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Larger than Jelly Alone: Appalachian Reproductive Politics in the Depression Era

By

Katelyn M. Damron

Accepted in Partial Completion
of the Requirements for the Degree
Master of Arts

ADVISORY COMMITTEE

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Master's Thesis

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Katelyn M. Damron

May 20, 2022

Larger than Jelly Alone: Appalachian Reproductive Politics in the Depression Era

A Thesis
Presented to
The Faculty of
Western Washington University

In Partial Fulfillment
Of the Requirements for the Degree
Master of Arts

by
Katelyn M. Damron
May 2022

Abstract

This thesis focuses on an experimental birth control trial that was conducted in Appalachian Kentucky from 1936-1942. The experiment was designed to establish the effectiveness of a simple spermicidal lactic acid jelly to prevent pregnancy, and it was based on the assumption that poor mountain women reproduced excessively. The trial was funded by a wealthy eugenicist named Clarence Gamble and was guided by a volunteer organization known as the Mountain Maternal Health League (MMHL) in Berea, Kentucky. Though other works have distanced the MMHL from eugenic thought and practice, this thesis argues that Gamble and the women of the MMHL alike sought to manipulate fertility to solve social and economic problems. This thesis looks largely to Gamble's personal papers and the MMHL's records – especially promotional materials that reproduced patients' letters to the League's nurse – to show that the trial was beset with tensions over the conduct of the experiment and the utility of birth control to respond to individual and regional needs. The trial's success was limited because patients articulated alternative ideas about birth control. In particular, they relied on their experiences with traditional contraceptive techniques and commercially-available methods to approach this new method. When mountain mothers considered the MMHL's jelly, they foregrounded their individual and material concerns and rejected the claim that motherhood and family life in the mountains were deficient. While neither Gamble nor the League achieved their larger aims, this thesis argues that their experiment ultimately created an enduring narrative about the region that made mountain women responsible for regional problems and progress.

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Thank you to my love, Gerson Zamora. Thank you to my parents, C.R. Damron III and Amy Damron. I can't know what all it took to get me to this point, but I'm grateful for your love and for everything you have done and continue to do. I would like to acknowledge my siblings: Shelby, Charles, Wyatt, Dakota, and Montanna. I love and miss you all every day, and I am so thankful that our relationships deepen as you get older.

Finally, though they probably would have disliked the fact that I acknowledge them in a work on birth control, I cannot neglect to acknowledge my great-grandparents. In particular, I wish to acknowledge the time that I spent with my Pops, Charles Roy "Charley" Damron, Sr; my Momaw Mac, Marceline "Mac" Mooney Huckaby; and my Momaw Kate, Amanda Katherine "Kate" Crookshank Barnett. They all came of age in southern West Virginia during the Great Depression in families of twelve or sixteen children. I could not tell the story that I tell in this thesis without their influence on my life and my work.

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Introduction

In 1942, Gilbert W. Beebe, a statistician for the National Committee on Maternal Health (NCMH), published the findings of a three-year-long experimental birth control trial in Logan County, West Virginia. The purpose of the investigation, he wrote, was to test the efficacy and appeal of “simple” contraceptives among rural and indigent populations.¹ Simple contraceptives were the opposite of methods that usually required the assistance of a physician, such as the cap diaphragm.² The simple contraceptive that the NCMH offered to nearly 1,500 women in Logan County’s coal communities was a spermicidal lactic acid jelly that patients applied using a glass syringe. In the 1930s, medical researchers believed that simple forms of birth control were more practical and thus could be more attractive for poor women who lived in isolated areas, and they began to test the efficacy of simple methods in places such as West Virginia. But the goal to extend birth control to poor women did not originate from a feminist impulse to assist them in exercising “control over their procreative destiny.”³ Rather, to justify the necessity of the Logan County project, Beebe referred to figures that detailed the economic stagnation and intense poverty in the region, as well as the related issues of inadequate sanitation and general ill health. The deeper purpose of the birth control experiment in the mountains, then, was to determine the effect that fertility control could have in addressing the long-standing economic despair in

¹ Gilbert W. Beebe, *Contraception and Fertility in the Southern Appalachians* (Baltimore: The Williams and Wilkins Company, 1942): 39.

² Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005): 23.

³ Andrea Tone frequently uses the phrase “procreative destiny” to illustrate the idea that contraception could empower women by giving them the ability to wield control over their own reproduction. Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York, Hill and Wang, 2001). Additionally, Johanna Schoen expertly highlights the general idea that research on simple birth control in this era originated more from an interest in dealing with poverty than in providing for women’s empowerment. Schoen, *Choice and Coercion*, 30.

Appalachia that had recently prompted the Federal Emergency Relief Agency (FERA) to designate it among key American “rural problem areas.”⁴

Importantly, the FERA report authors illustrated the connection between the size of families and the extent of desperation and relief aid in problem areas. The authors noted that the mountain population had “a rate of natural increase in excess of that of any group of white people...in the United States.” This population’s high fertility rate, they wrote, “definitely presses on the means of subsistence and is an important influence in keeping the standard of living low.”⁵ The FERA report established a link between high fertility and poverty in the mountains. By associating birth control with economic improvement for this same population, the NCMH’S contraceptive experiment created an ideological link between mountain women and the region’s economic outlook. According to Beebe, in West Virginia, the “excessive” fertility of mountain women had resulted in a high population of people who could never expect to be employed again in the mines.⁶ In this way, the Committee’s birth control project cast women as at least partly culpable for the economic trouble across the region. The larger atmosphere of economic crisis prompted the NCMH’s intervention in the region, but the Southern Mountain Region was unique because it seemed as though the Depression merely intensified long-standing economic despair there. In the Committee’s view, mountaineers clung to an outdated gendered and sexual order that had resulted in large numbers of offspring who could not subsist using the region’s resources. Excessive reproduction was a key measure of the region’s distance from American modernity. Moreover, extending birth control to women in

⁴ Federal Emergency Relief Administration, *Six Rural Problem Areas: Relief-Resources-Rehabilitation*, P.G. Beck and M.C. Forster, F.E.R.A. Research Monograph I (Washington, DC, 1935). It is important to point out, however, that the FERA report subsumed what would now be considered Appalachia within what the authors dubbed “The Appalachian-Ozark Area.”

⁵ *Ibid*, 10.

⁶ Beebe, *Contraception and Fertility*, 21.

West Virginia coal camps and on eastern Kentucky farms could help to make women responsible for solving economic problems they had helped to create and could bring the mountains more in line with the rest of the country economically and culturally.

Through the 1930s, the Committee on Maternal Health functioned as a sort of clearinghouse for sex research and not so much as an independent research entity.⁷ However, Dr. Clarence J. Gamble – the heir of the Gamble family of Cincinnati’s Proctor & Gamble, Co. – directly sponsored the Appalachian contraceptive experiments under the auspices of the NCMH. Because he served as NCMH treasurer and entirely funded his own experiments, Gamble’s work was largely unsupervised by the Committee, and he expected to wield complete control over the design and operation of his projects. He expressed an interest in the potential of fertility reduction to alleviate economic depression. More precisely, according to one historian, he envisioned that wide-scale access to birth control would go “beyond the palliatives of the New Dealers” to instead strike “at a fundamental source of social disorder, differential fertility between classes.”⁸ Gamble was concerned that poor people were reproducing too numerously, while the wealthy reproduced in too few numbers. First through NCMH field research and later by bankrolling his projects through his own Pathfinder Fund, Gamble provided seed money to establish experimental birth control clinics in other problematic regions throughout the United States and the world, always seeking to understand the effect that various kinds of contraceptives could have on indigent populations.⁹

⁷ James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York: Basic Books, Inc. Publishers, 1978): 181.

⁸ *Ibid*, 227.

⁹ Gamble is perhaps best known on a domestic level for his work in North Carolina, which, unlike his Appalachian trials, involved the state public health program. In North Carolina, he eventually came to advocate for sterilization instead of simple methods. In her monograph, Schoen reproduces an enthusiastic poem that Gamble wrote. The end of its last stanza reads: “And because they had been / STERILIZED, the taxpayers of / North Carolina had / Saved / THOUSANDS OF DOLLARS / And the North Carolina MORONS LIVED / HAPPILY EVER AFTER.” See Schoen, *Choice and Coercion*, Chapter 2. However, much of Gamble’s funding activity

While Gamble was certainly motivated by his ideological belief in eugenics, his Appalachian projects – which were among his earliest birth control studies – also provide valuable insight into the changing dynamics of birth control and its connection to medical research in the 1920s and 1930s. In 1925, Gamble reached out to Dr. Robert Latou Dickinson, a leading New York gynecologist and the founder of the NCMH, about the status of the research on simple contraceptives.¹⁰ Dickinson was noted for his enthusiastic support of medically-supervised birth control and sex research at a time when many physicians were alienated from the laywoman-led birth control movement and the “quackery” of the unregulated birth control marketplace.¹¹ He engaged in a tenuous collaboration with Margaret Sanger to operate the Birth Control Clinical Research Bureau; together, they worked to establish the primacy of the physician-fitted diaphragm model of birth control.¹² Reportedly, Dickinson told Gamble that because of obscenity censorship laws that outlawed the overt advertisement and sale of contraceptives, physicians and medical scientists were not eager to undertake contraceptive research and scientific institutions were unwilling to support it financially.¹³ Historians generally credit Dickinson with inspiring Gamble to fund and undertake his own birth control research.¹⁴

After joining the NCMH in 1929, Gamble began to research the clinical effectiveness of various kinds of simple contraceptives – especially spermicidal jellies – against various manufacturers’ claims of efficacy.¹⁵ To this end, he first sponsored a study of simple methods

throughout the US and abroad appears to have gone toward simple methods that he offered in partnership with local, private birth control groups.

¹⁰ Greer Williams and Doone Williams, *Every Child a Wanted Child: Clarence James Gamble, M.D. and his Work in the Birth Control Movement*, ed. Emily B. Flint, (Boston: Harvard University Press for the Francis A. Countway Library of Medicine, 1978), 91.

¹¹ Reed, *From Private Vice to Public Virtue*, 143-144.

¹² *Ibid.*, 175-180.

¹³ Williams, et al, *Every Child a Wanted Child*, 91.

¹⁴ Reed, *From Private Vice to Public Virtue*, 225-226.

¹⁵ Williams, et al, *Every Child a Wanted Child*, 105, 118-119.

among working-class postpartum patients at a Philadelphia hospital in 1933.¹⁶ Later, he began to work with an existing charity birth control clinic in Logan County, West Virginia to perform his own extensive contraceptive study there. For the West Virginia and Kentucky experiments, Gamble directly purchased syringes and tubes of jelly from contraceptive manufacturers. Like Dickinson, he was motivated to establish the scientific efficacy of certain commercially-available methods to increase their appeal and to demonstrate the legitimacy of his cause. By showing that easily accessible methods were effective from a scientific standpoint, he could more readily realize his goal of limiting the over-reproduction of the poor. In the mountains and beyond, Gamble's goal to demonstrate that simple methods were medically and scientifically sound meant that he largely neglected attention to regional concerns or individual patients' experiences. The Appalachian projects, though they were born out of observation of regional economic problems, prompted Gamble to subsume mountain women within a global indigent class and to make the region a part of a broader goal of the accumulation of scientific knowledge.

In 1936, while Gamble hired a nurse from Philadelphia to canvass homes in West Virginia coal camps and supply coal miners' wives with birth control, he also began to spread his work geographically. As he expanded his focus, he realized the necessity of establishing a kind of inside organization of volunteer women in each locale that would provide practical day-to-day guidance for field workers and, most importantly, a sense of credibility for his project.¹⁷ He sent his secretary Phyllis Page to the 1936 annual meeting of the Conference of Southern Mountain Workers (CSMW). She followed Conference delegates from Berea, Kentucky back home to help organize the Mountain Maternal Health League (MMHL), which wielded moral authority in the

¹⁶ The results of this study are summarized in Gilbert W. Beebe and Clarence J. Gamble, "The Effect of Contraception Upon Human Fertility," *Human Biology* 10, no. 3 (September 1938). For patients who had not reported prior contraceptive usage, Gamble and Beebe determined the rate of reduction in pregnancies to be 86%.

¹⁷ Williams, et al, *Every Child a Wanted Child*, 234.

area primarily because of its connection to established local and regional benevolence traditions. The CSMW began in the early twentieth century as a cooperative network of various Protestant missionary and secular aid groups throughout the region.¹⁸ By the 1930s, the mountain aid movement was largely dominated by white middle-class Protestant women who emphasized uplift for the mountaineers.

Gamble was particularly interested in “stirring up interest in birth control among women’s clubs.”¹⁹ Women’s club activists not only had important organizational and fundraising skills, but as upstanding members and “social pillars” of their communities, they shielded birth control work from charges of sexual immorality.²⁰ While the MMHL women were useful for Gamble’s project, they had their own experiences in activism and asserted their own perspectives on the utility and meaning of birth control. In addition to their experience in mountain aid work, the Conference women who formed the MMHL were also connected to Berea’s church women’s clubs and held a broader interest in maternalism. They were attentive to – and because of their roles as wives and mothers, thought of themselves as particularly suited to solve – health and welfare issues for women and children.²¹ Women who led the Conference in the 1930s and who emphasized maternalism drove the organization in new directions; the broader economic uncertainty seemed to threaten women and children most readily, they believed.²² The formation of the MMHL in 1936 was one particularly interesting iteration of the Conference’s new interest

¹⁸ Perhaps the most comprehensive treatment of the history of the Conference can be found in David E. Whisnant, *Modernizing the Mountaineer: People, Power, and Planning in Appalachia* (Boone: Appalachian Consortium Press, 1980), Chapter 1.

¹⁹ Williams, et al, *Every Child a Wanted Child*, 122.

²⁰ Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States* (Urbana: University of Illinois Press, 2010): 159

²¹ See especially Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1995).

²² For more on this shift, see Penny Messinger, “Restoring the Woman Reformer: Helen Hastie Dingman and ‘Mountain Work,’ 1916-1950,” *Appalachian Journal* 37, nos. 3/4 (Spring/Summer 2010): 242-264.

in maternal causes because the MMHL fashioned the extension of birth control to mountain women as a form of traditional mountain aid work, which advocated for cultural, moral, and behavioral change among individual mountain residents to engender regional improvement. Aid work that targeted mountain mothers was not a new phenomenon, nor was – as Gamble and the League found out – Appalachian women’s contraceptive use. Rather, the League’s attempts to define birth control primarily as an agent of modernization for mountain communities represented a new take on traditional assumptions of the fundamental neediness of the region’s inhabitants.

Gamble and the MMHL worked to accomplish their project by employing a public health nurse. Gamble’s insistence on the use of a nurse spoke to the reality that there were few physicians in the area and thus stressed the potential benefits of a de-medicalized approach in spreading simple birth control to poor women. For the MMHL, a nurse who repeatedly visited women in their homes could spend hours educating them on the benefits of birth control and how to use it. A nurse could induce changes in individual sexual and reproductive practices that could result in healthier and more financially stable families and households. Eventually, this pattern would be reflected throughout the region. Gamble and the League selected Lena Gilliam, a young nurse from nearby Rockcastle County. She seemed to be the ideal choice not only because of her familiarity with the local geography and community, but also because of the ways that frequent childbearing, poverty, and ill maternal health had impacted her personally. After her mother died during childbirth, Gilliam was forced to care for her ten younger siblings in her family’s two-room log cabin and could not accept an offer to attend a regional institute of higher education. When she finally left the mountains to pursue an education, she was trained and worked as a nurse in a New York City hospital, and she fashioned herself as thoroughly

cosmopolitan in comparison to the sometimes frustrating provincialism of her patients.²³ For all Gilliam's presumed ability to connect to patients, she was oftentimes the biggest proponent of a eugenic understanding of the region and its inhabitants. Moreover, her periodic sympathy and derision for patients brought her into conflict with them, Gamble, and the League at different times on different points.

The nurse was patients' only point of contact with the experimental project, and Gilliam was instructed to tell them about both the experimental and charitable natures of the study, as well as the fact that she was supervised by a board of physicians. Despite this minimal exposure to the broader purposes and workings of the experiment, patients played a significant role in determining the limited immediate outcomes of the project. The spermicidal jelly was a novel method for mountain women, but the majority of those who agreed to participate revealed that they had used a variety of contraceptives before with various rates of effectiveness in preventing pregnancy.²⁴ Patients appear to have understood birth control according to a model that differed from those that Gamble or the League promoted. Gilliam and the League pushed a narrative of charity that defined free birth control as a benevolent enterprise to induce behavioral improvements, while Gamble insisted on a singular method for the purposes of experimental control to establish the usefulness of simple contraceptives. At a time in which birth control was unregulated and was technically considered illicit, mountain women turned to the familiar techniques of the birth control marketplace that working-class people had "invented... to shield

²³ Louise Hutchins, "Better Health for Mountain Mothers," *Mountain Life & Work* 34, no. 3 (1958): 16.

²⁴ To participate in the project, a woman only had to be a married mother within reproductive age. Prior contraceptive usage was not a requirement for participation, but nearly 40% of patients reported having used birth control before the experiment. While this statistic should be taken critically because of the voluntarist and non-random nature of the sample, these metrics were important to Gamble and Beebe in their attempts to measure comparative rates of efficacy across various methods. Patients who claimed to have used other methods in the past also could have attempted to compare the jelly's effectiveness in preventing pregnancy against their experiences with other methods. Gilbert W. Beebe and Murray A. Geisler, "Control of Conception in a Selected Rural Sample," *Human Biology* 14, no. 1 (February 1942).

themselves from product failure and commercial exploitation.”²⁵ These strategies included earnestly comparing experiences with neighbors and friends who accepted the League’s method, paying for the jelly, and stopping use in favor of other methods when the jelly became unsatisfactory. Mountain mothers often refused to use the method according to the League’s goal of improvement and Gamble’s goal of accumulating reliable data. The ways in which patients used the jelly represented a logical evaluation of the method, which, as they reminded Gamble and the League, was not yet established as totally safe or effective. In rejecting the totally benevolent or totally scientific undertones of the project, patients denied the assumptions about regional need and uplift that undergirded the project.

In short, this thesis argues that reformers, researchers, and health professionals were instrumental in crafting a powerful and lasting narrative that made women’s reproduction a concern of and indicator for regional progress. Previously, large families had merely been associated with poverty. But in the midst of the Great Depression, activists and researchers came to understand that the region’s problems were at least partly caused by – and thus could be remedied by controlling – excessive fertility among mountain women. Gamble’s and the League’s project is largely a story about the meaning of the Southern Mountain Region, but the politics of birth control and reproduction that were at stake in eastern Kentucky reveals much about the shifting terrain of birth control in the 1930s more broadly. Gamble, the League, and patients had differing understandings on the use of birth control: Gamble pushed for de-medicalized and experimental birth control to prevent over-population among the poor, the MMHL promoted charitable birth control as a means to secure moral uplift, and patients asserted their roles as contraceptive consumers. While Gamble determined a promising but tentative

²⁵ Andrea Tone, *Devices and Desires*, 77.

efficacy rate for the spermicidal jelly, he ultimately was unable to radically alter reproductive patterns or the economic situation in the mountains or elsewhere. The MMHL was not able to establish the region as a series of improved and stable homes. And the project did not connect multitudes of mountain women to the transformative effects of contraception on a long-term basis. The consequences of the experiment were limited in all respects, but its larger legacy – to specify women as a metric of regional economic and cultural progress – guided later observations about regional conditions and the usefulness of population control there.

Gamble financed three separate projects in what he and his statisticians believed to be the “Southern Appalachian Region.”²⁶ In addition to the trial in Kentucky, Gamble funded the aforementioned study of spermicidal jellies in Logan County, West Virginia from 1936-1939, and he paid Nurse Lena Gilliam Hilliard – who had recently married and moved with her husband to North Carolina – to distribute condoms to women in Watagua County, North Carolina from 1939-1941.²⁷ This thesis focuses, however, on the experiment that he funded from 1936-1942 in a nine-county region in eastern Kentucky.²⁸ Gamble had some idea of the composition of the Southern Appalachian Region, but the region’s classification has always been somewhat ambiguously constructed. Throughout this work, I use the phrases “Southern Mountain Region,” “the region,” and “the mountains” interchangeably and to reflect contemporary ideas about geography that drove Gamble’s and the League’s approach to the work. However, following historian Jessica Wilkerson’s lead, I mostly avoid using the term

²⁶ Clarence J. Gamble and Christopher Tietze, “The Condom as a Contraceptive Method in Public Health,” *Human Fertility* no. 4 (1944): 97-111.

²⁷ The results of the West Virginia trial are published in Beebe, *Contraception and Fertility in the Southern Appalachians*. For the results of the North Carolina trial, see Gamble, et al, “The Condom.”

²⁸ These counties are Estill, Harlan, Garrard, Jackson, Lincoln, Madison, Powell, Rockcastle, and Whitley. The MMHL was based in Berea, which is located in Madison County.

“Appalachia” to avoid implying that there is one definitive geographic reality or particular idea that can represent all of the area.²⁹

Similarly, I cannot claim to know much at all about how patients envisioned themselves as part of a distinctive regional collective, or if they imagined such at all. To that end, I usually refer to them – as League activists did – as “mountain mothers” or “mountain women.” These phrases not only distinguish them from the women of the League, but it reflects what was concrete about their lives within this geographic setting without asserting that they viewed this fact as significant. Moreover, I am especially interested in patients’ experiences of the trial. In addition to the general “mountain women,” I typically employ the term “patients” to describe trial participants. This reflects the fact that many women justified their participation in the experiment by describing birth control’s potential benefits for their physical health, but I am of course cognizant of the ways that these women also asserted their roles as consumers of birth control and as deserving recipients of charity aid to frame their involvement. The term “patient” reproduces the project’s aim to subject women to scientific medical control, but it corrects the idea that I can know very much definitively about how mountain women, who left few records, envisioned themselves precisely.

Furthermore, this thesis focuses on women in only a handful of Kentucky counties out of the 423 counties across 13 states that make up the Appalachian Region, according to the federal government.³⁰ I suggest that Gamble’s and the League’s project provides a window into regional reproductive politics, but I do not suggest that this is the only story to be told about reproduction in the mountains at this time. It is important to acknowledge that the MMHL was associated with

²⁹ Jessica Wilkerson, *To Live Here, You Have to Fight: How Women Led Appalachian Movements for Social Justice* (Urbana: University of Illinois Press, 2019), 3, 203.

³⁰ “Appalachian Counties Served by ARC,” Appalachian Regional Commission, 2022, <https://www.arc.gov/appalachian-counties-served-by-arc/>.

Berea College and the surrounding community, which has been noted as a center for quintessentially Appalachian projects. Even though it was relatively limited in scope, Gamble's and the League's work was based on and modified traditional constructions of the region that had originated from and were maintained by aid workers and educators in Berea.³¹ Thus, I reinforce the idea that the League's project worked to cast reproduction as a problem that characterized the entire region.

In considering the multiple and competing definitions of birth control that were involved in the Appalachian contraceptive trial and the broader meanings about the region that the project helped to establish, I have found Rickie Solinger's use of the phrase "reproductive politics" to be helpful. Solinger defines reproductive politics as "matters of sex-and-pregnancy (which she conceptualizes as "reproductive capacity") and power."³² She argues that, historically, reproduction has been cast as a social problem and has thus shaped broader political developments in the United States. The politicization of reproductive capacity has in turn created specific meanings about and for people marked as girls and women. I follow Solinger's lead in historicizing reproductive politics in eastern Kentucky in the 1930s and early 1940s to understand how gender and sexuality were deployed in the Appalachian trials to implicate women in larger narratives about the region in its relationship to the nation.

In understanding the construction of narratives about the region, I look to the work of scholars who interrogate the idea of the region as a whole. Henry D. Shapiro, for example, critically examined the region as a cultural construction by observers from outside the region.³³

³¹ Whisnant, *Modernizing the Mountaineer*, 7-8.

³² Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York: New York University Press, 2005), 1.

³³ Henry D. Shapiro, *Appalachia on Our Mind: The Southern Mountains and Mountaineers in the American Consciousness, 1870-1920* (Chapel Hill: The University of North Carolina Press, 1978).

Outsiders, he claimed, established the notion of fundamental Appalachian “otherness” to rationalize the seeming peculiarity of the mountain people compared with the rest of the industrializing nation in the late nineteenth and early twentieth centuries.³⁴ He goes on to explain how a sense of otherness inaugurated a long history of intervention as a means to understand and correct the problem of that perceived otherness and pre-modernity in the mountains. Similarly, Allen Batteau emphasizes the “paradox” of Appalachia, or the fact that constructions of Appalachia have embodied both positive and negative qualities about the culture of the United States more broadly.³⁵ In another work, Batteau claims that simply looking to otherness as Shapiro defined it is a “dead end”; instead, he claims, we should historicize specific constructions of this otherness, which shows the durability, complexity, and dynamism of this concept for various political ends.³⁶

This study also takes direction from scholars who call for more criticality around how race and gender have been implicating in defining the region. Most readily, I take inspiration from Barbara Ellen Smith, who calls for a feminist analysis of Appalachian history to emphasize women’s central roles in histories of production in the region. Women are often rendered as marginal to labor conflict and the formation of class consciousness in studies of the region, she says. She points out the materiality of gendered hierarchical relationships to argue that women should be centered in histories of the region, with all of their emphasis on political economy.³⁷ Smith is also critical of the ways that studies of the region deal with race. She calls simply for “a race-conscious analysis of the hillbilly, and a deeper consciousness about whiteness in

³⁴ Ibid, x.

³⁵ Allen Batteau and Phillip Obermiller, “Introduction: The Transformation of Dependency,” *Appalachia and America: Autonomy and Regional Dependence*, ed. Allen Batteau (Lexington: The University Press of Kentucky, 1983).

³⁶ Batteau, *The Invention of Appalachia* (Tucson: The University of Arizona Press, 1990), 196.

³⁷ Barbara Ellen Smith, “Walk-Ons in the Third Act: The Role of Women in Appalachian Historiography,” *Journal of Appalachian Studies* 4, no. 1 (Spring 1998), 24.

Appalachian Studies more generally,” which is “simply to acknowledge the white racial identity of most Appalachians and seriously probe the origins and implications of that fact.”³⁸ Smith is adamant that the “making of Appalachia has been simultaneously the making of whiteness,” which foregrounds the significance and complexity of racialized understandings in thinking about the historical constructions of the region.³⁹

Smith’s work on Appalachian whiteness emphasizes the significance of the hillbilly stereotype in thinking about the racialization of the region’s inhabitants. Anthony Harkins demonstrates the malleability of stereotypes about the region’s inhabitants by examining the hillbilly figure. The hillbilly, he says, embodies both positive and negative qualities through its representation of what he calls the “white other.”⁴⁰ The ambiguity of this identification allows both “mainstream” Americans and mountain people to simultaneously self-identify with this image and to use it to denigrate and caricature others.⁴¹ The caricature of the hillbilly, and by extension, the region, becomes a sort of arena in which larger anxieties about class and race can be worked out. Others have also taken Smith’s lead in calling for greater attention to gender in the history of the construction of mountain stereotypes. Deborah Blackwell looks to how women benevolence workers in the region in the early twentieth century created images that made Appalachian women “[function] as outliers in the development of the twentieth century’s ‘New Woman.’”⁴² Importantly, Blackwell notes that by the 1930s, images of Appalachian women were

³⁸ Smith, “De-Gradations of Whiteness: Appalachia and the Complexities of Race,” *Journal of Appalachian Studies* 10, no. 1/2 (Spring/Fall 2004): 38-57, 51.

³⁹ *Ibid.*, 38.

⁴⁰ Anthony D. Harkins, *Hillbilly: A Cultural History of an American Icon* (Oxford: Oxford University Press, 2004), 8.

⁴¹ *Ibid.*, 6.

⁴² Deborah Blackwell, “Female Stereotypes and the Creation of Appalachia, 1870-1940” in *Women of the Mountain South: Identity, Work, and Activism*, eds. Connie Park Rice and Marie Tedesco (Athens: Ohio University Press, 2015), 66.

clearly understood to serve “as a shorthand indicator of mountain ‘backwardness.’”⁴³ Carissa Massey writes similarly in examining the “sexual rhetoric” of gendered stereotypes of mountaineers.⁴⁴ She claims that the whole notion of Appalachian otherness draws on the seeming “topsy-turvy-ness” of gender in the mountains.⁴⁵

These scholars emphasize the connection between constructions of the region and the emergence of social action programs there, which was most notably embodied in the mountain aid work movement. David E. Whisnant offers one of the most critical examinations of the history of mountain benevolence and its social and political contexts. He argues that by focusing on ostensibly apolitical cultural and educational programs, aid workers were complicit in the exploitation of mountain communities.⁴⁶ He emphasizes in multiple works that reformers intentionally neglected to consider the authentic needs of mountain people in developing models of aid and uplift and thus did not bring meaningful and positive change to the region.⁴⁷ Some of the strongest self-proclaimed balances to Whisnant’s work have come from historians who study the material impacts of mountain aid work, specifically benevolence workers’ involvement in medicine and public health. Sandra Lee Barney, for example, tells the story of how different types of women benevolence workers in the early twentieth century allied with physicians to improve maternal and child health in the mountains. She is careful to point out that benevolent health care campaigns were the result of an altruistic concern for vulnerable mountain residents,

⁴³ Ibid, 67.

⁴⁴ Carissa Massey, “Appalachian Stereotypes: Cultural History, Gender, and Sexual Rhetoric,” *Journal of Appalachian Studies* 13, nos. 1 & 2 (Spring/Fall 2007), 124.

⁴⁵ Ibid, 130.

⁴⁶ Whisnant, *All That Is Native & Fine: The Politics of Culture in an American Region* (Chapel Hill: The University of North Carolina Press, 1983), xiii.

⁴⁷ Whisnant, *Modernizing the Mountaineer: People, Power, and Planning in Appalachia* (Boone: Appalachian Consortium Press, 1980).

but that middle-class benevolence women had their own class interests at stake in the work.⁴⁸ Likewise, Penny Messinger examines the figure of Helen Hastie Dingman, who served as the leader of the Conference of Southern Mountain Workers from 1928 to 1941, to understand the organization's ties to larger maternalist activist movements and its leaders' attempts to professionalize benevolence work. She challenges the "false binary of social control or social uplift" that others have used to study mountain aid work.⁴⁹ At the heart of both of Barney's and Messinger's analyses is the complex claim that benevolence workers were largely middle-class white women who worked as much for their own personal and political aims as they advanced material improvement in the mountains. Aid workers advanced reductive assumptions about the region at the same time that they worked to help mountaineers.

This thesis is also in conversation with works on the history of birth control in the United States. Linda Gordon's comprehensive history argues that birth control has been "the single most important factor in the material basis of women's emancipation."⁵⁰ She notes, though, that birth control is not inherently liberatory, or even that certain methods are objectively more freeing than others. Rather, the political context in which birth control technologies are developed and used is much more important. James Reed also takes a broad view of the birth control movement, but he focuses on key individuals, namely Margaret Sanger, Robert Dickinson, and Clarence Gamble.⁵¹ He shows how each leader was concerned with spreading birth control beyond its connotations with illicitly through their own lenses. By illustrating Gamble's decades of work and the ways in which his de-medicalized approach challenged the perspective of many lay

⁴⁸ Sandra Lee Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill: The University of North Carolina Press, 2000.)

⁴⁹ Messinger, "Restoring the Woman Reformer," 244.

⁵⁰ Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2003): 2.

⁵¹ Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York: Basic Books, Inc. Publishers, 1978).

activists, Reed demonstrates the important internal tensions that characterized the early birth control movement.

But other works on the history of contraception move away from focusing on major national leaders to address the complexity of the movement by looking on a more local level. Cathy Moran Hajo, for instance, claims that local birth control clinics are the most important sites for understanding actual experiences of birth control and reproductive politics.⁵² She shows that local clinics were exceedingly diverse, that local clinic leaders did not necessarily practice in accordance with national leaders, and that patients exercised their status as consumers to negotiate with clinic leaders. Likewise, Rose Holz denies the master narrative of the primacy of the charity clinic model of the birth control movement.⁵³ She instead looks to the ways that in the early period, birth control clinics – not just patients – robustly interacted with the birth control marketplace that the Planned Parenthood Federation of America later claimed its movement (successfully) attempted to supersede. In general, Holz examines competing definitions and models of birth control over time, and she notes that there was a narrowing of the definition in the 1930s, when the national organization defined birth control as a charity measure that was an extension of medical care. Birth control activists considered the charitable model to be anathema to the unregulated contraceptive marketplace. Furthermore, by establishing the fluidity of the birth control clinic's relationship with the marketplace, Holz takes direction from Andrea Tone, whose work shows that the birth control black market that existed under the Comstock anti-obscenity laws was vibrant and that regular people had confidence in it, even though physicians

⁵² Hajo, *Birth Control on Main Street: Organizing Clinics in the United State* (Urbana: University of Illinois Press, 2010).

⁵³ Rose Holz, *The Birth Control Clinic in a Marketplace World* (Rochester, University of Rochester Press, 2012).

and birth control activists claimed that it was characterized by quackery.⁵⁴ Working-class people turned to the marketplace to reliably control their fertility, and they fashioned special techniques to prevent themselves from being vulnerable; Tone establishes the rationality of a consumerist definition of birth control.

Studies of contraception often wrangle with the complicated role of eugenics in the history of birth control. Johanna Schoen's work emphasizes this intersection by looking at statist eugenic sterilization programs in North Carolina.⁵⁵ Per her work's title, Schoen shows how choice and coercion could exist somewhat simultaneously in programs like this. She highlights the fact that poor women sometimes used statist eugenics programs to more thoroughly control their fertility in accordance with their own desires and priorities, and she too foregrounds the importance of political context in considering strategies of reproductive control. Laura Briggs's study of fertility reduction programs in Puerto Rico also underscores the complexity of state and colonial projects to control fertility.⁵⁶ She rejects the notion that sterilization programs in Puerto Rico in the late twentieth century were only coercive, and she also cautions against speaking too strongly for the subjects of these state reproductive programs. By using sex and reproduction to understand United States imperialism in Puerto Rico, Briggs shows how sexuality, conception, and contraception were taken up in projects to create broader meanings about Puerto Rico and its relationship to the United States. These projects united such diverse actors as Puerto Rican nationalists and American colonial proponents.

This thesis also takes direction from studies that are more specifically centered around histories of eugenic thought. In particular, Alexandra Minna Stern looks to the continuities and

⁵⁴ Tone, *Devices and Desires* (New York: Hill and Wang, 2001).

⁵⁵ Schoen, *Choice and Coercion* (Chapel Hill: The University of North Carolina Press, 2005).

⁵⁶ Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).

mutability of eugenic thought in the United States in the twentieth century. I have found her definition of eugenics to be useful: “a multifaceted set of programs aimed at better breeding that straddled many social, spatial, and temporal divides.”⁵⁷ Stern and Wendy Kline reject interpretations that bookend the story of eugenics in the 1940s, when eugenics became associated with Nazism. This limited periodization is probably due to an overreliance on a definition of eugenics that encompasses only sterilization and coercion. Eugenics is typically thought about only in relation to racialization, class, and ability, as coercive eugenic programs sometimes targeted people of color, people on welfare, and people who were or were considered to be disabled. Kline also calls attention to the ways that gender and sexuality figured in eugenics in the U.S. Specifically, she looks at how white women’s and girls’ sexuality was a matter of both racial and gendered anxiety in the early twentieth century.⁵⁸ Molly Ladd-Taylor also contributes to conversations on the continuities of eugenic practice and the malleability of eugenic thought.⁵⁹ By examining statist sterilizations in Minnesota throughout the twentieth century, she demonstrates the importance of looking to the development of the welfare state to understand eugenics as it touched on concerns of race, gender, and sex, but also on economic efficiency and the proper function of the state.

Finally, this thesis is influenced by several studies of the Mountain Maternal Health League. Judith Gay Meyer’s dissertation entitled “A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1943” positions the MMHL within a robust statewide birth

⁵⁷ Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), 24.

⁵⁸ Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001).

⁵⁹ Ladd-Taylor, *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century* (Baltimore: Johns Hopkins University Press, 2017).

control movement.⁶⁰ She examines the various justifications for birth control disbursement in Kentucky (i.e.: eugenics, maternal health, women's liberation). Meyer highlights the significance of the MMHL's role in extending birth control to Appalachian Kentuckians, and she hints at the unique understandings of the region that prompted specialized service to that region. Courtney Kisat also highlights the MMHL in the broader state network, and specifically in the collaboration between the MMHL and the Kentucky Birth Control League to send a nurse to distribute contraceptives to women in Kentucky coal communities.⁶¹ She points out that because the state of Kentucky was hostile to the inclusion of birth control in public health services in the 1930s, birth control organizations and clinics throughout the state engaged in important collaborative work, which allowed rural mountain women to take advantage of birth control on unprecedented scales.

Deborah McRaven subsumes the work of the MMHL within a broader story of the birth control movement in the larger South across several decades.⁶² She focuses on the women who ran local birth control clinics, noting how they combined maternalist progressivism and eugenic ideology to justify and shape their work. McRaven argues that their eugenic intent was a sort of blind spot, which meant that Southern birth control activists were unable to use contraception as part of a broader program for social improvement. Jenny M. Holly's work, on the other hand, focuses on the MMHL as a discrete unit. She traces its history from its founding as part of Gamble's experiment and shortly thereafter.⁶³ Holly argues that after Gamble stopped funding

⁶⁰ Judith Gay Meyer, "A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1934," PhD dissertation, University of Kentucky, 2005.

⁶¹ Courtney Kisat, "Completely Sold on Birth Control": Rural Extension Work of the Kentucky Birth Control League, 1933-1942," *Register of the Kentucky Historical Society* 116, no. 3 & 4 (Summer/Autumn 2018): 303-334.

⁶² Deborah McRaven, "Birth Control Women: Controlling Reproduction in the South, 1933-1973," PhD dissertation, University of Kentucky, 2006.

⁶³ Jenny M. Holly, "The Mountain Maternal Health League and the Changing Politics of Birth Control in Kentucky, 1936-1949," MA thesis, Indiana University, 2017.

the League's work in 1942, the League shifted to expand its focus beyond the mountains, increase the range of methods it offered, and affiliate with the Planned Parenthood Federation of America. All of these works, however, show that in the MMHL as well as in other similar groups throughout the state of Kentucky and beyond, the extension of birth control could and did reflect both eugenic intent and genuine concerns for women's health and progress.

This thesis makes interventions in several important historiographical areas. First, rather than emphasizing the MMHL's connections to the broader birth control movements at the state and national levels, I argue that the MMHL is best thought of primarily as a regional organization that served the Mountain South. By looking to how the League saw birth control as a form of mountain aid work, I show that interventions in fertility were an important part of regional uplift and charity efforts. While the League worked to extend birth control to help mountain people, this extension was based on the assumption that mountain life was deficient in part *because of* mountain fertility and motherhood practices. League leaders simultaneously extended aid and engaged in eugenic rhetoric about the excessive fertility of poor mountain people because they envisioned that aid work should solve economic and social problems by intervening in reproduction. Furthermore, in justifying its work, the MMHL drew upon and modified popular understandings of the Mountain South. I argue that the League's project produced a long-lasting narrative that implicated mountain women's fertility in regional problems and progress. Therefore, I show that gender and sexuality were essential in constructing the Mountain South in the twentieth century.

Moreover, historians typically present birth control solely through a prism of gendered politics. They often present the early birth control movement's cooperation and overlap with

eugenics as anathema to the liberating potential of contraception.⁶⁴ However, the League's patients show that this political dynamic was sometimes irrelevant. Patients looked to traditional and marketplace-based understandings of birth control to respond to the eugenic extension of contraception. Specifically, they relied on traditional contraceptive techniques and approached the new method using strategies that working people in the nineteenth century developed to gauge the efficacy and safety of commercially-available methods. Mountain women asserted that their material reality was more important than the political potential of birth control: they used birth control primarily to safeguard their health and finances in a time of economic precarity. Thus, this thesis not only looks beyond the New York-based movement leadership to consider the diverse work of local birth control clinics, but goes beyond birth control movement politics entirely. Instead, I attempt to highlight the meaning that birth control held for poor and working-class women in this time period more generally. I argue that these traditional and marketplace-based orientations to contraception persisted into the 1930s. Though eugenicists attempted to use birth control to manipulate poor women's fertility in order to improve society, patients articulated alternative conceptualizations of contraception to stymie the eugenic extension of birth control.

To make these interventions, I largely look to the archival records of the Mountain Maternal Health League and to Clarence Gamble's papers.⁶⁵ Items like organizational minutes and correspondence among League activists, Gamble, Gilliam, patients, and others reveal many of the tensions that characterized the project. Additionally, I use the reports that Gamble's

⁶⁴ Most works on the history of birth control in the U.S. center the feminist first birth control movement that was led by Margaret Sanger beginning in the 1910s, but which increasingly came under male medical control by the late 1920s. See especially Gordon, *The Moral Property of Women*, and Reed, *From Private Vice to Public Virtue*.

⁶⁵ Mountain Maternal Health League Records, 1936-1986, Berea College Special Collections & Archives, Berea, KY (hereafter, MMHL Records); Clarence James Gamble Papers, Francis A. Countway Library of Medicine, Cambridge, MA (hereafter, CJG Papers).

statisticians published on the results of the West Virginia and Kentucky trials, as well as articles that Gilliam published to explain her work. I also rely heavily on League promotional materials, especially fundraising letters and brochures, to understand how the League presented itself to diverse audiences and how it framed its overarching goals. Significantly, MMHL promotional materials sometimes reproduced patients' exact written and spoken words. Though birth control clinics often only saved testimonies that highlighted the depth of patients' destitution and the height of gratitude for contraceptives, these testimonies nonetheless give an important perspective on the project.⁶⁶ Promotional materials also show how project leaders positioned the necessity of their work in the mountains.

This thesis comprises three chapters and is organized topically. Chapter 1 shows that while Gamble and the League were united in broader eugenicist goals of inducing better breeding among the mountain population to improve social conditions, their larger goals diverged. Gamble was much more interested in using mountain women as another research population for his broader aim of establishing the efficacy of simple contraceptives to stop the over-reproduction of the world's poor. The League, though, was very interested in regional problems. While Gamble emphasized economic efficiency, the League felt that the very act of extending birth control by using a nurse would induce individual behavioral change that would result in improved cultural, social, and moral standings for women and communities throughout the mountains. Gamble's and the League's overarching unity, however, allowed them to cement the idea that women's reproduction was responsible for regional problems and progress.

While Chapter 1 emphasizes the points at which Gamble and the League acted in unity, Chapter 2 continues the thread of difference established in Chapter 1. Chapter 2 details the ways

⁶⁶ Hajo, *Birth Control on Main Street*, 127.

in which their different goals played out in the actual fieldwork. In this Chapter, I mostly look to the relationships that Nurse Gilliam maintained with Gamble, the leaders of the League, patients, and other organizations. While the nurse's position was supposed to be a vehicle to achieve both Gamble's and the League's goals, Gilliam's own ideas about the project and the situation in the mountains helped to alter the work. Focusing on the tensions that emerged not only shows the multidirectional nature of reproductive politics at work, but also the multitude of meanings that birth control held for different individuals and groups.

Chapter 3 continues with the notion of competing definitions of birth control by looking at the ways that patients articulated their experiences with the jelly. While I use the reports of the study's results and correspondence between Gilliam and Gamble to understand how and why some women rejected the method, Gilliam's writings are useful in transmitting patients' voices, and especially those who desired and celebrated the method. Importantly, mountain women's justifications for requesting birth control corresponded with some of the project leaders' broader goals. However, this chapter also argues that patients presented an understanding of birth control that was rooted more in the traditional definition of the birth control marketplace, and they employed its particular strategies.

Patients' experiences highlight just how novel Gamble's and the League's method was and prompt us to consider more seriously the political context in which this new technology was deployed. As women used familiar strategies to understand new methods, they showed that the grander meanings that Gamble and the League applied to the project were largely irrelevant. They rejected the League's claims that there was something fundamentally unique and deficient about mountain women's reproduction, and they rejected Gamble's dismissal of individual concerns. Examining patients' experiences also helps to show ways in which women could

secure spaces to wield “control over their procreative destiny” in a eugenic study that sought to deprive them of that control.⁶⁷ Gamble’s and the League’s project was ultimately limited in the sense that it did not fundamentally alter poor women’s reproductive practices on a long-term basis and did not result in massive material or cultural change in the region. But it shows an important moment in which birth control was not fully cemented as a feminist ideal, and instead could be and was used to fashion grander meanings for entire populations, even if those meanings were sometimes illegible to people on the ground.

⁶⁷ Tone, *Devices and Desires*, 57.

Chapter 1

Good Tidings: Birth Control, Research, and Mountain Uplift

This chapter argues that Dr. Clarence Gamble and the women of the Mountain Maternal Health League shared a broad ideological interest in eugenics: they sought to induce better breeding patterns to solve social problems as they understood them. They also thought of birth control principally as a eugenic measure. To an extent, Gamble and the League were both interested in problems that they believed were particular to the mountain region; they both justified their work in relation to poverty, women's status, high fertility rates, and health in Appalachia. But their larger aims diverged in key ways. Gamble never devoted his research or professional work to the mountains, but instead used the region primarily as a testing ground to experiment with his de-medicalized approach to birth control. He made mountain women into a homogeneous population sample that could be useful for evaluating the effectiveness of new contraceptive technologies. Once established as effective, simple contraceptives could be applied to correct the imbalances of class-based differential fertility more broadly. He believed that high fertility among poor mountain women was just as problematic as over-reproduction among poor people in other parts of the world.

On the other hand, the League was specifically formed to respond to the particular problem of high fertility in the region, and it was composed of women who were already involved in organizations working to solve regional problems. These women sought to use birth control to positively impact regional economy, alleviate poverty, and bring area residents more in line with the nation both economically and culturally. The League's work was informed by a dualistic and dynamic understanding of Appalachian whiteness that presented white mountaineers as both celebrated because of their ancestry and degraded because of their

backward living conditions and some outdated cultural practices. Through the use of a carefully chosen nurse who was from the area and by emphasizing instruction and education, the MMHL wished to improve and uplift individual women by giving them contraceptives. League activists imagined that the ideal effects of their work would be tidier, healthier, more stable households, which would eventually be reflected throughout the region. The dissonance between Gamble and the League in their overarching goals helps to illustrate that eugenics was a powerful unifying concept for diverse individuals and groups. Though Gamble believed that birth control could remedy social problems around the globe only if he proved that practical methods were effective, and the League positioned contraception as a form of mountain aid work, they were similarly committed to the power of birth control to herald a better society, as they defined it.

The potential of birth control to solve regional problems was not a new idea in the mountains. Because they were interested in issues relating to women's and children's health and welfare, benevolence workers before the MMHL sometimes made lengthy observations about mountain women's reproductive practices. In particular, they were no strangers to mountain women's "early and constant childbearing."¹ Mary Breckenridge, the esteemed founder and long-time leader of the Frontier Nursing Service – which transformed childbirth in the area by training and employing nurse-midwives – wrote in the early 1930s that she "rarely addresses an audience...on the maternity problems...in the Kentucky mountains that at least one woman in the audience does not ask: 'What about birth control for those people?'"² While Breckenridge acknowledged the many and "obvious ills of overreproduction," she ultimately argued that birth control was not a viable solution to the problems in the mountains. She pointed to differential

¹Mary Breckenridge, "Is Birth Control the Answer?" *Harper's Monthly Magazine*, July 1931, 157-163: 158.

² *Ibid*, 157.

fertility rates between the well-educated and those of below-average intelligence.³ Nature or the Divine, in exerting its energy to produce an exceptional mind among privileged men and women, had none left to permit the reproduction of an intelligent individual, she believed. Contraception would have no effect, Breckenridge decided, against the mystery of Nature. The only solution, therefore, was what she dubbed “economic justice” – to provide for educational opportunities and a living wage for mountain families to “lift the economic status of the mother to the level where her intelligence places her.”⁴ This would allow Nature to intervene and effectively thwart over-reproduction in the mountains.

Moreover, Breckenridge mocked those who saw birth control as a panacea. Imagining their internal discourse, she wrote, “It is burdensome for me to help to ameliorate with money or mental effort the underlying causes of poverty and ill health.”⁵ She recognized that birth control could ensure the “vitality” of mothers in the region, which she called a “nursery for the finest flower of the old American stock.”⁶ But when Breckenridge wrote in the early 1930s, there were limited opportunities to offer birth control as an all-encompassing solution to regional problems. She pointed out that birth control could not be distributed efficiently in a region where there were few physicians and that methods like the diaphragm were not practical for women who lived in cramped and unsanitary homes. However, throughout the 1930s, economic downturn and legal and medical developments helped to re-shape popular views about the urgency of birth control. During the Great Depression more generally, general reception to contraception was partly influenced by a New Deal ethos that emphasized sexual restraint and instructed that parenthood

³ Ibid, 160.

⁴ Ibid, 163.

⁵ Ibid, 159.

⁶ Ibid, 160.

should be guided by a sense of social and economic responsibility to the nation.⁷ For example, in the 1930s, as more and more families turned to welfare, many people began to point with alarm to the problem of so-called “relief babies” and claimed that large families burdened the relief system.⁸ Moreover, the judicial ruling in the 1936 *United States v. One Package of Japanese Pessaries* case – which overturned anti-obscenity laws that previously outlawed the overt advertisement and sale of contraceptives – and the American Medical Association’s endorsement of contraception in 1937 gave birth control a greater sense of social legitimacy.⁹

These developments also helped to re-shape views about reproduction in the mountains specifically. It was no secret that mountain families tended to be large; previously, large families had been taken as a peculiar though humorous facet of mountain culture that worried no one save some benevolence workers like Breckenridge. But now a large number of babies became *too many* babies. Historian Paul Salstrom argues that it was only after the 1920s decline in the coal industry and the stock market crash and Depression that observers, aid workers, and federal “policy makers began viewing a large portion of Appalachia’s population as ‘surplus.’”¹⁰ As Beebe pointed out, there was no hope that the already-sick coal industry would ever return to a level of production that could employ the region’s population. There were simply too many individuals to sustain this industry.¹¹ He and Gamble found a ready field for comparison in the farming sectors of the region. Non-mining Appalachian farmers did not suffer from underemployment or a lack of cash, but most acutely from devastating droughts and floods

⁷ Kline, 98.

⁸ Gordon, 213.

⁹ Gordon, 201.

¹⁰ Paul Salstrom, *Appalachia’s Path to Dependency: Rethinking a Region’s Economic History, 1730-1940* (Lexington: The University Press of Kentucky, 1994): 63.

¹¹ Beebe, *Contraception and Fertility in the Southern Appalachians*, 7-8.

through the 1930s.¹² Additionally, a long history of farming on inhospitable, eroded, and increasingly subdivided sloping plots meant that the land could no longer sustain the diets and livelihoods of the large populations on mountain farms. Large families were partly the result of an economic strategy to furnish labor power on the uniquely labor-intensive subsistence farms, however.¹³ As in the coalfields, though, a plethora of individuals on hilltop farms was a troubling issue for those who, like Gamble and Beebe, were interested in the region's high fertility and economic despair.

In opposition to Breckenridge's protests that birth control would never work as a pragmatic economic solution in the mountains, Gamble contributed large swaths of money towards birth control supplies and nurses' salaries to actually test the impact that birth control could have in the region. Because of transformations in public opinion and the medical and legal sanction of birth control, Gamble had more of an opportunity to politicize fertility control than was possible when Breckenridge wrote. As a research physician and a wealthy eugenicist, he was scientifically and personally interested in differential fertility, and was especially concerned that poorer classes might be reproducing at higher rates than the wealthy. Gamble proposed birth control as a solution that could counter the vast increase in public relief expenditures and private philanthropy as much as it could improve conditions for poor families. He did not propose any other solutions to Appalachian poverty, or poverty more generally.

But Gamble's aim was also much grander than Breckenridge's in terms of scope. Unlike Breckenridge, he was not primarily concerned with the mountains, nor did he appear to be particularly interested in the idea of the region as a nursery for Anglo-Saxon stock. To Gamble,

¹² George T. Blakey, *Hard Times and New Deal in Kentucky: 1929-1933* (Lexington: The University Press of Kentucky, 1986): 189.

¹³ Salstrom, *Appalachia's Path to Dependency*, 66-67.

mountain women were simply a part of his larger target population – the world’s poor – whose excessive reproduction was equally dangerous. Gamble sought to use mountain women primarily as a homogeneous experimental population to start to identify the utility of simple contraceptives for poor women everywhere. By testing a simple method that did not require medical assistance, he intended to help remove many of the practical barriers than Breckenridge had identified. Gamble was careful to balance the needs of his research project with the way in which patients and mountain communities perceived his work. His editor chastised the author of an early MMHL pamphlet for suggesting that the League was “experimenting” on patients, fearing the potential backlash from local communities.¹⁴ Gamble’s precise aim was to conduct an experiment, though, and however carefully he attempted to present his work, his method discredited and alienated individual patients. He tested methods of somewhat dubious efficacy and he seems to have had little concern for reported side effects and breakthrough pregnancies, though he ultimately aimed to reduce pregnancy rates.

Gamble’s more limited goal of establishing the clinical efficacy of simple methods helped to make Appalachian women into a mass that was useful because of how it could be used to enhance scientific understandings and applications of birth control more generally. Specifically, he capitalized on the overwhelmingly white native-born population of the mountains. In drafting the report for the Kentucky experiment, Beebe originally analyzed 400 patient cases, but discarded the 18 cases of Black patients in order to achieve statistical homogeneity.¹⁵ Racial homogeneity was not exactly the reality in the mountains, but Beebe and Gamble helped to reinforce the idea of the mountain region as almost totally white. The usefulness of this imagined racial homogeneity preceded later contraceptive experiments in

¹⁴ “The Kentucky Pamphlet,” Box 8, Folder 10, MMHL Records.

¹⁵ Gilbert W. Beebe and Geisler, “Control of Conception in a Selected Rural Sample,” 2.

eastern Kentucky that highlighted the region as “a cage of ovulating females.”¹⁶ The scientific utility of the region played, therefore, upon popular understandings of the region as fundamentally white, as well as fundamentally impoverished.

The experimental emphasis on homogeneity, however problematically defined, also extended to Gamble’s dismissiveness of individual concerns to emphasize the larger research population. In one instance, Nurse Sylvia Gilliam (who succeeded her sister Lena when Lena married and relocated to North Carolina) reported that out of 132 women to whom she offered contraceptives in eastern Kentucky coal camps, only 67 continued to use them upon follow-up several months later.¹⁷ A representative for Durex – the company that manufactured the jelly and applicators and shipped them to the League at Gamble’s expense – was ecstatic at what they interpreted as hopeful results and dismissed the concerns of the 19 patients who had discarded the method after experiencing undesirable side effects. In regard to those who complained of back pain and vaginal discharge, the representative wrote, “this of course is probably imaginary.”¹⁸ Gamble’s supervision of this exchange shows that his experimental approach disregarded individual concerns in favor of the larger investigative aim. It is also important to note that the statistical nature of the research and the methodology of birth control analysis at the time was heavily influenced by the work of Raymond Pearl and Regine Stix and Frank Notestein. Their studies incorporated the use of “woman-years,” which aggregated women’s potential “exposure” to the risk of pregnancy while using a method and extrapolated the effects of a short trial over a longer period of time. Gamble’s use of this methodological approach

¹⁶ This phrase was used by philanthropist Katherine McCormick in conversation with Margaret Sanger. McCormick thought that it would be necessary to find a concentrated and homogeneous sample of women in order to effectively test oral contraceptives. In the 1950s and 1960s, contraceptive researchers partnered with the Frontier Nursing Service to test the Enovid pill. See Dana Allen Johnson, “‘A Cage of Ovulating Females’: Mary Breckenridge and the Politics of Contraception in Rural Appalachia” (master’s thesis, Marshall University, 2010).

¹⁷ Sylvia Gilliam to Mrs. Charles G. Tachau, January 20, 1941, Box 14, Folder 284, CJG Papers.

¹⁸ Durex Products, Inc. to Mrs. Chas. G. Tachau, January 27, 1941, box 14, folder 284, CJG Papers.

effectively diminished concern for individual cases of method failure.¹⁹ Experimentation remade individual women into a substantive mass upon which he could, along with the Durex representative, make bold statements about the effectiveness of a trial, no matter how limited in participants or time.

Gamble's emphasis on the primacy of the experiment was also revealed when he encouraged the League and the nurse to reach as many new and needy women as possible in the region. In 1940, Sylvia Gilliam discovered that it might be possible to convince officials of General Harvester-owned coal mines to allow company nurses to distribute contraceptives. Gamble encouraged her to track down these men and write to them, but that would mean that she would have less time to devote to seeing and following up with established patients. Gamble sympathized, writing that he understood that "the feeling of need of the immediate patients is great," but he reasoned that trying to convince mine owners of the benefits of birth control would mean that "many more mothers will be reached."²⁰ Ultimately, Gamble saw Appalachian women on a population level, but was not concerned with their individual experiences. His larger goals of population-level analysis and extending his work were also revealed when a dismayed League member asked him why he finally revoked funding for the Kentucky nurse's salary and supplies. Gamble responded that his "failure to contribute further for the work in the Berea region is not due to the fact that I do not value the work being accomplished for the mothers there." However, he admitted to being more attentive to the pressing need "in other locations."²¹ In short, his project was limited to the scientific utility that a supposedly homogenous mass of hyper-fertile

¹⁹ Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven: Yale University Press, 2001), 154.

²⁰ Clarence J. Gamble to Miss Sylvia Gilliam, December 21, 1940, Box 14, Folder 280, CJG Papers.

²¹ Clarence J. Gamble to Prof. Hatcher, January 6, 1941, Gamble Papers, Box 14, Folder 282, CJG Papers.

women could have on understanding the significance of simple contraceptives for poor women more generally, and he exported his findings and procedures to other geographic contexts.

Gamble did not make provisions for the longevity of the contraceptive service he initiated in the mountains, nor did he venture farther than to suggest fertility control as a means of addressing regional poverty. However, Gamble and Beebe were at least nominally interested in what they perceived as distinctively mountain problems. Beebe observed that although mountain cultural forms like the ballad and the folk-dance did not necessarily “imply an impoverished social life,” these practices and low incomes nonetheless prevented “the purchase of the goods and services so useful in recreation, self-advancement, and social participation in general.”²² Importantly, he supposed, these cultural forms and religious belief in the mountains were the prime impediments to birth control acceptance among mountain women.²³ Beebe also reported that the assumption that guided his and Gamble’s research was not that “family limitation alone would enable the region to achieve economic and social parity with the nation as a whole.” Rather, he believed, birth control must be a key piece of a more comprehensive “program of social and economic reconstruction” in the mountains.²⁴

Gamble and Beebe did not propose such an all-encompassing program, but the Mountain Maternal Health League sought to use birth control to respond to problems on a regional level. League activists used their connections to local church groups and regional aid groups to define birth control as a moral tool to improve maternal health and achieve cultural uplift and progress in the region. Mountain aid work had traditionally been dominated by Northern Protestant missionaries of competing dominations, who sought to alter individual behavior according to a

²² Beebe, *Contraception and Fertility in the Southern Appalachians*, 29.

²³ *Ibid.*, 32.

²⁴ Beebe, *Contraception and Fertility in the Southern Appalachians*, 36.

missionary ethos. Later, secular workers – especially settlement school officials and educators – became prominent in the region. Though they were of course concerned with material issues such as health inequities, child nutrition, and education, aid workers were “culture workers” in that they sought to manipulate what they perceived to be distinctive Appalachian cultural forms and lifestyles – celebrating and preserving some while demonizing others – to distinguish the region’s inhabitants and to herald economic, cultural, and moral progress.²⁵ Regional scholar David Whisnant claims that aid workers’ use of culture as a touchstone meant that they neglected the more pressing material impacts of industrialization in the early twentieth century. He describes aid workers’ orientation to regional issues by stating that they imagined that solutions to regional problems could be found by “integrating the region’s politics and economy into the mainstream while preserving, if possible, its picturesque and nostalgic folkways and religion.”²⁶

Whisnant claims that this idea of a unique mountain culture was based on “the Anglo-Saxon thesis,” which was the idea that the mountaineers were living links to the pioneers.²⁷ William Goodell Frost – the President of Berea College from 1892-1920 – is generally credited with being “the first person to give a precise geographic definition of the Southern Appalachians as a cultural region.”²⁸ In a popular article in the March 1899 edition of *The Atlantic Monthly*, Frost promulgated his concept of “Appalachian America” and outlined discrete characteristics of the Appalachian Americans that spoke to their “belated condition” as well as their nobility.²⁹ He rejected the idea that mountain people were degraded as a result of their cultural and economic

²⁵ Whisnant, *All That Is Native and Fine*, xiii.

²⁶ Whisnant, *Modernizing the Mountaineer*, 8.

²⁷ *Ibid.*

²⁸ David S. Walls, “On the Naming of Appalachia” in *An Appalachian Symposium: Essays Written in Honor of Cratis D. Williams*, ed. J.W. Williamson (Boone: Appalachian State University Press, 1977): 67.

²⁹ William G. Frost, “Our Contemporary Ancestors in the Southern Appalachians,” *The Atlantic Monthly*, March 1899, reprint, 3.

distance from modernity; instead, he claimed, they just had “not yet been graded up!”³⁰ Frost’s justification for the idea of the noble mountaineers had to do with their proximity – by way of ancestry and exhibited in the frontier way of life there – to Anglo-Saxon colonizers and to the patriots of the Revolutionary War. He argued that Appalachian America was “one of God’s grand divisions,” and because of the insularity of the mountains, its inhabitants were, racially and culturally, a distinct people.³¹

Frost’s work helped to inspire a variegated movement of aid workers in the mountains. His work was driven by a sense of mission, and he was instrumental in conceptualizing the region as a national problem. Frost primarily wrote in national outlets to solicit funds for his educational work in the region, and he concurrently harped on notions of Appalachian distinctiveness and destitution in the mountains. Any attempts to reform or improve mountaineers, he claimed, should take their distinctiveness into account; mountain education, he said, should “make them intelligent without making them sophisticated.”³² Frost’s making of the region was, as Barbara Ellen Smith has argued, simultaneously the making of whiteness, and missionary and secular aid workers who focused on the mountains were interested in the racialization of the poor mountain whites.³³ In the decades after the Civil War, Northern white reformers, missionaries, and philanthropists became less interested in the cause of improving conditions among formerly enslaved African Americans in the lowland South and in turn became concerned with the poor white people of the Southern mountains. The highland whites also constituted a needy field ready for reform, and their romanticized status as Anglo-Saxons meant that they were more likely than Southern Black people to be “remade” in the image of “modern”

³⁰ Ibid, 6.

³¹ Ibid, 1.

³² Ibid, 9.

³³ Smith, “De-Gradations of Whiteness,” 43.

white Protestants of the North.³⁴ This understanding helped to produce a dualistic understanding of race in the region: mountain whites were debased and impoverished and thus in need of aid, while their heritage was honorable, which made them deserving of aid.³⁵

By the 1930s, the Appalachian aid movement that Frost had helped to install was well-established. The movement was largely dominated and guided by the Conference of Southern Mountain Workers, and its member organizations likewise used Frost's twin ideas of Appalachian distinctiveness and intense desperation to frame the necessity and methodology of their work. Under this understanding of Appalachian racialization and culture, aid workers believed that some mountain cultural forms were admirable and ought to be preserved, but that others were impediments to economic modernization, good health, and all those markers of twentieth-century American progress. According to Frost, fertility was a particular cultural form that distinguished Appalachian Americans and identified them with antiquity. He explained that "while in more elegant circles American families have ceased to be prolific, the mountain American is still rearing vigorous children in numbers that would satisfy the patriarchs. The possible value of such a population is sufficiently evident."³⁶ While large families (and a lack of cash) was evidence that frontier life still prevailed in the mountains, Frost was convinced that large families could work to the region's and the nation's benefit because of the celebrated heritage of the Appalachian Americans.³⁷ In the urgency of the Depression, some reformers picked up on Frost's attention to mountain reproduction, which they assumed reflected a distinct cultural practice for mountain people. But as it represented a much older era – as Frost claimed

³⁴ Whisnant, *All That Is Native and Fine*, 10.

³⁵ Nina Silber, "What Does America Need So Much as Americans?": Race and Northern Reconciliation with Southern Appalachia, 1870-1900" in *Appalachians and Race: The Mountain South from Slavery to Segregation*, ed. John C. Inscoe (Lexington: The University Press of Kentucky, 2001): 245-247.

³⁶ *Ibid*, 8.

³⁷ *Ibid*, 3, 8.

decades earlier – large mountain families appeared to be backwards in a time of economic precarity. In the 1930s, reformers used the issue of mountain women’s fertility to attempt to solve large-scale regional problems, and in so doing, they further cemented the association between high fertility and poverty.

The Mountain Maternal Health League was formed from the immediate context of this broader aid movement and in the specific context of the Conference of Southern Mountain Workers (CSMW), which was established in 1913 by John C. Campbell, who had spent years studying mountain life and estimating the capacity of aid work in the mountains with the assistance of the Russell Sage Foundation. As a large-scale knowledge-sharing and voluntary network, the Conference connected individuals with vastly different aims and orientations, but they were all united in their conviction of the need for regional uplift. Beginning in the 1920s, though, after Campbell’s death, the CSMW was dominated by women leaders and was noted for its involvement in maternalist causes; historian Penny Messinger describes their attention to women and children as coming from a place of “female morality.”³⁸ By combining cultural concerns with a maternalist perspective, the MMHL sought to expand birth control to the mountains as a form of aid work. The League saw birth control not only as a means of emergency aid to alleviate the extremes of impoverishment, but as a vehicle for cultural modernization on a larger scale.

The Conference attracted a variety of different benevolent organizations and workers throughout the region. One organization that was part of the CSMW’s network in the 1930s was the American Friends Service Committee (AFSC), an international Quaker benevolence and direct aid association. In this time, the AFSC organized a massive multi-state food distribution

³⁸ Messinger, 245.

scheme in bituminous coalfields across the nation, which included much of the Mountain South. On a local level, though, the Friends' activities could be more tailored.³⁹ Sometime in the early 1930s, AFSC representatives in Logan County, West Virginia partnered with Doris Davidson, the American Birth Control League field worker who was assigned to the state, to establish the Friends Health Service, which operated a birth control clinic in the city of Logan. Gamble learned about the clinic early on and arranged for a Philadelphia-based public health nurse named Alice Beaman to train there.⁴⁰ Beaman worked with the Friends Health Service and became familiar with the area for two years before she began conducting her own fieldwork for Gamble in the county's coal camps. A representative of the Friends Health Service presented on the clinic's work at the 1936 CSMW meeting, which inspired delegates from Berea, Kentucky. Gamble's secretary Phyllis Page was also present and returned to Berea with the delegates to organize community meetings for citizens interested in similar work in that part of Kentucky.⁴¹

Following the Conference, Page facilitated a four-day-long meeting in Berea with over twenty community leaders and local aid workers to lay out plans for a community birth control organization. Minutes of this initial meeting described it simply as a group of people who were "interested in health work for mothers of the underprivileged class," and it drew representatives from the Red Cross, local churches, and the local women's clubs, among others.⁴² The MMHL functioned not just as a local charity group, then, but as part of a more cooperative and comprehensive undertaking in the service of a larger, regional mission of uplift. At the end of the meeting, Page wrote that all of those present "realized the futility of trying to help the very poor

³⁹ See Guy Aiken, "Social Christianity and the American Friends Service Committee's Pacifist Humanitarianism in Germany and Appalachia, 1919-1941," PhD dissertation, University of Virginia, 2017.

⁴⁰ Beebe, *Contraception and Fertility in the Southern Appalachians*, ix.

⁴¹ Lena Gilliam, "A Contraceptive Service for Mountain Women," *The Journal of Contraception* 3, no. 3 (March 1938): 36.

⁴² *Ibid*; March 30, 1936, Minute Book, 1946-1940, MMHL Records.

mountain families in and around Berea by palliative charitable measures and that they felt it much wiser to give the mother of a large and poor family a chance to control her fertility rather than a new layette for the usual yearly baby.”⁴³ Page and the founders of the MMHL recognized the novelty of their decision to form such a group. Not only did it pull together both local and regional efforts, but it also prompted a new focus for and means of aid work there. They reckoned that birth control would go much further than traditional forms of aid work.

It is also significant that the community of Berea functioned as the symbolic headquarters of mountain aid work because the CSMW was headquartered there and enjoyed an official relationship with Berea College. Berea College was founded in the nineteenth century by abolitionists as the first racially integrated institution of higher education in the South. Beginning in 1904, though, with the passage of Kentucky’s “Day Law,” which barred interracial schools throughout the state, Black students were prohibited from attending Berea until the 1950s. At the same time, College officials began to shift the institution’s target demographic and the nature of its commitment to the region in which it was located. President Frost was instrumental in promoting Berea’s new primary mission, which was reflected in an amended College constitution in 1911: to garner popular attention towards and work to uplift poor mountain whites.⁴⁴ And by forging official ties with the CSMW, Frost cemented the reputation of Berea as a sort of haven for mountain uplift activity.⁴⁵

The community of Berea thus embodied intertwined understandings of Appalachian whiteness, need, and uplift that characterized the work of the College, the Conference, and local and regional reform groups that made their homes there. It is not clear how close the women who

⁴³ Gilliam, “A Contraceptive Service for Mountain Women,” 36.

⁴⁴ Berea College, “Berea College Early History,” 2022, <https://www.berea.edu/about/history/>.

⁴⁵ Whisnant, *Modernizing the Mountaineer*, 7.

came to form the League were before Page's initial meeting, but because of the small size of the community and the similarity in their backgrounds and positions, they were probably engaged in similar, if not the same, volunteer activities. Many of the founders of the League were wives of faculty members of Berea College. One founding member and long-time League President Nell Scoville Noll was married to a physics professor at the College. She remembered that "faculty wives were expected to stay home and become involved in college, church, and community work," and in addition to her involvement in the League, she was also active in Berea's Union Church and Women's Club.⁴⁶ As educated wives and clubwomen, they applied their own sense of middle-class domesticity to their concerns for mountain women and children and their larger vision for the region. In their eyes, middle-class clubwomen like themselves were well-positioned to help poor rural mothers, who, they supposed, needed assistance to improve their roles as mothers and wives. Mrs. Noll's biographer described another League founder as "a natural resource for this job—a beautiful, loving wife and mother, who was a believer in women's rights, as well as a capable and persuasive organizer."⁴⁷ Thus, the Berea wives' strength came not only from their experience in activism and concern for women's issues, but also from the fact that both of these skills were rooted in a sense of feminine morality. League members used this idea of morality to present their approach to birth control in the mountains as more far-reaching and specific than Gamble's. Birth control could allow mountain mothers to become better mothers and wives and to cultivate healthier and more stable households.

While women's aid work and maternalist concern was not novel in the mountains, the promotion of birth control was. Throughout the 1930s, popular opinion of birth control was

⁴⁶ Ora Wyatt Gunkler, "An Appreciation of Nell Scoville Noll," March 12, 1986, Box 1, Folder 7, MMHL Records.

⁴⁷ Ibid.

increasingly favorable, but there was significant resistance to the extension of contraceptives throughout the nation. Even in urban areas, where the American Birth Control League's clinic diaphragm model reigned, activists and physicians experienced pushback from various groups, particularly Catholics, which greatly impeded the spread of clinics.⁴⁸ To some activists, rural regions seemed to be ideal places to spread birth control since there appeared to be fewer organized religious groups and especially fewer Catholics there. Yet, the MMHL was keenly aware of "dissension" that their work seemed to cause in the region, and specifically within the Conference of Southern Mountain Workers. Criticism from Conference members mostly came from male clergymen who believed that what the League women were doing was "of the devil."⁴⁹ The idea of birth control as a charitable measure was thus controversial in the mountains, and this dissension perhaps also was a result of women's increased power and visible roles within the organization. But the MMHL framed its work in morally positive and even Biblical terms. The author of an early League promotional brochure wrote in the document, "How beautiful upon the mountains are the feet of him who bring good tidings," referencing the Biblical book of Isaiah, to caption information about the League's initial accomplishments and future plans.⁵⁰

The MMHL was also careful to establish its birth control work largely in terms of health needs and benefits. While Page's initial meeting united community members who were interested in maternal health very broadly, the League justified its use of birth control in more specific terms. They believed that inducing mountain mothers to use birth control would prevent "dangerous or too frequent pregnancies," which would allow these women "to conserve their

⁴⁸ Gordon, 288.

⁴⁹ "Board Meeting Mountain Maternal Health League For absent members," March 6, 1939, Box 14, Folder 276, CJG Papers.

⁵⁰ "1937-1938, Mountain Maternal Health League, Berea, Kentucky," Box 12, Folder 2, MMHL Records.

own vigor and have healthier babies.”⁵¹ The League’s nurses fielded requests from women who repeatedly justified or explained their requests for birth control by referencing the dangers of pregnancy. One woman wrote, “I am afraid of becoming pregnant again and my family doctor has told me that it would be dangerous for me to try to have another child. So will you please send me your supplies at once...” Many other requests made references to general fragile health, tuberculosis, and heart trouble.⁵² In this sense – and in a context in which a country doctor could advise against childbirth but could not provide a way to prevent it – League members and patients were often united in their outlook concerning birth control as a safeguard to women’s health.

Somewhat more urgent, however, was the idea that the provision of birth control would ward against “the common practice” of abortion, which presented not only health but moral dangers.⁵³ One of the earliest pieces of the League’s promotional materials included abortion prevention as among the organization’s primary goals. The pamphlet’s author most readily criticized self-induced abortions that resulted in “serious complications” and provided a grim list of how mountain women used “home-made unsterile instruments such as pieces of wire, a pencil or a catheter,” as well as chemical substances like “quinine, turpentine, and preparations of ergot.” In addition to sanitation, toxicity, and hemorrhaging concerns, there was also the simple fact of efficacy: “Still the babies come!” the author wrote. This author went to great lengths to establish the safety risks of self-induced abortions, and they noted as well the “moral...danger of

⁵¹ Gilliam, “A Contraceptive Service for Mountain Women,” 38.

⁵² “Mountain Maternal Health League Headquarters at Berea, KY,” n.d., Box 11, Folder 4, MMHL Records (hereafter, Sample Letters), 4.

⁵³ Gilliam, “A Contraceptive Service for Mountain Women,” 38.

abortions,” though went into no further detail in this regard. In practice, the nurse would “lead [mothers] to see” these moral dangers.⁵⁴

Thus, while the MMHL presented the issue of birth control principally as a measure of personal health and safety, to some extent, contraception would function as an educational tool and an opportunity to correct individual behavior, especially by preventing abortion. The League assumed that it would have to educate mountain women not only on the workings of birth control, but on the moral underpinnings of the issue; the fact that mountain women needed to be educated on both seemed to reflect their ignorance and backwardness on both scientific and moral terms. The distinction between contraception and abortion appeared obvious to League members, but to many patients, this line was less clear. Nurse Lena Gilliam reproduced multiple requests from patients who, she said, “misunderstood” the actual work of the League. In one letter, for instance, which she captioned, “The Nurse Has a Chance to Help a Mother Decide to Want Her Baby,” a local woman wrote, “Say I have went 5 days over my monthly period would you tell me something to do? I am so uneasy, I have been taking Quiene but it hasn’t helped.”⁵⁵ Gilliam and the MMHL saw this situation as a great opportunity to reverse a woman’s decision to terminate a potential pregnancy.

The League’s insisted that this woman simply had to be properly instructed to want her baby; Gilliam made no attempt to understand why this woman might have been anxious. A preceding request for assistance revealed that the author “was not strang annuf to raise kids. I have 2 kids my father he is old my husband is sentence to the pen.”⁵⁶ While surely not all women in the region balanced such precarious circumstances, the MMHL defined its stance on abortion

⁵⁴ “The Kentucky Pamphlet,” Box 8, Folder 10, MMHL Records.

⁵⁵ Sample Letters, 4.

⁵⁶ Ibid, 3.

as non-negotiable, as Gilliam wrote that one of the League's most important roles was "education concerning the rightness at times preventing conception [sic] and the wrongness and danger of abortion."⁵⁷ Birth control provision was not only about the material impacts that it could have on women's lives, but about how it could elevate women's moral standing in accordance with the League's standards of domesticity and white middle-class womanhood. Its careful distinction between abortion and conception was an attempt to define birth control less as a choice to forgo pregnancy than as a measure that moral women used to safeguard their health.

The MMHL also emphasized the opportunities that its birth control work presented to educate and elevate mountain mothers in other areas of life. Lena Gilliam reported spending hours speaking to individual patients about their and their children's health, using charts and models to teach them about birth control and other kinds of health issues that concerned their families.⁵⁸ She reasoned that many of these women had never had this kind of access to medical instruction before.⁵⁹ While the League women operated with the knowledge that these women did not have access to this kind of scientific knowledge, they likewise operated under the general assumptions that mothers were directly responsible for their children's and their entire family's wellbeing. However, in accordance with principles of scientific mothering, by following the recommendations of health experts, women had less control over the specifics of that mothering.⁶⁰

Contraception could also help to stabilize and elevate home life in the mountains. In the 1940s, one patient expressed her gratitude for the League's help, revealing that her home "is

⁵⁷ Ibid, 2.

⁵⁸ Clarence J. Gamble to Sylvia Gilliam, September 8, 1940, Box 14, Folder 280, CJG Papers.

⁵⁹ Gilliam, "A Contraceptive Service for Mountain Women," 37.

⁶⁰ Rima D. Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries" in Rima D. Apple and Janet Golden, eds., *Mothers and Motherhood: Readings in American History* (Columbus: The Ohio State University Press, 1997): 91.

more peaceful and there is less nervous tension between my husband and myself. We both know it is dangerous to buy [sic] another baby and the fear was robbing us of any please [sic] of being with each other.”⁶¹ By highlighting this quote, the League showed that birth control could elevate mountain homes not only by safeguarding maternal health and providing instruction in healthful child-rearing, but by creating more harmonious and stable spousal relations. With the aid of contraception, mountain wives could enjoy more equitable and pleasurable relationships with their husbands and be better mothers to existing children. Lena Gilliam believed that as a result of her work, “Some day...these homes will no longer be filled with dirt, unhappiness, and puny, unwanted babies.”⁶² Birth control could fix the problem of having babies too frequently as much as it could balance household relations and free up women to rear their existing children to be healthy and lead wholesome lives. In the League’s perspective, birth control could give mountain mothers the “spiritual ambition to raise their children ‘decent,’ keep them in school, and provide adequate food, shelter, and clothing.”⁶³ The MMHL’s explicit emphasis on the spiritual nature of homemaking and child-rearing suggests again that the League believed that motherhood in the mountains wanted not only for material assistance, but also some spiritual or moral component of motherhood. Alternatively, without material assistance that birth control could provide, mountain mothers would not be able to attain an elevated and idealized level of motherhood and domesticity.

Finally, women who had large numbers of children – upwards of ten or fifteen at times – were frequently touted in the League’s promotional material as typical cases, but the only requirements to participate in the study and to receive contraceptive services were to live in the

⁶¹ Fundraising Letter, September 15, 1944, Box 11, Folder 5, MMHL Records.

⁶² Gilliam, “A Million Dollars for Birth Control,” reprint from *The Survey*, 1937.

⁶³ Fundraising letter, December 1, 1949, Box 11, Folder 5, MMHL Records.

area and be a married mother. The qualifications of marriage and motherhood defined birth control as moral by divorcing it from associations of promiscuity. But these limited guidelines and the project's intense localization suggests that this project was not, fundamentally, an experiment to reduce the birth rate to relieve pressure on the land and relief system. Rather, it was a project to reduce the birth rate in a particular place to achieve qualitative measures of uplift.

Still, the basic concern was fertility, and not necessarily excessive fertility on an individual basis, but on a regional basis. Birth control would function chiefly as an agent of modernization. Unlike Gamble, the League sought to implement change on individual and intimate levels to create grand regional change. But in a manner similar to Gamble's approach, League activists ultimately envisioned mountain women as a mass body. While both Gamble and the League harbored eugenic definitions of birth control, their broader attention to the region and grander utility of birth control was fundamentally different. These differences, as well as the position of the nurse (which both used to try to implement their own goals), led to serious disagreements when the nurse began to distribute birth control to patients and collect data from them.

Chapter 2

Far from Perfect: Conflicting Visions of Birth Control in the Field

As Chapter 1 argued, Dr. Gamble and the Mountain Maternal Health League were largely united in their eugenic approach to birth control, but they diverged in their uses of the region to advance their larger aims. While Gamble saw mountain women as useful in contributing to his goal to spread effective and accessible birth control to the world's hyper-fertile poor, the women of the MMHL were more interested in using contraception to modernize mountain women and families. These differing goals came into sharp contact and led to debate in the field throughout the duration of the experiment because Gamble and the League both used the figure of the nurse – Lena Gilliam, who was later replaced by her sister Sylvia – to advance their respective goals. The League used her to model domesticity and moral and healthful living for individual women when she visited their homes and instructed them about the benefits and workings of birth control. Gamble used the nurse to show the benefits of a de-medicalized model in a region with few practicing physicians to spread birth control to poor people, who he believed needed it the most.

In this Chapter, I explore debates over the experiment's singular contraceptive method, the nurse's role in the accumulation of data, the portrayal of mountain communities and patients in publicity, and the League's affiliation with other state-level birth control groups. The contested nature of this work among project leaders and field workers counters the idea that Gamble's and the League's top-down visions of eugenical birth control for social improvement successfully functioned as intended. This allows us not only to see the spaces where a nurse – who was employed to merely institute leaders' goals – could assert her own powerful

understandings of the region, social problems, and birth control, but where patients could plausibly do the same.

Method

In West Virginia and Kentucky, Gamble supplied a spermicidal lactic acid jelly. The jelly was provided by various manufacturers; Gamble paid for the supplies at a discount, and the tubes and syringes were sent directly to Gilliam, who distributed them to patients when she visited them at home. Gamble's general intent to test simple contraceptives was problematic to some activists within the American Birth Control League, which had worked to establish the supremacy of the physician-controlled diaphragm and drew a moral distinction between their charitable work and the profit motive of firms that manufactured accessible contraceptives.¹ Gamble's insistence on only one method of unestablished efficacy also became problematic in the eyes of the nurse who sympathized with her patients' concerns. However, she ultimately did not challenge the deeply eugenicist assumptions that drove his insistence on the appeal of simple birth control.

In fact, the nurse's perspective on the jelly was largely rooted in her background and complicated perspective on mountain life. Unlike Nurse Beaman who worked in West Virginia, Gilliam was originally from the MMHL's target area, and thus "knew mountain women and their problems," which allowed her to "[gain their] confidence."² It is unclear how Gilliam first made contact with Gamble, but a 1936 letter from Mary Knapp, a nurse at Margaret Sanger's Birth Control Clinical Research Bureau, suggests that Gilliam had some kind of connection to the institution while she worked in New York City, so she perhaps became acquainted with Gamble

¹ Holz, 2.

² Gilliam, "A Contraceptive Service for Mountain Women," 57.

there.³ At any rate, Gamble told the MMHL via telegram shortly after the organization was formed that, “No contraceptive trained nurse available Gilliam probably best nurse I could find unless you know older mountain nurse.”⁴ The League and Gamble believed that Gilliam was qualified for the work in part because of the background she shared with her patients. Although she was often sympathetic to their problems, Gilliam did not wholly identify with her patients, and distanced herself from mountain women on the basis of her status as an educated professional. She oftentimes emphasized patients’ poverty and ignorance. For instance, in an extensive fundraising appeal that she probably wrote in 1938, Gilliam went to great lengths to emphasize the despair of mountain women by reprinting examples of letters she had received from them, wherein she consistently poked fun at their command of the written word, marking, for instance, how they wrote to ask her for “the jello.”⁵

Nevertheless, it is clear that Gilliam forged some meaningful connections with the women she visited. Upon arriving at a woman’s home, Gilliam questioned her about her and her children’s health before gauging the woman’s interest in contraception. She instructed those who seemed enthusiastic (which was the vast majority, she insisted) using an anatomic model before taking a medical history and leaving the patient with supplies.⁶ Her work was at least nominally supervised by the MMHL Medical Board, which initially gave her specific instructions regarding her relationship to patients and to local physicians. One of the most important guidelines was, “In all cases the nurse is to get approval for her work from a doctor in the community before she goes ahead and gives advice and material.”⁷ Later, when the MMHL expanded into mining

³ Mary L. Knapp to Lena Gilliam, 17 September 1936, Box 13, Folder 7, MMHL Records.

⁴ May 21, 1936, Minute Book, 1936-1940, MMHL Records.

⁵ MMHL fundraising letter, n.d., Box 14, Folder 276, CJG Papers.

⁶ Gilliam, “A Contraceptive Service for Mountain Women,” 57.

⁷ July 16, 1936, MMHL Minute Book, 1936-1940, MMHL Records.

communities in the southeastern part of the state with the cooperation of the Kentucky Birth Control League (KBCL), Sylvia Gilliam was to ensure the support of local doctors in every community; in anticipation of this work, Gamble reminded her, “Don’t let them feel like you’re trying to replace the medical profession. Make it seem more like carrying out a doctor’s orders as you do when giving a hypodermic, saving him the unavoidable loss of time which such a procedure involves.”⁸ While the nurse was supposed to defer to the doctors in the communities she served, a verifiable lack of physicians meant that her work went largely unsupervised and without explicit sanction from local medical authorities, which allowed her a good deal of autonomy in her work.

Generally, Gilliam sought to illustrate her closeness with the realities of her patients’ lives, since she spent the vast majority of her working time in their homes.⁹ She sometimes reproduced patients’ letters, and she highlighted the ways that women’s networks facilitated the growth of the work and the popularity of birth control in the mountains. One woman wrote, “I am out of Medicine & that woman you sent to Mrs. _____ is out too. So write me when you Can Come & I will have her over here at my house to try to come this week of [sic] you Can.”¹⁰ Others mentioned the names of the women who advised them to write to Gilliam, which likely represented an attempt to establish legitimacy to their claim to access these services. One simply wrote, “Mrs. _____ has asked me to write to you and send her syringe and 2 tubes of jelly ... She is _____’s sister, said she knew you.”¹¹ Gilliam attempted to show that because she spent so much intimate time with her patients and because she was integrated within their

⁸ Clarence J. Gamble to Sylvia Gilliam, September 8, 1940, Box 14, Folder 280, CJG Papers.

⁹ I wrote above about the process that Gilliam employed when she initially visited a patient’s home, but the majority of her work consisted of regular follow-up visits to gather data and to refill patients’ supplies. Although refills were often sent through the mail from the MMHL office in Berea, the League often struggled to find someone who could devote enough time to office work.

¹⁰ Sample Records, 2.

¹¹ Ibid, 4.

communication networks, she had a special right to speak about her patients' experiences and, in her view, advocate for their interests in her correspondence to Gamble.

The opportunity to advocate for patients largely showed up in relation to unsatisfactory side effects or failures of the experimental method. When Lena Gilliam met with potential patients, she was instructed to tell them about the experimental nature of the work, but to foreground that the method had already been proven to be safe. What remained to be seen, however, was the effectiveness of the method to prevent pregnancies, though the Medical Board did not instruct her to relate this fact, nor was it clear that she ever did.¹² Gamble was aware that the method he pushed was not totally effective, writing to Beebe that it "is far from perfect."¹³ It appears that Gilliam and the women of the MMHL at times joined with Gamble in intentionally downplaying the investigative nature of their work to both patients and potential donors to emphasize instead the great need that birth control could meet in the region. Moreover, as described in Chapter 1, Gamble's methodological population-level approach to the mountain people meant that he dismissed individual cases of method failure and other instances where women found the method to be thoroughly unsatisfactory. Gilliam argued, however, that he should be more concerned with the prospect that his method could result in pregnancy. To impoverished patients who wrote her for birth control because of the precarity of their financial and medical situations, pregnancy was dangerous on an individual level. Additionally, experiencing method failure could prompt women to consider abortion.¹⁴ She emphasized that Gamble's approach to a singular and unestablished method thwarted his supposedly larger aim to prevent pregnancies.

¹² Ibid.

¹³ Clarence J. Gamble to Gilbert W. Beebe, June 15, 1938, Box 14, Folder 273, CJG Papers.

¹⁴ MMHL fundraising letter, n.d., Box 14, Folder 276, CJG Papers.

While Gilliam and the women of the MMHL maintained that the vast majority of women they encountered were initially and continually excited about the contraceptive service, private correspondence with Gamble reveals that Gilliam was frustrated by the implications that method failure had on her work. In 1940, Sylvia Gilliam lamented to Gamble that “some others have discontinued the method on the account of a neighbor getting pregnant when they had gotten good results themselves.”¹⁵ She showed that mountain women proceeded cautiously when they were presented with a new method of reproductive control, even though the Gilliam sisters lauded its scientific nature and medical endorsement when introducing it to patients. In a time in which the supremacy of the medicalized birth control model was not yet determined, women in the mountains relied on these networks to gather information about the most effective and beneficial method available to them. Here, Gilliam stressed the significance of women’s communication networks in the success of her work and her standing in the community. Word-of-mouth could easily carry the promises of birth control throughout the mountains, but it could just as quickly transmit information about incidents of method failure and side effects.

However, Gilliam was quick to try to separate incidents of spontaneous method failure from patient misuse. When reports of method failure did surface, the nurse joined with Gamble and contraceptive manufacturers to assume that patients had simply used the method incorrectly. This sometimes turned out to be the case, as once, after Sylvia Gilliam had established that the pregnant patient had not followed instructions, she wrote to Gamble, “it [was] easier for me to tell her neighbors just what happened” and to assuage their fears of the method.¹⁶ The same assumptions about improper use also influenced how the nurses discussed patients who reported side effects. Sylvia Gilliam wondered if repeated patient reports of irritation were “just them

¹⁵ Sylvia Gilliam to Clarence J. Gamble, December 16, 1940, Box 14, Folder 280, CJG Papers.

¹⁶ Ibid.

making excuses,” as a Durex representative wrote that concurrent reports were “probably imaginary.”¹⁷ The nurse’s participation in these discussions went beyond Gamble’s or the manufacturer’s masculine disconnect from women’s experiences. The Gilliams, who believed above all in the capacity of birth control access to improve mountain women’s lives, also participated in professional condescending assumptions about how patients used the method, even as they sometimes were frustrated with the limitations of Gamble’s experimental method.

Data Gathering and Record Keeping

Like many rural public health nurses in this time, the Gilliams enjoyed a great deal of latitude and relative autonomy in the day-to-day routine of their work.¹⁸ Because of the experimental nature of the project, however, Lena and later Sylvia Gilliam were responsible not only for seeing patients, but for follow up with them periodically and carefully collect data about women’s use of and experiences with the method. While the nurse had an opportunity, then, to make meaningful contributions to Gamble’s experimental goal, her role in data-gathering further implicated her in conflicts that Gamble and especially Beebe initiated about the precision of the information.

Gamble and the League attempted to direct how the nurse should keep records through the Medical Advisory Board. From the beginning of her employment in July 1936, in addition to a rule that Lena Gilliam should defer to local physicians, the MMHL Medical Board also instructed her to keep careful records and send reports to Gamble on a bi-monthly basis.¹⁹ The first indication that Beebe took issue with Lena Gilliam’s system of record-keeping arose in March 1938, when he began to tabulate and code the records that Gamble had forwarded to him.

¹⁷ Durex Products, Inc. to Mrs. Chas. G. Tachau, February 27, 1941, Box 14, Folder 286, CIG Papers.

¹⁸ See John C. Kirchgessner and Arlene W. Keeling, eds., *Nursing Rural America: Perspectives from the Early 20th Century* (New York: Springer Publishing Co., LLC, 2015).

¹⁹ July 16, 1936, MMHL Minute Book, 1936-1940, MMHL Records.

Beebe wrote to Gamble about some “difficulties of interpretation” in the records. In addition to sending patients’ forms that were missing dates of previous marriages, Gilliam had neglected to give information about some patients’ contraceptive usage before the experiment. Additionally, for patients who had started but then discontinued the jelly, she did not indicate how long patients actually used the method.²⁰ These omissions might have been due to a number of reasons on Gilliam’s part, such as her other responsibilities or patients’ unwillingness to reveal certain information. To Beebe, however, these issues were major hindrances in analyzing the data to establish contraceptive efficacy in light of variables like total exposure time to the method and in comparison to previous contraceptive use. He returned nearly three-fourths of the initial records to Gilliam for corrections.²¹ Significantly, though, Beebe was mindful of the potential effect that his concerns could have on Gilliam; he was sure to express to Gamble that on the whole, the records were “quite adequate.” He wrote to Gamble for advice in approaching her so as to both acquire greater clarity and not discourage her.²² Beebe apparently recognized the essential value that Gilliam brought to the work, and he realized that their roles existed symbiotically.

However, Beebe’s concerns were complicated by their timing. Unbeknownst to him, when he returned the records to Lena Gilliam in spring 1938, she had recently left Berea to pursue further training in Chicago.²³ The exact details of what happened afterwards are somewhat unclear, but by August, she had indicated that she would quit the Berea work in October, as she was engaged to Ernest Hilliard, a graduate of Berea College who had studied

²⁰ Gilbert W. Beebe to Clarence J. Gamble, March 22, 1938, Box 14, Folder 273, CJG Papers.

²¹ Gilbert W. Beebe to Lena Gilliam, June 15, 1938, Box 14, Folder 273, CJG Papers.

²² Beebe to Gamble, March 22, 1938, CJG Papers.

²³ Beebe to Gilliam, June 15, 1938, CJG Papers.

agriculture and who wanted to teach and farm in North Carolina.²⁴ Beebe and Gamble envisioned that since the majority of Gilliam's workload in the meantime would consist of follow-up visits, she could do the corrective work simultaneously. In actuality, though, Lena Gilliam left the work in Kentucky before the beginning of September, as her fiancé had to have an emergency operation, and Gamble in particular acknowledged that it might be difficult for her (at that time unknown) successor to answer the questions Beebe had posed.²⁵ It is unclear whether Lena Gilliam or Gamble selected Sylvia to replace her sister, but it is likely that Gamble was attracted to Sylvia's local background and perspective on mountain life, just as he had been to Lena's.

For the time being, though, the lack of a nurse and the issues that Beebe had posed constituted a sort of impasse in the work on all fronts. In letters to Gamble and Beebe, Dr. Ruby Paine of Berea College Hospital, who was president of the MMHL Medical Advisory Board and was heavily involved in the general administrative work of the League, wrote of the situation that Lena Gilliam had left behind in scathing tones. She showed a simultaneous dissatisfaction with Gilliam's apparent negligence and with the autonomy of the nurse in general. Paine had attempted to correct and clarify the issues in the records for Beebe, going to the extent of directing the League's National Youth Administration office worker to send out follow-up questionnaires in the mail to the nearly 200 patients from whom they needed clarification. Paine wrote, though, that she was "sure that at home visitation will be required." But she had a hard time making sense of how Lena Gilliam had recorded the location of patients' homes. She pulled out specific examples: the women Gilliam saw lived "'A mile and a half beyond the letter box

²⁴ Clarence J. Gamble to Gilbert W. Beebe, August 20, 1938, box 14, folder 273, Gamble Papers, Countway Library, Cambridge, MA.

²⁵ Clarence J. Gamble to Gilbert W. Beebe, September 1, 1938, box 14, folder 273, Gamble Papers, Countway Library, Cambridge, MA.

Black Lick Road'; 'one mile up Jack branch'; 'On wide road one mile off from Bob Town'; or 'Home on top of Bear Knob,'" for instance. Paine acknowledged that these kinds of directions were evidence of Gilliam's Kentucky mountain upbringing, which was nonetheless useful in accomplishing the project's goals. But Paine's comments revealed hers, Gamble's, and Beebe's cultural and actual distance from the nurse and patients. She remained critical, stating that reading these descriptions made her "more conscience stricken," and she concluded her letter by writing that if a replacement nurse could be found, she wished "to be authorized to assume some supervision over these records."²⁶ Furthermore, Paine's frustration belied a larger discrepancy between the roles of the nurse and the roles of physicians and MMHL women in the birth control experiment. Her disapproval of Lena Gilliam's directions was a small example of a larger disconnect between project administrators and the communities they served, which showed up again in debates over the proper presentation of mountain communities in discussions about the project.

Funding and Publicity

Financial struggle caused continuous anxiety for the women of the MMHL, especially when Gamble began encouraging them to find other streams of funding. The League also struggled with membership numbers, and the Board frequently had to remind members to pay the annual \$1.00 membership fee.²⁷ At one time, Board members tried to expand the League's numbers by directing members to invite their friends into the fold to enhance labor power, the visibility of work, and fundraising efforts.²⁸ When this word-of-mouth approach was not successful, League leadership considered giving notice of meetings in local publications, but

²⁶ Ruby Helen Paine to Gilbert W. Beebe, September 21, 1938, Box 14, Folder 273, CJG Papers.

²⁷ November 22, 1938, MMHL Minute Book, 1936-1940, MMHL Records.

²⁸ November 10, 1936, MMHL Minute Book, 1936-1940, MMHL Records.

leaders were afraid that local protests would hamper the progress of the birth control work. The MMHL enjoyed early tangible support from the Berea Union Church, in which they often met, and worked sometimes with the Church's Women's Auxiliary. In this direction, the MMHL decided to limit advertising their meetings on a local level through women's clubs and women's church auxiliaries in Berea and other nearby communities.²⁹ The futility of garnering widespread financial support for the work on a local level drove the MMHL to solicit funds from beyond the mountains; publicity seemed to be the most attractive way to raise money.

Lena Gilliam was particularly enthused about her role in the work, which was reflected in the fact that she took initiative in drafting a number of personal and informative articles in a variety of professional and lay publications aimed at populations beyond Kentucky. In her writings, she made explicit connections between her upbringing in the mountains and the work that she performed for the MMHL, contrasting the untimely death of her mother – who passed away after giving birth to her eleventh child – with “the expression on these mothers’ faces when I tell them they don’t have to have a baby every year.”³⁰ Gilliam was the preeminent interlocuter of the work to larger audiences, and her drafts reflected her background, political beliefs about the region, and her ideas about the utility of birth control. Gilliam seems to have always been eager to write about the project. And she seemed to be the most natural choice to elucidate the benefits of her work: common themes in her publications included the practical benefits of birth control for mountain women, her patients’ gratitude, and the severity of the economic degradation and poor living conditions in mountain communities and households. It is clear that Gilliam cared about these issues and her patients, and she especially believed that establishing

²⁹ May 6, 1937, MMHL Minute Book, 1936-1940, MMHL Records.

³⁰ Gilliam, “A Million Dollars for Birth Control,” reprint from *The Survey*, 1937.

the efficacy of the experimental method – which could only be done by helping to secure the financial future of the project – would result in tangible benefits to her patients.

However, as the League worried that some locals would not approve of the nature of the work, Gamble and Beebe also warned against publicizing the project’s experimental nature or the NCMH’s involvement.³¹ In 1938, when Beebe first began to analyze the data, Gilliam asked him for initial figures relating to the numbers of “unexplained” versus “explained” pregnancies throughout the trial. She told him that she was trying to write an article about the initial indicators of the project’s outcomes and the jelly’s impact on the region.³² She imagined that she would publish the article in *Life* or some other popular publication, but both Gamble and Beebe cautioned her against it. Beebe was convinced that publishing the results in terms of explained and unexplained pregnancies would result in gross misinterpretation of the statistical evidence. He referred to a difference between popular and professional understandings of statistical results, especially in the context of contraceptives. Beebe stated that he could not “understand what your work in Berea stands to gain from publicity of the order contemplated,” but he suggested that instead of writing about as-of-yet undeterminable efficacy, Gilliam should write – albeit in more focused or professional outlets – about:

the need for contraception in the Southern Appalachians where population pressure is acute because of paucity of resources in the face of very high fertility, of the need for experiments to find out what methods can be used by that population, of what you are doing with your limited resources pointed in that direction, and of what you could do with more. ... What you are doing is larger than jelly alone...³³

Beebe foresaw some of the suspicions that could arise out of perceptions of the investigative work, believing that both laypeople unfamiliar with the procedure of the project and

³¹ Gamble to Beebe, June 15, 1938, Box 14, Folder 273, CJG Papers; Beebe to Gilliam, June 21, 1938, Box 14, Folder 273, CJG Papers.

³² Ibid.

³³ Beebe to Gilliam June 21, 1938, Box 14, Folder 273, CJG Papers.

professionals unfamiliar with conditions in the region might take offense to the experiment and paint it as exploitative.

This insistence on review and approval of publications continued, especially when League women began to draft their own organizational documents. The most ambitious attempt to raise awareness of and funds for the League came in the 1937 initiative to create and distribute an informational pamphlet. At an MMHL Board meeting in June of that year, members recognized that Gilliam should really have an assistant because of her extensive responsibilities, but they lamented that they could not fund such a position. Gilliam suggested “a pamphlet describing the aims and accomplishments of the League” to raise funds, and in fact already had a draft with her.³⁴ Through the rest of 1937, Board members, Gilliam, and Leah Cadbury of Philadelphia, who served as Gamble’s secretary and editor of the pamphlet, engaged in extensive edits of Gilliam’s draft. The most controversial element of her work was her description of the MMHL’s plans, one of which was, as she saw it: “To improve eugenics (a serious and rapid deterioration is taking place among the mountain people) by discouraging child bearing in the homes of the physically and mentally unfit, and by encouraging better babies in the homes of the fit.”³⁵ Cadbury responded by saying that she was disturbed by the explicit positioning of birth control as a tool to further prevent “racial deterioration.” She anticipated that others would question the “qualifications” of the League activists or the nurse “to pronounce that mountaineers are deteriorating” or “to decide which families are mentally unfit to have children.” Cadbury was not so much worried that the work actually unfolded in response to mountaineer

³⁴ June 11, 1937, MMHL Minute Book, 1936-1940, MMHL Records.

³⁵ “The Kentucky Maternal Health League” Box 8, Folder 10, MMHL Records.

deterioration; rather, her primary concern was that unnamed “subversive groups” would attempt to equate the League’s work to coercive sterilization campaigns.³⁶

Ultimately, this explicitly eugenic language was absent from the final draft. This absence suggests that Gamble and the League tempered Gilliam’s more radical presentation of the situation and the project in order to present their work favorably to potential supporters, potential anti-contraception detractors, and mountain communities themselves. Gamble sent 500 copies of the pamphlet to various birth control clinics and the MMHL sent out 2,500 copies on their own, aided by lists of the Frontier Nursing Service’s donors and Gamble’s and Cadbury’s recommendations about potential Philadelphia contacts.³⁷ Return letters from some donors from outside of Kentucky testify to the wide range of appeal that funding this kind of work in the mountains held. Some expressed an admiration for poverty uplift work in general, for instance, and at least one Maryland woman, who was involved in progressive temperance and anti-war causes, ended her letter that she sent with a check by writing, “I thank God there are women willing to give themselves to the FREEING OF WOMANHOOD.”³⁸ Favorable return letters like this spoke to the fact that contraceptive disbursement could be especially controversial if it was not carefully presented.

Affiliation

Partly because of Gamble’s continual interest in spreading his work, the Berea nurse’s work always left room for making connections (sometimes merely through an exchange of informative letters) with individuals – namely, potential patients, sympathetic physicians, and

³⁶ L.T. Cadbury to Clarence J. Gamble and Lena Gilliam, October 7, 1937, Box 13, Folder 4, MMHL Records.

³⁷ Melanie Beals Goan describes the great extent to which Mary Breckenridge went to drum up support for the Frontier Nursing Service from outside of the region, as well as the impacts of that population on her rhetoric about the region. See Goan, *Mary Breckenridge: The Frontier Nursing Service and Rural Health in Appalachia* (Chapel Hill: The University of North Carolina Press, 2008).

³⁸ Mrs. Edward C. Bixler to MMHL, October 29, 1938, Box 13, Folder 4, MMHL Records, Berea, KY.

social workers – in disparate places, from other Kentucky counties to Saint Louis, Missouri.³⁹ And while Gilliam and the League sought to secure support from other states, they also desired to work with other Kentucky groups. With the assistance of the Kentucky Birth Control League (KBCL), based in Louisville, the MMHL successfully expanded their work into Harlan County in the early 1940s. However, the League's expansion of the work in this way was a protracted success and reflected a broader contention between MMHL and Gamble regarding the League's collaboration with other volunteer birth control organizations, especially those that insisted upon a physician-controlled clinic method.

The Kentucky Birth Control League was founded in 1933 by Jean Brandeis Tachau, a Louisville social reformer and the niece of Louis Brandeis, for many of the same stated reasons as the MMHL. However, the KBCL became an affiliate of the ABCL early on and established contraceptive clinics in urban Louisville and, later, in Lexington.⁴⁰ Similar to many birth control clinics at the time, the KBCL was also interested in data-gathering, but unlike the MMHL, was not the subject of and did not fundamentally arise out of an experimental context. As the KBCL expanded, it established itself as the catch-all for birth control work throughout Kentucky, convening state-wide meetings to which Tachau personally invited MMHL leadership beginning in 1937.⁴¹

After attending the KBCL's conference in October 1937, the women of the MMHL expressed a strong desire to accept the KBCL's invitation to integrate themselves into the broader organization. The MMHL was concerned, though, about Gamble's opinion on their possible affiliation, and successfully invited him to Berea, for what seems to be the first and only

³⁹ Royal L. Brown to MMHL, October 27, 1938, Box 13, Folder 4, MMHL Records.

⁴⁰ Elizabeth M. Cosby, *Family Planning in Kentucky: A History* (1973), 3.

⁴¹ September 27, 1937, MMHL Minute Book, 1936-1940, MMHL Records.

time, to discuss the issue.⁴² After this meeting, the MMHL considered the idea of a “united front” with the KBCL to be the most beneficial option, but clarified that any affiliation must not conflict with its experimental orientation. Instead, the MMHL must have “perfect freedom to continue the experiment with the procedure we now employ,” both with regard to simple methods and service delivery under a visiting nurse.⁴³ There is no record of Tachau’s reply, but in January, the MMHL formally declined to affiliate with the state League.⁴⁴ It seems that the MMHL thus prioritized Gamble’s experimental aims, but MMHL leaders continued to exist on friendly and mutually assistive terms with Tachau and with the KBCL’s work.

Around the same time that the MMHL first began to ponder the possibility of becoming connected to the KBCL, it also began receiving requests for information on contraceptives from both physicians and nurses in Harlan County, which, as a coal-producing county on the Virginia border, was somewhat removed geographically and economically from the center of the MMHL’s work. The KBCL had been sending contraceptives to physicians in the southeastern coal counties since 1936, and they found many doctors who were enthusiastic about dispersing contraceptives, particularly to indigent patients.⁴⁵ One Harlan County physician in particular, Dr. Clark Bailey, also began to reach out to the MMHL in 1937, requesting that the League expand its work to Harlan County by allowing physicians there to disperse birth control. Interestingly, Gamble appears to have supported the idea, promising to furnish supplies and to donate \$1.00 to individual physicians for each “mother... classed as under-privileged” that they took on, but only if the physicians kept careful records and follow-up data.⁴⁶ It seems that this model probably

⁴² November 10, 1937, Minute Book, 1936-1940, MMHL Records.

⁴³ President to Mrs. Tachau, November 22, 1938, Box 1, Folder 13, MMHL Records.

⁴⁴ January 11, 1938, MMHL Minute Book, 1936-1940, MMHL Records.

⁴⁵ Courtney Kisat, “‘Completely Sold on Birth Control’: Rural Extension Work of the Kentucky Birth Control League, 1933-1942”, *Register of the Kentucky Historical Society* 116, nos. 3 & 4 (Summer/Autumn 2018): 316.

⁴⁶ MMHL to Dr. Clark Bailey, September 3, 1937, Box 13, Folder 4, MMHL Records.

only worked on a very limited and individualized basis, and it was offered again to a physician from the Blue Diamond coal community in Perry County in 1938.⁴⁷

That year, the Kentucky Birth Control League began to amass a relatively extensive list of contacts in Harlan County through the efforts of field worker Edna McKinnon, and the organization approached the MMHL with the prospect of working on a special project in that county.⁴⁸ Because of the population concentration in the coal camps, the use of a visiting nurse to provide birth control from house to house seemed most efficient, and the MMHL approached Gamble in the hopes that he would pay the nurse's salary.⁴⁹ He was attracted to the idea of a unified approach to expand the work, but he continued to hold some reservations about the fundamental differences between the work of the KBCL and the MMHL:

Even though, as you say, they are not really using the visiting nurse plan elsewhere, they are quite ready to approve of the type of work which you are doing. Perhaps by working as one of their affiliates, you could give them a more intimate view of its advantages. To me it seems superior to the local doctor plan which they are now testing.⁵⁰

While Gamble was open to the idea of a limited collaboration and Tachau was personally enthusiastic, it seems that the KBCL Board would not finance such a project on its own.⁵¹

Gamble later offered to pay for half of Sylvia Gilliam's salary for the work in Harlan County, which constituted a sort of hybrid model, wherein she would disperse supplies, but only to those patients who had been selected and referred by physicians and some ministers and social

⁴⁷ MMHL to Dr. Payne, April 6, 1938, Box 13, Folder 9, MMHL Records.

⁴⁸ Kiser, "Completely Sold on Birth Control," 322.

⁴⁹ Sylvia Gilliam, "Report to be Given at the Kentucky Birth Control Leagues," n.d., Box 1, Folder 13, MMHL Records; MMHL to Clarence J. Gamble, April 1, 1938, Box 14, Folder 2, MMHL Records.

⁵⁰ Clarence J. Gamble to Mrs. Noll, December 15, 1939, Box 14, Folder 2, MMHL Records.

⁵¹ October 2, 1939, MMHL Minute Book, 1936-1940, MMHL Records.

workers.⁵² Gamble provided half of the funds, while the KBCL, apparently satisfied with this model, provided the other half.⁵³

During her initial visit, which lasted for the month of July 1940, Gilliam visited nearly 200 homes and left supplies with 132 patients. She devoted her attention to the communities of Cumberland and Totz and “found the doctors very cooperative.” She was also careful to detail the “most horrible” living conditions in the mining communities, as well as mine safety issues. While the despair in the coal camps, she claimed, made the young mothers in Harlan County “eager to learn” about birth control, she concluded that she felt that she had “accomplished so very little compared with what is yet to be done.”⁵⁴ Gilliam made plans to engage in follow-up work there at regular intervals, but it appears that the mood of the KBCL’s Medical Advisory Board quickly soured at the visiting nurse model for some reason.⁵⁵ The MMHL then took over funding part of Sylvia Gilliam’s salary for work in Harlan County, but could not continue to meet this financial responsibility after April 1941.⁵⁶ Thus, the Harlan County collaborative project and the League’s birth control distribution there was brief and unsustainable from the standpoint of individual patients, though such a project was supposed to result in expanded access to contraceptives. However, the collaboration between the MMHL and the KBCL in Harlan County reinforced the idea that birth control could have positive impacts particularly on Appalachian Kentucky. And as a hybrid model with a conventional birth control activist organization, the collaboration downplayed the influence of Gamble’s larger goals about the

⁵² Sylvia Gilliam, “Report to be Given at the Kentucky Birth Control Leagues,” n.d., Box 1, Folder 13, MMHL Records.

⁵³ Mrs. Charles Tachau to Mrs. Noll, May 24, 1940, Box 1, Folder 13, MMHL Records; Clarence J. Gamble to Mrs. Noll, March 7, 1940, Box 14, Folder 2, MMHL Records.

⁵⁴ Sylvia Gilliam, “Report of work done in Harlan County for the month of July using Concentrated Durekol,” Box 14, Folder 280, CJG Papers.

⁵⁵ Nell Scovill Noll to Dr. Gamble, February 14, 1941, Box 14, Folder 282, CJG Papers.

⁵⁶ Nell Scovill Noll to Dr. Gamble, March 27, 1941, Box 14, Folder 282, CJG Papers.

world's poor in the larger discussions at work. Tachau, Sylvia Gilliam, and League activists presented the hyper-fertility of eastern Kentucky women as a state-level problem that helped to associate Kentucky mountain women with the economic conditions in that part of the state.

Additionally, although the Harlan project was limited in scope and time, MMHL leaders recognized the significance of Gilliam's work in developing relationships with physicians, social workers, and the Harlan County Planning Council. They told Gamble that, "The latter may be influential in promoting further work in their county at a later time."⁵⁷ On an organizational level, the Harlan County project began to establish the MMHL's prominence as an authority on birth control in eastern Kentucky. Later, the League would work even more closely with doctors and social workers, especially in the coal counties, to continue to distribute birth control to try to solve mountain poverty.

But these collaborations originally came by way of the position of the nurse. The Gilliams' (and especially Lena's) background and professional status meant that they shaped the project partly according to their own priorities. On the whole, though, the Gilliams were largely cooperative with the project leaders, and their roles helped to cement the supremacy of the League's regionalist model of eugenic birth control. However, as the intermediary at all levels of the work and especially in her close relationship with patients, the position of the nurse came to embody not only her own but the variety of competing definitions of birth control that were present in the project, especially those voiced by patients.

⁵⁷ Ibid.

Chapter 3

Said a Mountain Mother: Patients and the Contraceptive Marketplace

Like other birth control clinics, the Mountain Maternal Health League sometimes reproduced letters from or conversations with selected patients to use in its fundraising and promotional literature. While birth control clinics routinely privileged testimonies that highlighted patients' destitution and impoverishment, as well as the gratitude that patients expressed for contraceptives, these sources nonetheless indicate that many women found that new access to birth control was personally transformative.¹ In 1940, the MMHL included one such story in its annual fundraising letter:

Said a young mountain mother, "This is our fourth child and it's a 'wanted baby.' I'm afraid my third was an 'unwanted' child. When it came it was the third in four years, I was only 23. I was not strong, my husband had no work, we didn't have enough food. The doctor who came fifteen miles to attend me said I simply must plan my family. He sent the MMHL nurse out to my house. She told me about a simple plan of spacing my children. Four years have gone by, in this breathing spell I have grown strong, my husband is working again and we really planned for this one."²

This statement illustrates that even while affiliated with Gamble's research study, the League subscribed to an idea of planned parenthood. In the League's perspective, birth control would not totally allow women to transcend their cultural and social statuses as mothers, nor should it. By helping a woman to more thoughtfully space her children in accordance with her personal health and finances, birth control could have a positive impact on her capacity to tend to a good home, match financial resources to the size of her family, lead a healthier life, and raise better children.³

The MMHL sought to extend these opportunities to mountain women, and mountain women, in

¹ Hajo, 127.

² Fundraising Letter, Mrs. Waldemar Noll, October 28, 1940, Box 11, Folder 5, MMHL Records.

³ This understanding of birth control was implied in the birth control establishment's adoption of 'planned parenthood' in the 1940s. Planned parenthood signaled a verifiable shift in the conceptualization of contraception, away from its association with radical feminism and toward its potential to strengthen families and respond to the political problems of overpopulation and poverty. For more on the implications of this phrasing, see Gordon, *The Moral Property of Women*, Chapter 11.

turn, took advantage of new contraceptive technologies to improve their lives for a multitude of reasons.

This chapter argues that like project leaders, patients put forth their own definitions of birth control. Patients often framed their requests in transactional terms, suggesting that apart from both Gamble's insistence on experimentation and the League's emphasis on charity, women in eastern Kentucky thought about the League's project in terms of a pre-existing contraceptive marketplace. For these women, the project and the new technology that it brought could embody their own kind of experiment in efficacy as they judged this new method against forms that were already common in the region.⁴ Though their view sometimes aligned with Gamble's preoccupation with commercially-available methods or the League's emphasis on birth control to safeguard maternal health, patients rejected the broader claims of both. Against the boundaries of the experiment, patients asserted the significance of their individual concerns and positions. And while they acknowledged that reproduction rested primarily within their purview and that contraception could have valuable impacts on their experiences of poverty and health, there is no indication that patients believed that motherhood in the mountains was either distinct or problematic. Even though Gamble's and the League's project came with the aims of large-scale control and reform, mountain mothers took advantage of this new technology to enhance their capacities as mothers in trying economic times, which was not unlike how other rural and working-class women viewed contraceptives at the time.⁵

⁴ In the early twentieth century, birth control clinics were typically established as charitable institutions. Overall, though, by the 1930s, the charity model had not yet succeeded in eclipsing the influence of methods other than the diaphragm, which, in many cases, were more satisfactory and familiar to clinic patients. Holz, *The Birth Control Clinic in a Marketplace World*, 70-71.

⁵ Holz, 70; Gordon, 228.

Perhaps most intriguingly, mountain women sometimes presented a perspective on birth control that seemed to be largely in line with some of the League's aims. The clearest articulation of patients' expectations came from the letters that they sent to Lena Gilliam, who reproduced them (anonymously) in fundraising materials. Not unexpectedly, because of the nature of the document in which they were compiled, these letters mostly highlighted the dire living conditions and financial positions that prompted mountain women to seek out League services. Gilliam framed these requests by reminding readers that "a large percentage of the five hundred cases are on relief."⁶ In so doing, she referenced the popular understanding of poor people, and especially poor mothers of large numbers of children, as a burden on the relief system in a time of economic crisis. One patient wrote, "...me and my husband are poor people we havent got any home of our own and no way to support a family I am weakly not able to raise kids so I want you to send me something to keep from Pregnant I haven't any money to pay for it But wood love to have it any way."⁷ The League was eager to illustrate these women's material desperation and to present birth control as a key solution to their problems. Many mountain women, it seems, were eager to do the same.

Some patients took pains to frame birth control as a short-term economic measure during a time in which men were less capable of providing economically. Gilliam reported visiting a mother of nine children who had to labor in the fields in place of her sick husband who had "lung trouble."⁸ Another woman wrote to Gilliam claiming that her husband would soon be going to prison, while yet another looked back on her initiation into the service as a time when her "husband had no work."⁹ Women took it upon themselves to offset a lack of male financial

⁶ Sample Letters, 1.

⁷ Ibid, 5.

⁸ Ibid, 3.

⁹ Ibid; Fundraising letter, Noll, October 28, 1940.

support by limiting their fertility, even if temporarily. Birth control in this context would mostly be a stopgap measure; mountain women did not wish that birth control would engender some structural change that would allow them to be primarily responsible for providing immediate needs for their families on a long-term basis. While the League leaders also highlighted instances in which husbands irrationally, they believed, prevented their wives from using contraceptives, neither the League nor patients sought to overhaul the gendered order in the mountains. Though the exigencies of the Great Depression altered the capacity of men to provide for their families, the League's service opened up a new opportunity for women to use a particular technology to mitigate the harshness of economic desperation.

The novelty of this opportunity to use contraception to safeguard a family's finances could also be attributed to the futility of both governmental and non-statist relief to meet individual needs. While the League was, in one sense, an example of a Depression-era aid work organization, it could never meet the most immediate needs of adequate food and shelter. On the other hand, county relief workers sometimes collaborated with the League and encouraged mothers to write to Gilliam.¹⁰ Though ambitious in scope and aim, governmental relief – as a negotiation between the federal and state governments – was never enough to meet the immense need in eastern Kentucky, nor did it come swiftly or without serious political obstacles that led to “renewed distress among the needy.”¹¹ Many of the League's patients perhaps would not have been able to access direct relief from either the state or private organizations. In the face of inadequate relief too, then, mountain women could use birth control as a particular tool.

Again in a manner similar to the League, many patients spent time explaining that contraception was important to them primarily because of its potential impact on their physical

¹⁰ Sample Letters, 5.

¹¹ Blakey, *Hard Times and New Deal in Kentucky*, 50.

health. Both project leaders and patients perceived of contraception within the realms of health and medicine, echoing the language of the woman who wrote to Gilliam, asking if she “could furnish Medicine to prevent ladies from becoming” pregnant.¹² But more generally, patients believed that birth control could safeguard their already poor health, as well as to protect future children. One woman spoke of having “bad blood,” possibly a reference to syphilis, that had caused her children to be born with birth defects.¹³ The woman in this case referred to poor reproductive health that was also associated with a general state of ill health in the mountains. As in the case of the woman who was quoted in this chapter’s opening, patients were sometimes referred to the League by physicians who could advise patients that they should not have more children but were unable to provide them with any legitimate means to do so. To mountain women, therefore, birth control could address the fact that they could not regularly count on physicians to treat their ailments or to attend them in childbirth. Thus, birth control could be a step toward improved health outcomes when women had no other means to address them. Furthermore, women’s health issues were usually directly associated with conditions of impoverishment. Several women illustrated their need for birth control by stating that they had tuberculosis, for instance, whose spread was largely attributed to undernutrition and crowded living conditions. And as women reflected on the connection between their poor financial state, the number of children they had, and their condition of health, they concluded that having more children would only further imperil their health and make it more difficult to provide for their families. These conclusions prompted the sense of urgency that many exhibited in requests for

¹² Sample Letters, 5.

¹³ Ibid, 4.

assistance, such as the woman whose aunt had pellagra, who, the niece related, “is really sincere and said that she would get whatever I recommended, regardless of cost.”¹⁴

The fact that at least one woman was so desperate for fertility control that she would pay any cost is curious upon consideration that Gamble, Beebe, and the League often presented the project’s subject population as monolithically impoverished. But to some poor and working-class families at this time, contraception was not necessarily a luxury, but “a commodity that few working people could afford to be without.”¹⁵ As a charity organization that had moral goals, the League consciously pushed against the commodification of birth control, but mountain women’s confidence in the method and their willingness to pay for it shows the great value that they placed on birth control. Many women requested information about contraceptives in very simple and straightforward ways, with no mention of the financial and health concerns that served to justify other women’s requests. In some cases, the League’s services became merely transactional. Under a heading entitled, “Some Ordinary Requests,” Gilliam reproduced such an inquiry: “Please send me a tube of Jello in close find 25c.”¹⁶ Another wrote, “Please send me another tube or two of your Jelly, as I am an old customer. I have used your Jelly for over a year.”¹⁷

Although the method was provided free of charge and the League frequently emphasized that no woman was turned away for her inability to pay, both Gamble and the League encouraged women to contribute if they were able. The applicator cost ten cents, and each six-ounce tube (which contained enough jelly for seventeen doses) cost twenty-five cents.¹⁸ For the

¹⁴ Ibid.

¹⁵ Tone, 82.

¹⁶ Sample Letters, 1.

¹⁷ Ibid.

¹⁸ Gilliam, “A Contraceptive Service for Mountain Women,” 57.

month of September 1936, Gilliam reported that she had received \$8.30 “from sales to patients,” and \$7.20 for the month of October.¹⁹ Though Gamble and the League were anxious that poor women might become dependent on the service as a means of charity and thus sought to encourage payment, some mountain women perceived of the League’s birth control as a legitimate part of the contraceptive marketplace. Paying for birth control gave them a sense of confidence over the method and a right to use it as they saw fit, which sometimes included discontinuing use.

Perhaps so many women purchased the method because that was how they had always obtained birth control, or how they understood that one obtained it. Although the MMHL sometimes portrayed its work as entirely novel in the region, mountain women practiced contraception long before the experiment. Prior contraceptive usage was important to Gamble and Beebe because it gave them a metric against which they could measure the efficacy of the contraceptives Gamble supplied among the sample population. Ultimately, Beebe found that thirty-nine percent of patients reported prior contraceptive usage. The most common methods were condoms, withdrawal, and douching; over thirty-three percent of all patients reported that they had tried at least one of these.²⁰ However, he also noted differences in efficacy among these three existing methods, with the condom being the most effective by far. Beebe surmised that there was a socioeconomic distinction that correlated with reliance on specific methods: it was usually the mothers within the small professional or skilled group – unlike farmers’ wives – who could generally afford and access condoms and who had the greatest success.²¹

¹⁹ November 10, 1936, Minute Book, 1936-1940, MMHL Records.

²⁰ Beebe, et al, “Control of Conception in a Selected Rural Sample,” 7.

²¹ *Ibid*, 8.

Patients' former reliance on condoms and douching meant that they relied on the largely unregulated birth control industry to prevent pregnancy. Proponents of charitable and medicalized birth control contested the birth control trade, but, as Andrea Tone explains, regular people were not simply unwilling victims or totally vulnerable to gaps in the efficacy of marketplace methods. Instead, they developed strategies to ensure the safety and efficacy of certain methods in preventing pregnancy. One fundamental strategy entailed comparing experiences with various contraceptives with one another to get a sense of a method's effectiveness.²² League nurses pointed out that news about their work spread on interpersonal levels, from woman to woman throughout mountain neighborhoods. This means of communication was also reflected in patients' letters; they often wrote on behalf of other women, such as the one who wrote that her aunt wanted a "sure way of birth control" not only because she was poor and "certainly" did not "need any more children," but also because she suffered from pellagra.²³ It was also relatively commonplace for a patient to write on behalf of many women in her neighborhood to coordinate a time when several of them could meet with the nurse in one location or could receive follow-up supplies at the same time. These letters reveal that patients often had insight into each other's intimate lives and that there was a degree of openness among women about health, sexuality, and marriage, such as in the case of one woman who wrote that her neighbor's husband would not allow her to use the jelly after all.²⁴ In the 1980s and 1990s, Appalachian historian Glenna Graves conducted oral histories with elderly women in eastern Kentucky, and she found that while a certain ignorance about sexuality among unmarried women could be a sign of morality, older women often "whispered" about the secrets of married

²² Tone, 78.

²³ Sample Letters, 4.

²⁴ Ibid, 2.

life that they would not share with younger women and girls.²⁵ League patients' letters affirm that married women talked consistently about these matters, which meant that within the context of the experiment, they likely spoke at length about their experiences with the project's method. This also helps to explain why a singular women's experience of method failure could be so discouraging to her neighbors, even when they themselves had been successful in preventing pregnancy.²⁶

Mountain people, then, were not total strangers to "the secrets of family planning," as the League stated.²⁷ Eastern Kentucky women could and did use this experiment to expand their capacity as contraceptive consumers, primarily through their careful comparison and evaluation of the new method. But the condom, the most effective method that women could imagine prior to their involvement in Gamble's and the League's experiment, was perhaps not accessible to most of them, and certainly not all of the time. Most patients did not report prior usage, and the basic premise of the project was to expand birth control to those to whom it had never largely accessible. And it is also important to consider that the spermicidal jelly that Gamble and the League offered was a woman-controlled method, which, coupled with its promises of enhanced efficacy, was perhaps a novelty in the mountains. Not all women who approached the League were comfortable with the existing model of reproductive knowledge as purely a community space for women. Apart from new opportunities to try contraceptives for the first time, the League also presented opportunities for women to learn more about health, sex, and reproduction. One patient wrote to the League for "advice on care of the body after marriage," explaining, "I'm sorry to admit but I'm some what dumb along that line all though I'm married.

²⁵ Glenna Horne Graves, "In the morning we had bulldog gravy: Women in the Coal Camps of the Appalachian South, 1900-1940," PhD diss. (University of Kentucky, 1993), 96.

²⁶ Sylvia Gilliam to Clarence J. Gamble, December 16, 1940, Box 14, Folder 280, CJG Papers.

²⁷ "A History," Mountain Maternal Health League, n.d., Box 1, Folder 1, MMHL Records.

I'm only twenty. I have the best mother that there ever was but I never felt free to talk much on this subject. Not that she wouldn't tell me if I ask. But I'd rather get my information from girl friends. But they don't seem to satisfy me. Please help me."²⁸ In cases such as this one, the innovative visiting nursing model could have the most visible success.

As a medical professional, the League's nurse gave concentrated attention to women in instructing them about reproduction and health, but it was also important that the League's nurse was a young, educated woman from those same Kentucky hollows. Lena Gilliam embodied both sets of qualities that made this nursing model appealing: her authority among patients stemmed not only from her position as a professional who was nonetheless supervised by physicians, but that she was a local woman and, in many cases, part of the same women's communication networks that she observed and wrote about. Gamble and the League privately opined that if one had been available, they otherwise would have hired an old granny midwife, since many mountain communities revered these figures as the ultimate authority on reproduction.²⁹ In a time in which regional women's health advocates like Mary Breckenridge, for instance, vilified the granny midwife in favor of the professional and regulated nurse-midwife, Lena Gilliam's position (and, later, her sister's) represented a shift in the ways that women talked about and learned about sexuality and reproduction in Kentucky mountain communities.³⁰ Gilliam's endorsement of the League's method, carefully framed against her background, likely influenced patients' receptiveness to the method. When the League nurses spent hours in a woman's home, they instructed her in the workings of birth control. In ascertaining her prior contraceptive usage and promising the effectiveness of Gamble's method on the basis that it was a scientific

²⁸ Sample Letters, 6.

²⁹ May 21, 1936, Minute Book, 1936-1940, MMHL Records.

³⁰ Goan, *Mary Breckenridge*, 62.

endeavor, the mountain nurse helped women gain confidence in their ability to evaluate their contraceptive experiences.

Sometimes, however, League nurses encountered women who were not receptive to their services, and nurses often perceived women's rejection of contraceptives to be unreasonable or further evidence of mountain women's backwardness. Some women claimed that they did not need the jelly since they were already "careful," plausibly referencing the withdrawal or rhythm methods.³¹ Some others had not even begun to use the method because they were still breastfeeding after a recent delivery. Sylvia Gilliam noted, somewhat dejectedly, "Since it is true some women do not get pregnant while their babies nurse, I find it rather difficult to get them to start method before their periods have resumed."³² As Gilliam hinted, the reasons that these women gave for discontinuing or refusing to begin using the jelly were not so irrational, especially if one views the League's services as an opportunity for mountain women to evaluate new forms of birth control against more familiar methods. Women rejected the singularity of the method that the project ordained, thus emphasizing the multiple and competing notions of birth control within the project.

Women who refused the service for more personal or intimate reasons, though, were especially concerning to Gamble and the MMHL. Some simply claimed that they did not want to restrict their fertility. The League did not spend much time trying to convince these women, implying that they were fundamentally unreachable and unteachable. Those who refused typically raised doubts about contraception in the context of theology, as one woman stated, "The Lord sends the children. My mammy had 15 and she'd a throwed it in your face if you'd a offered her anything to stop 'em from coming." In a hopeful mood, Lena Gilliam argued, though,

³¹ Sample Letters, 3.

³² Sylvia Gilliam to Mrs. Charles G. Tachau, January 20, 1941, Box 14, Folder 284, CJG Papers.

that even this sentiment “seems to be passing.”³³ This sort of justification was particularly troubling for League leaders since they sought to situate their work within Christian and moral terms. One MMHL fundraising letter told the story of a country preacher whose ill wife had borne him eleven children. The pastor stubbornly would not allow his wife to be sterilized; such a story, which the League claimed was “typical,” showed “the crying need...for an active program in planned parenthood and information to help break down superstitions and old ideas that family planning is wrong.”³⁴ By using anecdotes like this, the MMHL presented the idea that mountain women were unwitting subjects of both the whims of traditional men and traditional religion. Neither of these subjections, the League’s members believed, could effectively be solved on an individual basis; in response to these cases, they quietly left and did not try to convince women otherwise.

However, religious objections presented serious problems for the League’s portrayal of birth control as gospel and as morally uplifting. As the MMHL’s founders stepped from church society and mission work into contraceptive advocacy and as they positioned birth control services as a form of mountain aid work, they found support from some local clergy members. Berea’s Union Church, which offered the League free meeting space in the organization’s early days, donated over \$100 to the MMHL in 1940, and its Reverend Seth Huntington lent his support in encouraging Gilliam and League members to appeal to the Federal Council of Churches in America for funds.³⁵ Mountain pastors, like mountain physicians, sometimes referred individuals to the League or to the KBCL, or at least expressed interest in expanding contraceptive services to their communities. Reverend Lewis Brown of the United Methodist

³³ Sample Letters, 3.

³⁴ Fundraising letter, Dr. Louise G. Hutchins, September 15, 1944, Box 11, Folder 5, MMHL Records.

³⁵ Director of Religious Education, Union Church, Berea and New York Registered Nurse in charge of Clinic to Mr. Samuel McCray Calvert, June 22, 1937, Box 13, Folder 4, MMHL Records.

Church in Jackson in Breathitt County articulated his support for birth control work by writing that “it is one of the great problems facing the mountain people. The over large families among those unable to care for them. The family problem is the great social, economical and religious problem.”³⁶ He also underscored how “essential” it was “to have the moral and active backing of ministerial groups” in achieving this goal.³⁷ These instances of explicit clerical support for birth control were perhaps due as much to the economic situation of the time as they were to the League’s careful portrayal of birth control as aid work to uplift women and children. The MMHL likely sought to wield the moral authority of local pastors and other respected, traditional community leaders to endorse the morality of their work, and so had no real rebuttal to women who argued against birth control on religious grounds.

However, women who accepted League services did not position themselves as amoral or non-Christian; rather, they often envisioned that they could hold their status as “contraceptors” and as Christian women simultaneously.³⁸ We cannot know why some women did not envision birth control as contradictory to their faith and others did, but perhaps contraceptors believed that morality and religious obligation entailed being a good and healthy mother in order to provide for existing children. In this context, the role of birth control was not so much about preventing more children from being born, but about helping a woman prioritize and improve how she cared for living children. To that end, mountain women who accepted birth control most frequently articulated their requests or decisions in ways that centered the material relevance of fertility control on their lives. The significance of materiality was not only the case for those who

³⁶ John H. Lewis to Mrs. Chas. G. Tachau, December 1, 1939, Box 1, Folder 4, Family Planning in Kentucky Collection, 1933-1987, Kentucky Historical Society, Frankfort, KY.

³⁷ Mrs. Louise Bower, “Group Meeting in Presbyterian Church,” December 18, 1938, Box 1, Folder 4, Family Planning in Kentucky Collection, Frankfort, KY.

³⁸ This was the term that Beebe and Gamble applied to women who accepted the jelly. See Beebe, et al, “Control of Conception in a Selected Rural Sample.”

wholeheartedly accepted the League's method, but especially for those who moved back and forth among different methods. Many expressed discontent with the League's jelly, citing side effects and preferences for other types of birth control. But others didn't even begin to use the jelly that they received. As frustrating as these cases seemed to the League and Gamble, they go far in illustrating the basic disconnect between project leaders and patients over the meaning of contraception. Mountain women were most interested in their immediate and material needs, and they constantly evaluated new methods in light of their prior familiarity with contraception and against their expectations of the service. Ultimately, Gamble and the League had to be beholden to these expectations.

To this end, another central element of women's requests and expressions of gratitude was their discussion of family size and the number of children they had. Gamble and the League made references to the stereotypically large mountain family to justify their work and to further the notion that women could play a key role in solving regional economic issues. The League's literature sometimes included stories about "typical" cases, which were those that involved high numbers of children, such as this "typical case: Eleven pregnancies, the last three children still-born..."³⁹ Gilliam included four cases under a heading that read, "Sample Cases Welcoming Information": patient 443 had given birth to fourteen children, patient 455 had ten, patient 460 had eight, and patient 470 had twelve.⁴⁰ Gamble, Beebe, and the League were not simply concerned that women in Appalachia reproduced at higher rates than women in other parts of the country; rather, they argued, many women had far too many children.

Many mountain women claimed that their desire to not have any more children was foremost in their decision to seek contraceptive information, but they revealed that they only had

³⁹ Fundraising letter, Hutchins, September 15, 1944, MMHL Records.

⁴⁰ Sample Letters, 2.

several children rather than the upwards of ten or fifteen that the League characterized as typical. One woman who had three children between the ages of two and eight years old wrote that she “would be so thankful to get some thing to keep from bringing any more children into the world,” claiming that she could not support the children she already had.⁴¹ Another wrote “in regard to your remedy against having children” that she had “2 little kids one boy & one girl the boy is two years and a half old and the Baby girl is 6 months old me and my husband are poor people we havent got any home of our own and no way to support a family.”⁴² Per experimental guidelines, women only had to be mothers to participate; there was no provision that a woman had to have a certain number of children. The experiment could represent, then, a way for mountain women to control their own financial and familial destiny in accordance with their specific needs, no matter how many children they had. Patients subscribed to the idea that access to new contraceptives could enable them to become more efficient mothers to already-existing children. And while on a statistical level, these rural mothers reproduced at higher rates than other mothers, this project represented an opportunity for women to take advantage of official, derogatory narratives to claim the utility of birth control for other, more specific, purposes.

This is reflected in the fact that patients often described the utility of contraception by discussing their own children. Both mothers of large number of children and those who had only a few couched their request in the simple desire to not have more children. However, patients’ focus was not necessarily on reducing fertility because of a dislike or disavowal of bearing or raising children. Rather, these women sought to prioritize the children they already had, to give them greater attention, and to save precious resources in a time of scantness. This was especially

⁴¹ Ibid, 4.

⁴² Ibid, 7.

the case for one woman who had recently given birth, whose “baby [was] so young.”⁴³ Rather than giving up the ability to become pregnant altogether, she worried about her capacity to effectively mother her young children with the prospect of becoming pregnant again soon. Thus, mountain women defined birth control not so much in terms of the rejection of motherhood or the possibility of pregnancy, but in terms of improving the capacities of individual mothers across the region to care for their children.

Moreover, the extent to which patients expressed their desire to access the League’s services was matched by the extent of their verbalized gratitude for the services. Though the MMHL’s representation of these women was selective and dismissed those who expressed various concerns and objections, patients’ gratitude was not inauthentic. One woman who had eight children and apparently little support from a male partner had begun doing laundry in other people’s homes to provide for her children. She exclaimed to the League nurse, “‘Oh why didn’t you come sooner?’” She then went on to explain that because of her work, she had been forced to leave her infant with her other small children, and the baby succumbed to pneumonia.⁴⁴ Being able to control her fertility earlier, she implied, could have spared a baby’s life. In attempting to understand why so many women conceded to fertility restriction when others objected to various elements of the study, it is helpful to consider that for the former, Gamble’s and the League’s project did not entail total control. To mountain women, birth control and its rhetoric was malleable enough, and they used the justification of excessive fertility to articulate personal desires to limit their relatively small families.

Though some women wanted to more carefully space their children and to prevent pregnancy temporarily out of economic considerations, some women claimed to want long-term

⁴³ Sample Letters, 4.

⁴⁴ Fundraising Letter, May 12, 1943, Louise G. Hutchins, Box 11, Folder 5, MMHL Records.

birth control “to keep from bringing any more children into the world,” as one patient phrased it.⁴⁵ Thus, in some respects, patients understood contraception’s potential to more permanently alter their reproductive status, which could significantly change their experiences as wives and mothers. Beebe acknowledged the status of motherhood as a defining feature of the family institution in Appalachia; some Appalachian historians also affirm the primacy of women’s reproductive capacity in mountain culture and social life, especially before industrialization. In mountain culture, women were celebrated for their role in producing and bringing up large numbers of children to labor on mountain farms, but this reverence for women was always subsumed within the context of the family.⁴⁶ Gamble, Beebe, and the League were also familiar with popular imagery that presented mountain women as subordinated, a status which was at least partly to blame for mountain women’s excessive fertility, they believed. In the League’s view, contraception could allow for a woman’s uplift beyond traditional or presumably backwards standards of patriarchy. Gordon writes that beginning in the nineteenth century, the subordination of working-class women within the family gave working-class men a sense of “dignity” and privilege that they otherwise could not wield within the industrial economy.⁴⁷ To this end, some patients reported that their husbands would not allow them to take the League’s medicine. League patients, either because of their experiences of dependency, because they viewed birth control as merely temporary and limited, or because they sensed the League’s conservatism, did not advocate for major gendered change in the mountains.

⁴⁵ Ibid.

⁴⁶ Beebe, *Contraception and Fertility in the Southern Appalachians*, 31; See Graves, “In the morning we had bulldog gravy”; and Ronald D. Eller, *Miners, Millhands, and Mountaineers: Industrialization of the Appalachian South, 1880-1930* (Knoxville: University of Tennessee Press, 1982).

⁴⁷ Gordon, 11.

Although they were sometimes dependent on husbands, mountain women did not invariably see themselves as subordinate. Some patients were able to sneak around their husbands to access MMHL contraceptives, and they justified it by referring to their particular reproductive experiences as women. One wrote, “my husbin don’t Like for me to use nothing. ... if i take a nocean I will Let you no I want ask him he dont haft to go threw with what I do.”⁴⁸ Because of the nature of the method, it is perhaps not likely that many women would have been sufficiently capable of hiding this knowledge from their partners, but as this patient’s letter shows, the League’s project was foregrounded on the premise that matters of reproduction were women’s exclusive responsibility. The notion that conception and contraception were women’s issues could justify a woman’s participation in the project against her husband’s wishes, and it also contributed to the kind of homosocial space that Graves’s interviewees described in terms of whispers and that the Gilliams referred to as women’s communication networks. While the MMHL’s service did not lead to a broad upheaval in the patriarchal order, some individual women thanked the MMHL specifically for the impact that the service had in bringing about improved relationships with their husbands.

Overall, though, the vast majority of women did not appear to envision that their gendered reality was in need of radical change, nor did they perceive that contraception would have been an adequate means to achieve that alteration. They did not bring attention to their apparently subordinate status, but always emphasized the material and economic considerations that drove them to contact the League. Women wanted to be healthier and better equipped to provide for their families and to devote more time and resources to their existing children, which was an especially pertinent concern in the context of the Depression and the attendant crises that

⁴⁸ Sample Letters, 1.

were particular to the mountains. On the other hand, though, these matters of simple economy, as these letters attest, could never be separated from patients' experiences of being wives and mothers. Their cultural expectations about married life and motherhood withstood periods of economic disparity; they did not believe that their ways of mothering were fundamentally deficient. Birth control, mountain women believed, could be a tool to alleviate the depths of deprivation and depression.

An important part of adequately providing for one's existing children was to provide them with a healthy mother who had not only the material resources to care for them, but the physical capacity to rear them effectively. Women who articulated their arguments for birth control in this way revealed that these conditions were often not distinguishable from one another. Here was an important distinction between patients' and the League's understanding of poverty and class and the impact of economy on mothering. While the League maintained that motherhood involved spiritual components and that mountain mothers' poverty made them culturally and morally deficient mothers, patients were clear that the circumstances of economic collapse and their positionalities in the ongoing economic crises made them dependent and strained the resources they used to support their families. Motherhood was not fundamentally in crisis in the mountains, they argued.

On the whole, mountain women's orientation to the utility of birth control was not so different from that of other rural and working-class women in the U.S. at the time. In other birth control clinics, patients critiqued the emphasis on a singular type of diaphragm because of their familiarity with diverse commercially-available methods since the late nineteenth century. Thus, birth controllers' emphasis on the charity clinic model was not yet firmly established in opposition to the birth control industry. Appalachian women's resort to consumerism, in the

words of one historian, was part of a common experience of working-class women who had been quite familiar with the contraceptive marketplace since the late nineteenth century.⁴⁹ And, according to Gordon, although even religious working-class women in the 1930s did not envision birth control as “a rebellion against a traditional family role,” it is significant that some women justified their contraceptive usage against religious belief or their husbands’ orders *because of* their particular experiences as mothers and as women.⁵⁰ The centrality of the economic utility of birth control perhaps most directly explains its increase in popular reception during the Great Depression. The fact that mountain women insisted that their experiences of mothering and reproducing in the 1930s were similar to those of women throughout the country refuted the insistence of project leaders that something was fundamentally unique about mountain mothers’ needs.

As Beebe, Gamble, and the MMHL, therefore, articulated particular understandings of social reality and aims for the meanings of motherhood, womanhood, class, and sexuality in the mountains, so too did the League’s patients strive to articulate their own understandings of these topics. Mountain women agreed with project leaders that birth control could play an important role in modifying and enhancing their gendered roles in the mountains, and especially in the context of poverty and ill health. However much these beliefs and goals seemed to overlap, though, patients did not subscribe to the view that birth control should or could radically alter the cultural assumptions of mothering, sex, and gender in the region. To these women, birth control was a useful albeit largely temporary tool.

⁴⁹ Holz, 70.

⁵⁰ Gordon, 228.

Conclusion

The birth control project that Dr. Clarence Gamble and the Mountain Maternal Health League led in eastern Kentucky was a multi-faceted and complex enterprise. Birth control distribution in the mountains was not merely an exercise of top-down coercion that came from outside the region. Gamble's aims did not supersede the regionalism of the MMHL, and patients did not simply acquiesce to the controlling narratives and the eugenically-minded intentions of the League's leaders. Nor did patients use birth control as a liberatory measure to radically transform their lives. More readily, this project illustrates the "multiplicity of meanings" of birth control, especially before the ascendancy of Planned Parenthood's authority on contraception.¹

Historians have claimed that birth control activists' general orientation as to the purpose of contraception began to change in the 1930s. This period saw an increase in arguments for birth control on the basis of economic self-preservation and welfare rather than women's mobility or freedom. Early birth control activists and especially Margaret Sanger had initially envisioned that birth control would provide for "free sexual expression and reproductive self-determination," but this belief was also informed by Sanger's Socialist commitment to workers' freedom and standards of living.² As a Socialist and a former nurse, she sought to work towards both of these goals by using contraception to improve poor women's lives in particular. She considered herself to be committed not merely to poor people or to women, but especially to poor women. Birth control as a form of economic relief, she argued, would provide relief from a gendered order that left them with little bodily autonomy in a context that also withheld from them economic and political autonomy.

¹ Schoen, 7.

² Gordon, 138, 145.

As much as access to contraceptives could be liberatory for disadvantaged women, however, the influence of some physicians and researchers on the birth control movement meant that the study and development of new technologies would extend controlling impulses onto poor women. If, as Gordon claims, conflicts over reproductive rights are not conflicts over technologies, but issues of class, race, and gender, birth control could be both freeing and constraining.³ To what extent, then, can Gamble's and the League's extension of birth control to eastern Kentucky women be seen as liberatory? To what extent did mountain women envision new forms of contraception as steps toward broader possibilities for themselves?

Mountain women did not totally view birth control as divorced from matters of sexuality and gender. They acknowledged that conception – and, in turn, contraception – was uniquely within their realm of authority and responsibility. In this view, birth control had the possibility to improve their lives along the lines of marriage, motherhood, and sex. They relied on familiar and alternative orientations towards birth control – most readily, by mobilizing their familiarity with the contraceptive marketplace and by comparing their experiences with one other – to make claims about the impact that contraception could have on their lives and why they deserved access to it, apart from the broader aims of Gamble's and the League's project. Contraception could give them more opportunities to decide when, how, and why to have children, which were especially significant decisions in uncertain economic times. Even within the bounds of a research study that arguably sought to disempower women in terms of reproductive choice by limiting fertility on a mass scale and by positioning them as culpable for regional issues and uplift, mountain women could find possibility in the study's method.

³ Ibid, viii.

Overall, Gamble's and the League's project was relatively limited. It did not result in total and lasting authority over women's bodies in eastern Kentucky, and it did not alleviate poverty throughout the region. This limited success was not only due to the singular method or the experimental design, though it bears mentioning that the experiment was not sustainable. The League lasted long beyond Gamble's involvement, but it had trouble without his steady support, especially during World War II, when it was harder to raise funds or to recruit a long-time nurse.⁴ Some patients continued to receive contraceptives from the League through the mail, but this was not always accessible for illiterate women or for those who lived in remote places, and the League was often unable to find someone to devote time to the mail-order work. Many patients dropped off. The experiment's potential for lasting patient oversight, which was most notably illustrated in the nurse's repeated home visits and follow-up communication, was limited.

While Gamble's and the League's birth control project was politically complex, the MMHL especially used birth control and drew upon powerful assumptions about the region in a turbulent time to create larger meanings about the region and its inhabitants for observers. The League did not deploy birth control so much as to liberate mountain women from the material circumstances of their lives, but sought to apply birth control to solve large-scale problems. This project was arguably the first instance of a concentrated effort to problematize Appalachian reproduction, which helped to cement the idea that mountain women's reproduction should be taken "as a shorthand indicator of mountain 'backwardness'" in general.⁵ Not only did mountaineers have too many children that they could not support without outside aid, but they clung to an outdated way of life that did not value women apart from their reproductive capacity.

⁴ Hutchins, "Better Health for Mountain Mothers," 18.

⁵ Blackwell, 67.

But leaders who attempted to solve these problems reinforced them when they targeted women to be the bearers of modernization in the mountains. Gamble's and the League's project would not be the last instance that this understanding of mountain women was employed.

Journalistic accounts in the post-World War II period sometimes sensationalized poor and large mountain families. One example is a 1949 *TIME* article entitled "The Fruitful Mountaineers," which described the high birth rates in eastern Kentucky as "a biological joy ride to hell." The author, who interviewed Nurse Beaman who had worked for Gamble in West Virginia, noted the preponderance of high birth rates – exemplified smartly in a photograph (which took up almost two whole pages, of the fourteen children of Leslie County's Wilburn family against their wooden shack – amid the extent of charitable causes that gave out cheap birth control in the region.⁶ In the 1960s, which was also a period of concentrated urgency about the region, the idea of mountain women's responsibility for regional poverty resurfaced. Governmental and community leaders frequently called for alternative employment for underemployed coal miners, but commentators also focused on the apparently excessive fertility of women in the region in light of the decline of coal jobs. Many observers suggested – as the state and federal governments came to agree, with their authorization of funding for family planning – that "the Appalachian problem no longer need be self-renewing."⁷ And again in the 1960s – as in the 1930s and 1940s – medical researchers in partnership with local aid organizations targeted eastern Kentucky as a site to test contraceptives. From 1959-1966, Mary Breckenridge's Frontier Nursing Service partnered with gynecological researcher Dr. John Rock

⁶ T.S. Hyland, "The Fruitful Mountaineers," *TIME* 27, no. 26 (December 26, 1949): 60-67.

⁷ Rupert B. Vance, "How Much Better Will the Better World Be?," *Mountain Life and Work*, Fall 1965, reproduced in *Appalachia in the Sixties: Decade of Reawakening*, eds. David S. Walls and John B. Stephenson (Lexington: The University Press of Kentucky, 1972): 44. For a study of women's significant roles as community activists in the War on Poverty in the region, see Jessica Wilkerson, *To Live Here You Have to Fight: How Women Led Appalachian Movements for Social Justice* (Urbana: University of Illinois Press, 2019).

to test the oral contraceptive Enovid.⁸ In the 1960s, the concentrated poverty of the poor mountain whites of eastern Kentucky amid a generally prosperous postwar economy – as well as greater popular acceptance of birth control – had created another instance of urgency about the problematic fecundity of mountain women.

This understanding of women in the region was due partly to the longevity of the MMHL, which had grown to be the leading authority on birth control in the region by the 1960s. Under the long-time leadership of Dr. Louise G. Hutchins – a pediatrician who was married to the President of Berea College – the League affiliated with the Planned Parenthood Federation of America, collaborated with outside organizations and manufacturers to acquire more resources and supplies (often gathering patient data on various methods to get free or discounted supplies from pharmaceutical firms), and networked extensively throughout the region and state. Through these partnerships, the League was successful in lobbying the state of Kentucky to include contraception within state public health services, which allowed women in the mountains – and beyond – to access more contraceptive methods and access to gynecological care on an unprecedented scale.⁹ In the 1960s, the League also partnered with a philanthropist from New York to fund sterilization procedures for people in pre-selected eastern Kentucky counties.¹⁰

Generally speaking, Gamble's and the League's project that began in the 1930s, though limited in its immediate success, created an enduring idea that Appalachian reproduction was problematic, which in turn seemed to reinforce the essential difference of the region apart from the rest of the nation. Importantly, those who fixated on Appalachian women's reproduction –

⁸ On these trials, see Johnson, "A Cage of Ovulating Females"; and Heather Harris, "Constructing Colonialism: Medicine, Technology, and the Frontier Nursing Service" (master's thesis, Virginia Polytechnic Institute and State University, 1995).

⁹ Cosby, *Family Planning in Kentucky*, 30, 33.

¹⁰ Holly, 94-95.

because it was so evidently tied to poverty – did not offer any other legitimate means to solve structural issues of political economy in the region. Even though in both the 1930s and the 1960s, MMHL patients took advantage of new technologies and moved the League to reconsider how it framed its programs and language, the project that began in the 1930s had a legacy that only reinforced women’s seeming responsibility for perpetuating and solving poverty in the mountains.

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