and children. "Mass production of Negro babies, therefore, has become an anachronism – an *economic* fallacy, creating a living problem that is both a racial and community liability," Alexander wrote.³⁴

Alexander was echoing the views of other African American physicians: birth control and targeted reproduction were central to improving African American health and socioeconomic condition, but he also emphasized the significance of birth control education: "The imperative need for Negroes is an educational campaign that will teach them the necessity and the value on intelligent birth control, and make available for them the opportunities for acquiring and applying the approved methods of prevention."³⁵ His conclusion connects back to the home demonstrations of the Tuskegee Movable School, and to other types of educational and informational campaigns around eugenics and birth control. These education and information campaigns proved vital: if African Americans of varying social strata had access to information about birth control, they would be able to make better reproductive decisions to produce offspring that could uplift the race.

³⁴ W.G. Alexander, "A Medical Viewpoint" *Birth Control Review* XVI, no. 6 (June 1932): 175.

³⁵ *Ibid.*, 175.

As their articles in both the *JNMA* and the *Birth Control Review* illustrate, African American physicians engaged in internal conversations and external conversations about eugenics, birth control, and compulsory sterilization. They participated in discussions with their fellow physicians, with club women, and their activism engaged African Americans of different social strata. But they did not focus exclusively on convincing African Americans to embrace birth control, nor did they agree about how to apply birth control or sterilization as tools of racial uplift.

They did, however, engage with the larger white birth control movement, seeking its support and advocacy. The National Medical Association (NMA) collaborated with Margaret Sanger and other birth control activists on developing the best ways to apply birth control to achieve racial uplift. In 1935, for example, the NMA's Alexander corresponded with Stella Hanau of the National Committee on Federal Legislation for Birth Control, an organization formed and chaired by Margaret Sanger to push for birth control legislation in Congress,³⁶ about distributing birth control information at the NMA's annual meeting. Hanau asked Dr. Alexander if he could present a resolution about birth control at the meeting.³⁷

Following the 1935 meeting, members of the NMA wanted to invite Margaret Sanger as a guest speaker for their annual meeting in 1938. Correspondence between Arthur Howe of Hampton Institute and birth control activist Hazel Moore included a discussion of the successful passage of the birth control resolution in 1937: "That the

³⁶ McCann, *Birth Control Politics in the US*, 69, 217.

³⁷ Stella Hanau to W.G. Alexander, July 22, 1935, Margaret Sanger Papers, Manuscript Division, Library of Congress.

National Medical Association, composed of Negro Physicians, Dentists, and Pharmacists go on record as endorsing Birth Control under regulated and supervised medical authority.”³⁸ The letter also mentioned that the National Association of Colored Graduate Nurses passed similar resolution that endorsed birth control at their annual meeting.³⁹ These birth control resolutions indicate that African American physicians engaged in internal and external conversations about the importance of birth control for African American health.

Joint Activities: Collaboration between Physicians and Club Women

African American physicians shared club women’s visions of public health activism and racial uplift. Also important for them were the intersections of birth control and eugenics, and the discourse of biological uplift and health activism. Both African American physicians and club women sought to improve the health profiles of urban and rural African American women, and they often worked together to develop projects to address the need for birth control. As part of National Negro Health Week, the Tuskegee Movable School, a project of the Tuskegee Institute in Alabama with funding from the United States Department of Agriculture, held home demonstrations instructing rural women on issues of health, nutrition, and hygiene. These demonstrations taught rural women good housekeeping skills such as proper methods of cooking and washing

³⁸ Hazel Moore to Arthur Howe, December 14, 1937, Margaret Sanger Papers, Manuscript Division, Library of Congress.

³⁹ Ibid.

clothes. At the same time, those who conducted the schools offered baby clinics on child care and also provided information and instruction about birth control.⁴⁰

In addition to these home demonstrations, African American women also participated in birth control clinics in urban settings. A small number of integrated birth control clinics, run primarily by white women, served African American women in cities like New York and Pittsburgh, while elsewhere birth control activists created segregated services for African American women. From 1927 to 1937, for example, the Baltimore Bureau of Contraceptive Advice held “Negro sessions” once a week.⁴¹ By the mid-1930s, birth control clinics began to expand into southern states such as Tennessee and Kentucky. In 1935, African American physicians W.H. Grant and Michael J. Bent founded a clinic at the Meharry Medical School in Nashville, Tennessee.⁴² (This is significant because by 1935, Meharry was one of only two African American medical schools, the other being the Howard University School of Medicine.)⁴³ In 1930, Margaret Sanger collaborated with African American leaders to establish a Harlem branch of the Birth Control Clinical Research Bureau (BCCRB) in order to provide birth control information and services. African American physicians, nurses, and social workers formed an advisory council and collaborated with BCCRB headquarters to set up this clinic as a way to serve white as well as African American women in Harlem. Members

⁴⁰ 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), 89, 93.

⁴¹ Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939* (Urbana: University of Illinois Press, 2010), 114.

⁴² *Ibid.*, 115.

⁴³ Vanessa Northington Gamble, *Making A Place for Ourselves: The Black Hospital Movement, 1920-1945* (New York: Oxford University Press, 1995), 36.

of the council believed that a clinic in their community would address the socioeconomic problems that faced women of both races in Harlem. Although the clinic did not last very long, it represented a significant collaboration between African American physicians and the birth control movement.⁴⁴

African American women's organizations engaged birth control activists and organizations on different levels. In addition to articles, short stories, and plays, these women also engaged in discussions of birth control and public health. Although their discussions and activism did not always function in the same spaces as African American male-dominated medical discourse, the women sought to understand how birth control could improve the condition of African American public health. In 1941, the "Activities Report of the Birth Control Federation of America" (BCFA) noted that the National Council of Negro Women (NCNW) had passed a resolution endorsing birth control at its annual meeting. The BCFA was a merger of the American Birth Control League, Margaret Sanger's organization, and the Clinical Research Bureau.⁴⁵ The BCFA report quoted the text of the resolution and noted its significance:

We are resolved to urge upon the Health Committees of every Negro organization throughout the country the inclusion of all public health programs, especially the less familiar one of Family Planning, which aims to aid each family to have ALL the children it can support and afford, but no more – in order to insure better health, greater security and happiness for all.⁴⁶

⁴⁴ Hajo, *Birth Control on Main Street*, 85, 117, 120-121.

⁴⁵ McCann, *Birth Control Politics in the US*, 217.

⁴⁶ Birth Control Federation of American Activities Report, November 30-December 13, 1941, Margaret Sanger Papers, Manuscript Division, Library of Congress.

The NCNW situated family planning within the context of public health. Its resolution stipulated that women should have as many children they could afford, a principle that echoed the earlier discussions of African American club women on birth control and targeted reproduction for racial uplift. The resolution framed birth control as a means of improving the health of African American women, and it ensured that African American women's reproduction would facilitate racial progress.

Birth Control and Respectability

Over the course of the first few decades of the twentieth century, discussions of birth control became increasingly frank among both African American physicians and clubwomen. As a result, they seem to have lost sight of how such discussions might appear to the larger public. Things came to a head in 1940, when the BCFA sought to have an exhibit on birth control included in a landmark public event, the American Negro Exposition, to be held from July 4 to September 2 in Chicago. This event truly represented an important achievement for African Americans. With displays of African American art, books and literature, and an agricultural exhibit, the Exposition received \$75,000 in federal funding and the support of President Franklin D. Roosevelt.⁴⁷ However, the planning process for the Exposition became rife with tension when the organizers decided to cancel a birth control exhibit on short notice. The cancellation led to severe criticism from the Exposition's supporters and participants, as well as from the BCFA. Dr. H.H. Skinner of the Washington State Maternal and Child Welfare Committee sent a letter to Wendell E. Green, Vice Chairman of the Exposition Commission, stating his concern over the abrupt decision. Describing himself as “[b]eing

⁴⁷ “American Negro Exposition,” *The Crisis* (June 1940): 175, 178

devoted to Negro progress and welfare,” and someone who saw access to birth control information as vital to this process, Skinner explained the situation: “The colored are a prolific race. . . . It is impossible for poor people to have unlimited large families and at the same time progress in health and living standards.”⁴⁸ Although his race is unclear from the letter, Skinner seemed to be echoing the sentiments of African American physicians regarding the significance of birth control for African American racial improvement.

Skinner’s concern about the cancellation of the exhibit was not unique; the Exposition Commission received a total of 600 letters expressing concern and anger, some from members of the National Negro Advisory Council to the BCFA.⁴⁹ While the reason for the cancellation is somewhat unclear, the decision of the Exposition Commission and the backlash that ensued demonstrate the range of opinion among African Americans when it came to birth control. At least some African Americans were sufficiently invested in the possibilities of birth control to become vocal about it, but the Commission itself might have been channeling lingering concerns that a public discussion of birth control in the context of an African American exposition could revive slurs about black sexuality and reverse the gains of the decades-long struggle for respectability. In any event, the cancellation was particularly problematic for African American supporters of birth control.

⁴⁸ H.H. Skinner to Wendell E. Green, July 20, 1940, Margaret Sanger Papers, Manuscript Division, Library of Congress.

⁴⁹ Channing M. Tobias to Charles Cagill Faith (sp?), August 13, 1940, Margaret Sanger Papers, Manuscript Division, Library of Congress.

The Margaret Sanger of Her Race?

Only a year after the American Negro Exhibition, the NCNW passed its resolution supporting birth control. Black club women were clearly in the vanguard on this issue. Indeed, once the resolution was passed, the organization created an official and permanent family planning committee, which was led by Dr. Dorothy Ferebee, an African American female physician who was also a club woman.⁵⁰ This resolution made the NCNW the first national women's organization of any race to officially endorse contraception, which was in itself a significant declaration.⁵¹ The NCNW's resolution and collaboration with the BCFA reflected African American women's understanding of birth control as *both* a public health measure *and* as a tool of racial uplift. This, in turn, apparently overcame any lingering concerns they may have had concerning respectability.

As both a physician and a clubwoman, Ferebee embodied the major strands of support for birth control within the African American community, and she became a significant figure in discussions of birth control, public health, and racial uplift. Originally from Norfolk, Virginia, she moved to Massachusetts as a child and later attended Simmons College in Boston. Although she was one of the top five students in her graduating class from Tufts University Medical School in 1924, she was unable to find internships at white hospitals, so later that year she moved to Washington, D.C. to intern at the Freedmen's Hospital. In 1925, she joined the faculty of the Howard University Medical School and, toward the end of her career in 1971, founded its

⁵⁰ Ibid.

⁵¹ McCann, *Birth Control Politics in the US*, 166.

educational and philanthropic Women's Institute. Ferebee also served as the second president of the NCNW from 1949 to 1953.⁵²

As head of the NCNW's family planning committee, she used her address at its annual meeting in 1941 to push for its endorsement of birth control. Ferebee also served on the National Negro Advisory Council for BCFA in the 1940s. The council, which included prominent African American men and women such as Mary McLeod Bethune, Charles Johnson of Fisk University, and Dr. M.O. Bousfield, advised the BCFA on how to provide African Americans of various social strata with information about birth control. The council also assisted the BCFA in developing a special project focused on educational demonstrations of birth control, which was designed to "demonstrate how birth control under medical supervision can improve the health and welfare of the Negro population."⁵³

Ferebee's continued engagement with the BCFA highlighted the intersections of birth control and public health, and showed how African Americans interpreted the significance of birth control to public health. In 1942, Ferebee presented a paper at the annual meeting of the BCFA entitled "Planned Parenthood as a Public Health Measure for the Negro Race," in which she explained birth control's potential for improving African American life. Birth control, she said, would address the medical and socioeconomic problems that faced African Americans, using statistics on mortality and

⁵² Susan Ware and Stacy Lorraine Braukman, *Notable American Women A Biographical Dictionary Completing the Twentieth Century* (Cambridge, Mass: Belknap Press, 2004), 203-204; http://www.nlm.nih.gov/changingthefaceofmedicine/physicians/biography_109.html

⁵³ Birth Control Federation of America, "A Special Negro Demonstration Project," n.d., Margaret Sanger Papers, Manuscript Division, Library of Congress.

life expectancy as evidence: “The Negro, occupying a large sector of this impoverished half of the nation, is saddled with problems of disease, poverty, and discrimination, which menace not only his welfare, but the welfare of America.”⁵⁴ Ferebee also referred to the resolution passed by the NCNW and its committee on family planning and mentioned the “active interest and enthusiasm” for birth control displayed by the Deans of Howard University Medical School and Meharry Medical School. However, she cautioned, the birth control movement, particularly the BCFA, needed to be more inclusive of African American professionals to further its goals.⁵⁵ Ferebee linked the health and socioeconomic problems facing African Americans, and interpreted birth control as a solution to both. Like other African American physicians, Ferebee understood birth control as vital to African American public health and to racial uplift.

At the same annual meeting, Dr. Ferebee also presented a report on the birth control demonstration projects coordinated by the BCFA and its National Negro Advisory Council. The two bodies had set up an urban project in Nashville and a rural one in Berkeley, South Carolina. Each project revolved around the creation and provision of birth control and reproductive health services for African American women. The projects, in collaboration with local white public health officials, were able to demonstrate the need for and efficiency of birth control, and provide contraceptives to poor African American women. Ferebee considered the projects successful because they illustrated that “if birth control can be interpreted successfully to the marginal groups,

⁵⁴ Dorothy Boulding Ferebee, “Planned Parenthood as a Public Health Measure for the Negro Race,” January 29, 1942, 2-3, Margaret Sanger Papers, Manuscript Division, Library of Congress.

⁵⁵ *Ibid.*, 4.

there is every reason to hope that it will be even more effective among more privileged groups.”⁵⁶ Ferebee’s assertion presented an interesting challenge to scientific racism: if poor African American women could understand and use birth control, surely other women could use birth control to change their condition as well. She clearly believed that African Americans were capable and willing to use birth control, and that they had embraced its possibilities for improving public health and uplifting the race. Ferebee’s work with the BCFA also highlights the relationship between African American club women, physicians, and the broader birth control movement, and how that relationship shaped birth control activism. Like her contemporaries in the birth control movement, Ferebee saw the possibilities of birth control for improving African American public health, which would have profound consequences for racial uplift.

Conclusion

In many ways, Dr. Dorothy Ferebee was the answer to Dr. Bousfield’s appeal for an African American Sanger. Indeed, as a physician as well as a club woman, she brought even more qualifications than Sanger did to this key position within the birth control movement, qualifications that allowed her to straddle both medicine and organization work. Activism in both fields was essential for bringing birth control to the African American public.

Both African American physicians and club women understood birth control as a central to discussions of public health and racial uplift. Their participation in the birth control movement rested upon a broader African American engagement in birth control

⁵⁶ Dorothy Boulding Ferebee, “Project Reports,” January 29, 1942, Margaret Sanger Papers, Manuscript Division, Library of Congress.

as biological uplift. They interpreted birth control as a tangible application of hereditarian thought that could be used to alleviate public health problems and respond to the socioeconomic conditions of African Americans. African American physicians, club women, and intellectuals all had similar interpretations of the role of birth control in improving African American life, and they sought to convey vital information about birth control to African Americans of different socioeconomic strata to bring about a biological uplift. But their path was not without impediments. In their discussions of birth control, African American physicians and club women needed to negotiate the politics of respectability and frame their activism within the context of racial progress. Concerns about respectability shaped the direction of African American birth control discourse by conceptualizing birth control as not only a vindication of black womanhood, but also as a way to improve public health and challenge scientific racism.

Conclusion

“For the master’s tools will never dismantle the master’s house. They may allow us temporarily beat him at his own game, but they will never enable us to bring about genuine change.”¹

While Audre Lorde was no eugenicist, her analysis of the struggles of racial and gender justice resonates with African American attempts to use eugenics and birth control as tool for racial uplift. Although these tools did not bring about the degree of change that they had hoped for, African Americans still attempted to use them to transform their lives. For African American physicians, as well as scientists and club women, eugenics and birth control were part of a multi-faceted strategy for racial uplift. They used eugenic thought to challenge scientific racism and improve African American public health. Although eugenic thought had been deployed against African Americans by constructing them as racially inferior and sexually deviant, African American physicians were able to reinterpret the science of eugenics to challenge its own racism. In contesting scientific racism, these physicians articulated the possibility of changing and improving their social and biological condition. They believed that eugenics and birth control were tangible and scientific tools that could dismantle the racial discrimination and structural violence that plagued African Americans across the United States.

As both chapters show how African American physicians conducted internal and external conversations about eugenics, birth control, and public health within the context of racial uplift. Their profession enabled them to engage with eugenic thought in a sophisticated manner, and gave them the knowledge to distinguish between the science of

¹ Audre Lorde, “The Master’s Tools Will Never Dismantle the Master’s House,” in *Sister Outsider: Essays and Speeches* (Berkeley: Crossing Press, 2007), 110-114.

eugenics and the racial biases of its practitioners. African American physicians were able to challenge the scientific racism that was foundational to the eugenics movement, and its shared concepts with the birth control movement. If successful, their applications of eugenics and birth control would not only improve African American public health, it also had the potential to improve socioeconomic conditions and political discrimination.

Despite their belief in the possibilities of eugenics and birth control for racial uplift, African Americans were ultimately unable to produce genuine change and were instead disproportionately victimized by the eugenics movement. While African American physicians and club women discussed the need for compulsory sterilization on their own terms – as a means to improve public health and bring about racial uplift -- the African American population was targeted for eugenic sterilization during and after the advent of eugenics movement. The state of North Carolina, for example, had an active sterilization program, and during the 1930s and 1940s, its Eugenics Commission sterilized approximately 8,000 people. 5,000 of them were African American.² As eugenics declined, many states repealed their compulsory sterilization laws; by the 1950s and 1960s, most of them were gone.³ Despite the dismantling of state sterilization programs, however, the sterilizations actually increased: between 1970 and 1980, the number rose from 200,000 to 700,000 people.⁴

² Dorothy Roberts. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Pantheon Books, 1997), 89-91.

³ Philip Reilly, "Involuntary Sterilization in the United States: A Surgical Solution," *The Quarterly Review of Biology* 62, no. 2 (June 1987): 165.

⁴ Dorothy Roberts. *Killing the Black Body*, 89-91.

African American women continued to be targeted for sterilization, often without their knowledge or their informed consent. Famed civil rights activist Fannie Lou Hamer was subjected to a “Mississippi appendectomy,” or involuntary hysterectomy, in 1961 while undergoing treatment for a benign uterine tumor. She was actually unaware that the procedure had taken place for some time afterwards, and only found out because the operating white physician had told his wife, who then told other community members. Hamer later said that this experience was what launched her into the civil rights movement.⁵ Similarly, the involuntary sterilization of Nial Cox, an eighteen-year old woman from North Carolina, shows how eugenic thought continued to victimize African American women. Nial’s mother, Devora, was a welfare recipient and her caseworker threatened that if Nial was not sterilized, the rest of their family would lose their welfare benefits. Nial had a non-marital child, which marked her as both “feeble-minded” and “deviant,” and thus eligible for sterilization. Devora agreed to have Nial sterilized, so the local welfare agency petitioned the North Carolina Eugenics Board for approval. Nial was subjected to a tubal ligation on February 10, 1965.⁶

The stories of Fannie Lou Hamer and Nial Cox provide grisly examples of the ways in which eugenics victimized African Americans. Stories of involuntary sterilization and medical injustice profoundly shaped how African Americans continued to discuss eugenics and birth control in the second half of the twentieth century. The intersections of eugenics and birth control created intense mistrust among African

⁵ Harriet Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Doubleday, 2006), 89-91.

⁶ Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), Kindle Edition, Loc 1022, 1027.

Americans and led them to take extreme measures. Birth control became linked with stories of compulsory sterilization and medical racism; some African Americans even believed that the advent of the birth control pill was an attempt to deliberately restrict their reproduction. In the 1960s, the National Association for the Advancement of Colored People (NAACP) and the Urban League revoked their support of birth control, and in 1967, the Black Power Conference passed a resolution stating that birth control was tantamount to genocide, which referred to the United Nations Convention on the Prevention and Punishment of the Crime of Genocide.⁷ While African American attitudes for or against birth control were never monolithic, this measure represented a significant shift in perceptions of birth control and its effects on racial destiny from the early twentieth century.

At the same time, eugenics itself was falling into disfavor. World War II and the atrocities of the Holocaust had begun to discredit eugenicist views in the early 1940s. Once the Eugenics Record Office (ERO) lost funding from the Carnegie Institute in 1942 and closed, eugenics no longer had scientific prominence.⁸ Even with this loss of credibility, however, the hereditarian underpinnings and scientific racism of the eugenics movement enjoyed a kind of afterlife that continued to disproportionately affect poor African Americans. Less likely to pass the intelligence quotient (IQ) tests administered by white field workers and medical officials in state institutions, they were institutionalized and sterilized at higher rates than white people.⁹ The decline of the

⁷ Washington, *Medical Apartheid*, 197-198.

⁸ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge: Harvard University Press, 1985), 251-252; Roberts, *Killing the Black Body*, 89.

⁹ Nicole Hahn Rafter. *Creating Born Criminals* (Urbana: University of Illinois Press, 1997), 218-219.

eugenics movement in the postwar period did not end African Americans reproductive victimization.

Eugenics and birth control constructed dual realities of empowerment and oppression for African Americans. African American physicians of the early twentieth century embraced eugenics and birth control because they believed in their dynamic possibilities to radically transform their health and social conditions of African Americans. However, their beliefs functioned simultaneously with the potential of the eugenics movement to harm African Americans and inflict medical injustice upon them. Together, these competing realities produced the complex landscape of the American eugenics movement. African American physicians, scientists, and club women believed that they found in eugenics and birth control possibilities for improving their collective condition. At the same time, however, they understood that they would have to challenge the movement's racism if they were to achieve equality on a social and biological level. It is imperative for historians to analyze the ways in which marginalized groups discussed and interpreted eugenics to gain a comprehensive and nuanced look at the history of American eugenics. Although African Americans were ultimately unable to use eugenics as a tool to dismantle "the master's house," their eugenic activism served as a vital platform to continue challenging scientific racism and launch future struggles for racial justice.

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