

# birth control review

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## NEGRO NUMBER

The Birtright of the Unborn

— Carl G Roberts, M D

Black Folk and Birth Control

— W E B DuBois, Ph D

Negro Maternal Health Centers  
in Harlem and Baltimore

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# BIRTH CONTROL REVIEW

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## One-tenth of a Nation

SHORTLY before Negro Health Week, requests began to come to the American Birth Control League for literature adapted to this nation wide program. Because of the interest shown in a number of cities, this special issue of the *Review* has been devoted to the problem of family planning for Negroes. All the articles have been contributed by leaders of Negro thought.

Articles in this issue, as well as recent surveys, emphasize that Negroes make up the tenth of our nation most handicapped by disease, lack of education, poor housing and low wages. Negroes constitute one sixth of the total population on relief. No group has suffered more distressingly during the depression.

Birth control is one of the essential public health services that should be available to Negroes. It can help solve other health problems. Tuberculosis and syphilis are from three to six times as prevalent among Negroes as among whites and any campaign to wipe out these plagues must include medical birth control clinics. The hazards of

childbearing for the Negro mother reflect how much she needs reliable information on child spacing. Statistics of the U S Children's Bureau for the period 1933-35 show that Negro mothers died at the rate of 96.1 per 10,000 live births while the rate for white mothers was 54.6.

Though birth control centers in general are open to Negro mothers, many communities believe that the center administered by Negroes to serve their own people will meet the need more successfully.

It can be done! Told in this issue are heartening stories of accomplishment in Baltimore and Harlem. In Oklahoma City a Negro birth control center is sponsored by fourteen Negro women's clubs. Other centers are functioning under Negro committees in Philadelphia, St. Petersburg and Chicago. State and city birth control leagues have lent a helping hand.

More and more thoughtful Negroes—and especially, Negro youth—are convinced that through planned families and wanted children their race can take a long step toward health, security and a brighter future.

# The Birthright of the Unborn

By Carl G Roberts, M D

*Chicago, Illinois*

**A**BOUT twenty years ago a young woman, who was one of my patients, gave birth to four children in six years. There were also two older children born before she came under my care. She was frail, anemic, listless and always complaining of various aches and pains. The children were undernourished and often ill, the home untidy and overcrowded, the father, harassed by his worries in trying to make ends meet, was irritable and his rest was broken because of the disorder in the home.

Here was a young couple whose history prior to marriage was remarkably free from major illnesses of any kind, whose early environment was rather better than the average among their friends. When questioned as to why they made no effort, intelligent or otherwise, to control the frequency of the births, their replies typified the mistaken beliefs and dogmatic attitude which ignorance and superstition have used throughout the ages in vain efforts to stem the irresistible tide of science and knowledge.

First they believed it was morally wrong to "interfere with nature." Second the husband was one of those domineering individuals who believe a man should rule his family, especially his wife. In their marriage corporation he was president, secretary and treasurer, and she was just an employee with no right of bargaining, however poor the maintenance or insufficient the wage. He believed implicitly in the old adage, "wives, obey your husbands," the wife being responsible to him alone in the disposal of her reproductive capacity and he responsible only to God, whom he regarded somewhat vaguely as a sort of a third partner in preserving an irrevocable right for the

wholesale and haphazard production of children. The wife meekly subscribed to the husband's dictum and joined him in the implicit belief that "all children are the will of God, therefore God's will be done." Isn't it strange how much of the ignorance and fault of man is blamed upon God without logic, reason or proof?

This case is cited because it epitomizes many of the relevant factors in the problem of birth control regardless of country, climate or race. Here were two young people starting out with the usual hopes and aspirations with which newlyweds build their air castles and in a few years swamped beyond rescue with the results of uncontrolled reproduction. The father struggling vainly against overwhelming economic odds, the mother going from one pregnancy into another without a decent interval of convalescence, and with no opportunity to recuperate her strength or restore her depleted vitality, the children born without choice into poverty and deprivation, destined to belong to the lost generations who never have a chance for their share of the health, happiness and educational opportunities which should be the assured birthright of every child.

The fact that these people were colored is merely a coincidence. The story can be duplicated in any race. There may be some variations or modifications due to a difference in economic, cultural or social status of the affected groups, but the story finds no racial limits or barriers to its application. The classification and gradation of white groups are largely duplicated among Negroes, modified only by the greater inaccessibility of wealth and the closer proximity



#### Wanted and Planned For

*Photograph by Rozaffy Bergman  
courtesy of New York City Com-  
mittee of Mothers Health Centers*

of poverty and destitution. After all, this problem of birth control is not primarily a racial but a human problem, with variations dependent upon the social and economic conditions among the groups affected. Wherever birth control may seem to have special aspects among Negroes, it is because they are subject to special social and economic pressure. Tuberculosis, which strongly justifies contraception, is not a Negro disease but a result of bad housing, overcrowding, poor hygiene, malnutrition and neglected sanitation in those districts in which Negroes are forced to live.

Some years ago a well known official in Washington heard someone speak of Negro radicals and conservatives. Laughing in derision he asked, "In Heaven's name, what have they got to be radical or conservative about?" Many people today seem to be as ignorant as this official in believing that all Negroes are in the same class. But anyone sufficiently interested to seek and accept the truth knows that here, as in all other races,

is represented the cultural, social and economic classification of the modern world modified just as it is elsewhere by particular social or economic circumstances.

It logically follows that the problem of birth control among those in the more privileged groups presents different major factors from those prevalent in the poverty stricken mass. Women of the former class are relatively well informed, although not always well instructed in the practice of approved preferential methods. There is not the problem of economics *per se*, they do not have to consider poverty and poor housing as factors determining the number of children they should have, and even abnormalities of body or systemic disease are not as prevalent among them as among the underprivileged. There are some instances, however, in which tuberculosis, heart disease, and other constitutional illnesses strongly contra indicate pregnancy and childbearing regardless of the assured economic status of the family.

It is paradoxical that the ones who need contraception most are the ones who know the least about it—the great mass who struggle daily to keep the wolf from the door. How can any family of eight or ten children be assured of satisfactory opportunities for education, health and happiness, or even of the necessities of life, upon an income of fifteen to twenty dollars a week? Yet there are thousands of instances in which families of this size are struggling along on even less, not really living but barely existing. Who can justly gainsay these mothers the right to the knowledge which would safeguard their health, improve the economic and physical status of the family and make it possible to bring children intentionally into an atmosphere of comfort and welcome—children whose number is in proper relation to the family income?

No longer is it necessary to debate the necessity or advisability of birth control clinics under the direction of physicians and social workers of unquestioned integrity and standing, where scientific methods are prescribed when medically indicated. And wherever poverty and disease are rampant, the knowledge of scientific birth control is most needed.

The great mass of Negroes certainly are entitled to this knowledge if any group is. For they are the most underprivileged of all races, laboring under more restrictions as to avenues of employment, subjected to segregation and discrimination, forced to live in restricted areas and often in houses unfit for human habitation, among unsanitary conditions that are a standing indictment of health departments and city officials. Is it any wonder that the consequent infant mortality is a reflection upon the municipalities that remain indifferent to their duty to afford equal protection against disease to all groups within their districts?

Educated and intelligent Negroes, even if there were no economic factors to consider, would hesitate to rear large families because they are thinking more and more seriously of the price their children must pay as victims of the many discriminatory practices which prevail in America. More and more they are asking themselves, "Is it fair to the child to bring it into the world to suffer the things we have undergone?" This question has played a large part in the determination of the educated classes to limit their families to few and in many instances to no children. It may be readily conceded that this reason for contraception is not acceptable from an ethical standpoint. Yet if other races were to be placed in the same position, they would accept the logic if not the ethics of the motivating factors.

Unsatisfactory as are housing and economic conditions among the white laboring

classes, conditions are far worse among the masses of the Negroes. Go into any large city with a Negro population and it will not be difficult to find the Negro section, even if you are a stranger. Adjacent to the railroad tracks or in some other undesirable neighborhood where nobody else cares to live, you will find the area assigned by real estate boards to that part of their local population who have no place in their conception of a "city beautiful."

Education is needed, not only in the matter of birth control among the Negro population, but to awaken health authorities, real estate boards and civic officials to the fact that disease respects no racial barriers. No particular group in a community can be neglected without endangering the welfare of the whole. If prejudice assigns to a despised minority segregated homes, unfit for habitation, the chickens will come home to roost when diseases bred in unclean streets cross the dividing lines to invade and devastate the more protected and privileged neighborhoods. The man on the front boulevard is never safe so long as he permits other men to live in filth, disease and poverty in the back alleys.

To withhold essential knowledge on family planning from this prolific mass who dwell in the back streets is to encourage the unrestrained, haphazard production of children condemned to a life of deprivation, dependence and destitution which constitutes a crime against civilization. In this crime against the birthright of the unborn, those who dogmatically fight against the establishment of a scientific, ethical system of birth control are participating partners whether they realize it or not.

●

*The Negro cannot climb over the barriers to his competency unless he is physically sound to begin with*

— Dr. Thomas Parran, U. S. Surgeon General  
in *The Survey Graphic* April 1938

# Black Folk and Birth Control

By W E B DuBois, Ph D

*Professor of Sociology, Atlanta University*

THE American Negro has been going through a great period of stress, not only in this depression, but long before it. His income is reduced by ignorance and prejudice and his former tradition of early marriage and large families has put grave strain on a budget on which he was seeking, not merely to maintain, but to improve his standard of living.

As slaves, every incentive was furnished to raise the largest number of children possible. The chief surplus crop of Virginia and other border States consisted of this natural increase of slaves and it was realized in the consequent slave trade to feed the plantations of the lower South and Southwest. Frederick Bancroft has shown us that this trade, in the decade 1850-60 involved average annual sales of nearly 80,000 human beings, representing \$100,000,000 of capital.

Even then birth control was secretly exercised by the more intelligent slaves, as we know from many reminiscences.

After emancipation, there arose the inevitable clash of ideals between those Negroes who were striving to improve their economic position and those whose religious faith made the limitation of children a sin. The result, among the more intelligent class, was a postponement of marriage, which greatly decreased the number of children. Today, among this class of Negroes, few men marry before thirty, and numbers of them after forty. The marriage of women of this class has similarly been postponed.

In addition to this, the low incomes which Negroes receive make bachelorhood and spinsterhood widespread, with the natur-

ally resultant lowering, in some cases, of sex standards. On the other hand, the mass of ignorant Negroes still breed carelessly and disastrously, so that the increase among Negroes, even more than the increase among whites, is from that part of the population least intelligent and fit, and least able to rear their children properly.

There comes, therefore, the difficult and insistent problem of spreading among Negroes an intelligent and clearly recognized concept of proper birth control, so that the young people can marry, have companionship and natural health, and yet not have children until they are able to take care of them. This, of course, calls for a more liberal attitude among Negro churches. The churches are open for the most part to intelligent propaganda of any sort, and the American Birth Control League and other agencies ought to get their speakers before church congregations and their arguments in the Negro newspapers. As it is, the mass of Negroes know almost nothing about the birth control movement, and even intelligent colored people have a good many misapprehensions and a good deal of fear at openly learning about it. Like most people with middle class standards of morality, they think that birth control is inherently immoral.

Moreover, they are quite led away by the fallacy of numbers. They want the black race to survive. They are cheered by a census return of increasing numbers and a high rate of increase. They must learn that among human races and groups, as among vegetables, quality and not mere quantity really counts.

## Birth Control in Harlem

By Isabella V Granger, M D

*Clinician, Mothers' Health Center  
Harlem Branch, National Urban League*

WHEN the word "Harlem" is mentioned, one immediately thinks of a densely populated section of New York City where the inhabitants are mostly Negroes. Pictures of The Savoy, noted dance palace, where the Negro enjoys his swing music, of Small's cocktail lounge, of The Big Apple and other night clubs are generally associated with thoughts of Harlem.

But Harlem has another side that is less well known—its family and community life. And in the midst of other typically Harlem landmarks is an institution which plays an important part in the life of this community. It is the Harlem Branch of the National Urban League, where are housed various social service activities which have proved invaluable in serving the needs of the underprivileged of Harlem's population. One of the newest and most valuable of these services is the Urban League Mothers' Health Center, doing birth control work exclusively. This center is one of twelve maintained by the New York City Committee of Mothers' Health Centers, and was opened under the Committee's direction in June, 1935.

The center has a preponderance of Negro patients, but its set up is inter racial, both as to staff and as to patients. Clinic sessions are held twice a week, for a period of two hours each. The Wednesday session is held in the afternoon, and the Thursday session in the evening, so that two types of mothers are accommodated—those who have small children and cannot leave them in the evening, and those who are working and therefore are not free during the day.

On Wednesdays the desk or clerical work is done by a volunteer who is white, the nurse and physician are Negroes. At the evening session, both the clerical work and the nursing assistance are done by registered nurses, one of whom is white and the other a Negro. The nurses alternate their duties so that both of them may be familiar with either routine. This makes for a high degree of efficiency, so that from twenty to thirty patients can be seen at a session.

Any woman who is married and whose economic status is such that she cannot afford a private physician is eligible to attend the center. When the center first opened, only mothers having one or more children were admitted. But recently the rules of admission have been liberalized to allow the childless wife to enjoy the benefits of the birth control service, when there

The Doctor Talks with a Patient at the Mothers' Health Center in the Harlem Urban League Headquarters

*Photograph by Rozafly Benjamin*



is a health reason for giving her this advice

During the two and a half years the center has been functioning, total attendance has greatly increased. This increase is due to several factors, but mainly to the more liberal interpretation of the laws governing the dissemination of birth control information and to the education of the public mind by means of free lectures and understanding newspaper publicity. Attendance has increased as follows:

	June through Dec '35	January through Dec '36	January through Dec '37
Sessions	51	100	102
New Patients	123	294	369
Revisits and Renewals	514	1,469	1,797
Total Attendance	637	1,763	2,166

A study of 675 active cases, based on the 1937 record, discloses some interesting facts about our patients. The greatest proportion, or 460, were between the ages of twenty and thirty, 169 were between the ages of thirty and forty, and fifteen were forty or more. We are all conscious of the need of the young mothers for the help that birth control gives them, but we often fail to consider the need of the older woman—the woman of forty or more—for the same help.

The average patient had had 3.5 pregnancies before coming to the center. The following analysis of pregnancies was made:

Living children	1,826
Dead children	112
Abortions	
Induced—153	
Spontaneous—301	454
Total number of pregnancies	2,392

One patient had had fifteen pregnancies, those who had had seven or more pregnancies totaled sixty-four patients.

Among these 675 patients, only six were not successful in using the birth control method prescribed for them at the center. A case is considered a "failure" if a patient has an unwanted and unplanned pregnancy. Of these six "failures," two did not use the method, one was negligent and only three were unexplained. The percentage of failure was less than one per cent, showing that, with careful instruction, more than 99 per cent of these patients were successful in being able to protect themselves from unwanted pregnancies, so that they could plan for the births of their children as they wished. Since the largest percentage of these patients were colored, the record indicates that Negro mothers are able to practice birth control just as successfully as their white sisters.

The inter-racial character of the center demonstrates what an excellent piece of work can be done when staff members have caught the spirit of working together with a common goal—the betterment of humanity—without regard for race, creed or color.

Scientific birth control information should be made available to every married couple needing it. Some of the prudery which formerly shrouded syphilis with mystery and ignorance still gives to too many of us a confused and wrong notion of the forces responsible for motherhood. Lack of funds and lack of organizational spread is preventing this information from reaching people who need it most.

It is encouraging that more and more public funds are being used by city and county health departments to extend birth control facilities as a part of their public health services. This is as it should be and places the responsibility where it belongs. Until there are more official agencies doing the job, volunteers will be needed in this important field of health education.

M. O. Bousfield, M. D., Director of Negro Health, Julius Rosenwald Fund

# Baltimore's Negro Maternal Health Center

## How It Was Organized

By E S Lewis, Ph B and N Louise Young, M D

THE Northwest Maternal Health Center opens on May third for the purpose of providing contraceptive advice for colored married women of Baltimore. It is organized and sponsored by Negroes. It has a complete Negro clinical staff.

This achievement climaxed a three year period of effort to secure contraceptive advice for one of the most needy sections of Baltimore. How did we do it? What problems were involved, and what "red light" signals should be watched?

The Baltimore Birth Control Clinic has advised Negro patients one day a week, during the entire ten years of its existence. This clinic has been successful and has grown, but it was felt that another clinic in the Northwest section would be more convenient for many people. Consequently, Provident Hospital, a Negro hospital supported by public and private funds, was offered a clinic which would be supervised and financed by the Baltimore Birth Control Clinic, and a physician was trained to head this work. After various attempts and three years of delay, this same offer was extended to an independent clinic, and the colored community was organized around the project.

The secretary of the local Urban League and the physician trained as clinician were asked to "start the ball rolling." The first step was to, carefully select fifteen key women and invite them to a private conference. We were careful to point out to each of them in advance the need, scope and purpose of the clinic, and it was understood that if they were not interested some other persons would be approached. To our amazement everybody accepted!

At this conference the possibilities of a clinic sponsored by the colored community were discussed and there was a marked enthusiastic response. Plans were made to complete the organization. It was agreed to enlarge it and to include both men and women who might be interested in the program.

The Sponsoring Committee was carefully enlarged in the same way and organized to include over one hundred persons, who included outstanding people in all walks of life. A minister from each Protestant denomination, physicians, dentists, pharmacists, nurses, social workers, teachers, lawyers, journalists, politicians, business men, labor leaders, housewives, and heads of civic and fraternal organizations, constituted this important group. An executive committee of fifteen persons was elected for a three year service, five to be elected each year. Twelve of these members were elected from the Sponsoring Committee, and three from the Baltimore Birth Control Clinic.

There were other pleasant surprises. One of the leading Baptist ministers offered a room in his church for the clinic. A community house under strong religious influence also offered its facilities. Certainly these proposals were unique to conservative Baltimore. It was deemed advisable, however, to have the clinic in a private location without direct contact with any other organization.

A first floor apartment in a good location, with three rooms and bath, was selected. The medical and office equipment were purchased, and the waiting room furniture

donated by members of the Sponsoring Committee. The House Committee is working hard on the place and planning to have an "Open House" the day before the clinic opens.

The clinic has a complete clinical staff. Financial support will come from the Baltimore Birth Control Clinic. Although the Negro community of Baltimore is largely impoverished, we hope that the Northwest Center will some day be self supporting.

In conclusion we shall list briefly the "red lights" for which other groups organizing a center should be on the lookout:

- 1 It is important to organize clinics for colored people from the top of the leadership pyramid down.
- 2 Great care in the objective selection of organizational sponsors should be exercised.
- 3 Publicity should be avoided or rigidly controlled during the formative stages.

## The Future of Negro Health

By E S Jamison

*Director of Health and Physical Education  
West Virginia State College*

**N**EGROES comprise about one tenth of the total population of America, and must be considered as a racial group with very definite problems in health, peculiar to them. Considering the source of the race, the Negro is no more in his normal environment in America than the white man is in the tropics. Adjustment must be made, and for the past few generations, nature has been gradually adapting Negroes born in America to a new environment. Statistics show that the Negro today may expect to live longer than his immediate ancestors.

However, morbidity and mortality statistics comparing the Negro and white populations will astound any thinking person. In 1930, the colored death rate in the Registration States was double that of the white. In tuberculosis, syphilis, pneumonia, the Negro has a mortality rate from one and one half to three times that of whites. The diseases that do most damage to the Negro are those which require proper care and sanitation as a paramount preventive measure. It follows, then, that the Negro suffers im-

measurably in health matters from lack of education and from low economic status. Negro leaders must attempt a remedy by proper organization and affiliation with already established health agencies.

The Negro must do for himself. Charity will not better his condition in the long run. He must be taught to serve his race by passing on to the next generation the best possible inheritance. Every Negro child should have an opportunity for a good education.

The mass of Negroes still believe in magic and superstition as cures for disease. Education is the only vaccination against superstition that the world has found. Negroes have come a long way since the Civil War, but still have a long way to go toward a knowledge of modern science.

The problem of establishing health facilities for the Negro is about the same as for whites—money. But the Negro is forced further into the background because of his race. His color often shuts the door to him, even when he has the money to pay for

medical services. Also, the few hospital facilities and medical services available to Negroes are most urban, while the majority of the Negro population is rural. Most Negro doctors are concentrated in urban areas. What the South needs is the Negro "country doctor" and the establishment of good hospitals within reach—both in distance and in economics—of the rural folk.

By taking advantage of such health facilities as are already available to them, Negroes may begin their improvement. In addition, they should establish other needed services.

Birth control should be one of the health services available to Negro families so that every child born may receive the care to which he is entitled. If Negroes will present an organized front, this and other needed family health services can be brought within their reach.

Yet the health problems of the Negro are not his alone. The fact that disease germs respect no race, creed or color makes his problems those of the entire nation. Interracial cooperation and respect for each other is the immediate and final solution.

#### In the Magazines

**SURVEY GRAPHIC**, April *No Defense for Any of Us*, by THOMAS PARRAN, M D

A plea for more public health facilities for Negroes

**NEW REPUBLIC**, April 20 *The Status of Birth Control*, by MARGARET SANGER

Analyzes the legal situation state and national

**HARPERS MAGAZINE**, May *When the Population Levels Off* by HENRY PRATT FAIRCHILD

**PICTORIAL REVIEW**, May *The Rhythm*, by MAXINE DAVIS

#### News Notes

REPRESENTATIVES of six West Virginia cities met in Charleston on April 29th and organized the West Virginia Maternal Health Federation, which becomes the 27th state member league of the American Birth Control League. The principal social work and health agencies of the state were represented. The group will work to expand existing clinic service and to effect early extension of birth control in every county of the state.

Dr W W Point of Charleston was elected president. Marguerite Benson, executive director of the American Birth Control League, addressed the group.

To provide additional space made necessary by the increasing demand for service, the American Birth Control League moved its offices on May first to 501 Madison Avenue New York City.

It was a lively Regional Conference in Louisville! More than 150 delegates from ten states joined in animated discussion of clinic problems at the sessions on April 25th and 26th, sponsored by the Kentucky and American Birth Control Leagues.

Perhaps the outstanding message was that of Dr Woodbridge E Morris, director of maternal and child health for the Delaware State Health Department, who spoke as a private physician. He urged birth control leagues to develop "a generalized, reasoned public demand" which would enable public agencies to appropriate tax funds for birth control.

At the luncheon on April 26th, the speakers were Dr Norman E Himes, professor of sociology at Colgate University, and Dr Esther Bogen Tietz of the College of Medicine University of Cincinnati.

# THE CONQUEST OF PAIN

By ROY P FINNEY, M D

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