

POLITICS AND POVERTY: WOMEN'S REPRODUCTIVE RIGHTS  
IN ARKANSAS, 1942-1980

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POLITICS AND POVERTY: WOMEN'S REPRODUCTIVE RIGHTS  
IN ARKANSAS, 1942-1980

Melanie K. Welch

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IN ARKANSAS 1942-1980

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## VITA

Melanie Kay Welch, a daughter of John B. and Sandra Kay (Inness) Welch, was born November 6, 1976, in Little Rock, Arkansas. She graduated from Mayflower High School in 1995. She entered the University of Central Arkansas in Conway, Arkansas in 1994 and graduated *magna cum laude* with a Bachelor of Arts degree in history in 1999. She entered the Masters program in history at Auburn University in August 2000. She changed to the direct-track Ph. D. program in history at Auburn in 2001, majoring in Modern American history, with minor fields in Early American history and archival studies.

DISSERTATION ABSTRACT  
POLITICS AND POVERTY: WOMEN'S REPRODUCTIVE RIGHTS  
IN ARKANSAS 1942-1980

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Today, many of us think of birth control and abortion in terms of women's rights and reproductive choice. But, as this study of will illustrate, for much of the history of birth control and abortion in Arkansas, it simply has not been that way, especially for poor women. In this dissertation, I argue that this analysis of Arkansas's social and medical history shows how reproductive choice became a class-based privilege. In fact, historically, as this study of Arkansas will illustrate, birth control and abortion have had different meanings for different people. In the 1940s and 1950s, birth control in Arkansas was promoted by women and men as a way to address rural poverty, though without consistently targeting racial minorities. Birth control advice for poor women conformed to the prevailing attitudes about sexuality that, theoretically, confined sex to within marriage. Abortions were illegal in the 1940s and 1950s, but could be defined as medical matters, whether legal or illegal. Doctors treated women who experienced complications

from illegal abortions and were held legally responsible for determining when an abortion was medically necessary to save a woman's life.

In 1964, birth control became a part of public health in Arkansas. By this time, a new concept of "population control" had become nationally popular. In Arkansas, advocates of birth control adopted this concept of "population control" to further their cause. At the same time, this concept implied that certain groups of people, in this case the poor's, population needed "controlling." The examination of the history of birth control and abortion in Arkansas calls on us to rethink our post-second wave feminist movement notions of reproduction control as a part of women's self-determination and assertions of independence. In the early 1970s, second wave feminists began to make their presence felt in Arkansas, and began to assert that birth control and abortion were women's reproductive rights. In Arkansas, the feminist redefinition of birth control and abortion as women's rights coexisted with the utilization of birth control in state public health. As this case study of Arkansas illustrates, feminist claims of abortion rights in particular and the New Right conservative reaction against those claims changed the nature of the debate over birth control as a part of health policy. In the larger sense, this study of Arkansas challenges us to think about the meaning of the right to privacy. Fuller recognition of the right to privacy would mean that women, especially poor women, could make reproductive choices with less fear of excessive or coercive intrusion by policymakers, lawmakers, or opponents of abortion.

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## INTRODUCTION

In Arkansas, the organized movement for access to birth control began during the economic hard times of the Great Depression in the 1930s, inspired not by our current concepts of women's right to control their own bodies, but by the state birth control advocates' attempts to address poverty. In the 1930s, Hilda K. Cornish (1878-1965) emerged as the leader of the Arkansas birth control movement. Born into a working-class family in St. Louis, Missouri, Cornish was the financially comfortable white widow of a banker in Little Rock, who was active in volunteer work and women's clubs. In 1930, Cornish's son and pioneering American birth control movement leader Margaret Sanger's (1879-1966) son were roommates at Yale University. It was during this time that Cornish became interested in the cause of birth control for the poor and became close friends with Sanger. In June 1930, Cornish visited Sanger in New York City to learn more about birth control. Convinced that safe, effective birth control should be accessible regardless of people's income levels, Cornish remained active in the Arkansas birth control movement into her seventies.<sup>1</sup>

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<sup>1</sup> Marianne Leung, "Better Babies": The Arkansas Birth Control Movement During the 1930s" (Ph. D. diss., University of Memphis, 1996), 19, 23-37, 46-47, 100-102, 107-108; Nancy A. Williams and Jeannie M. Wayne, eds, *Arkansas Biography: A Collection of Notable Lives* (Fayetteville: University of Arkansas Press, 2000), 74-75.

Birth control was not new when Hilda Cornish visited Margaret Sanger in 1930. In nineteenth-century America, contraceptives were widely available, if not particularly reliable. While some people used plant extracts, withdrawal, or the rhythm method to prevent conception, others used condoms, cervical caps, douching solutions or other devices purchased through mail order or pharmacies. Contraception, however, remained highly suspect because of its association with sexuality. Christianity associated sex with sin and confined it within marriage for the purpose of procreation, not pleasure. In the United States, nineteenth-century Victorian culture reinforced this Christian view of sexuality and prudery sought to silence any discussion of sex. Victorian prudery coexisted with the doctrine of separate spheres as the ideal of American white upper and middle-class family life. White women, characterized as pious, pure and morally superior, were expected to devote themselves to the home and motherhood. White men, designated as heads of families, were expected to and did dominate the outside worlds of politics, business, and the professions. Purity characterized white women as asexual, while sex drive was defined as exclusively male. A sexual double standard meant that women, unlike men, risked permanent damage to their reputations if they engaged in sex outside of marriage. Whites' racist views of African-American women and men as licentious and promiscuous excluded them from the separate spheres doctrine.<sup>2</sup>

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<sup>2</sup> Janet Farrell Brodie, *Contraception and Abortion in 19<sup>th</sup> Century America* (Ithaca: Cornell University Press, 1994), 57-86, 181-203; James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, Inc., 1978), ix; Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 11-15; Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana and Chicago: University of Illinois Press, 2002), 8-12; John D'Emilio and Estelle B. Freedman, *Intimate*

Though Victorian prudery attempted to suppress any discussion of sex, a vice trade flourished in Victorian America. Prostitution thrived in urban areas and customers purchased pornography, impotence cures, and related products from the same vendors that sold contraceptives. American anti-obscenity crusader Anthony Comstock (1844-1915) and his supporters felt deeply threatened by the availability of contraceptives in what they called “the vice trade.” In Comstock’s view, contraceptives encouraged sexual license by separating sex from marriage and procreation. Authored by Comstock, the federal Comstock Law of 1873 made it illegal to send materials defined as obscene, including contraceptives and abortifacients, through the mail. Various state laws further restricted access to contraceptives. Passage of the Comstock law did not, however, make contraceptives or abortifacients unavailable. “Black market” birth control continued to be available, at least to those who could afford it. It was not until 1936 that the *United States v. One Package* ruling even allowed doctors to obtain contraceptive devices and information through the mails.<sup>3</sup>

Under the eponymous Comstock Law, Comstock also sought the prosecution of abortionists. Before 1870, abortion prior to quickening, which referred to the pregnant woman’s first perception of fetal movement occurring in the four or fifth month of

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*Matters: A History of Sexuality in America*, 2d ed. (Chicago: University of Chicago Press, 1997), 66-73; Nancy F. Cott, ed., *No Small Courage: A History of Women in the United States* (New York: Oxford University Press, 2000), 364-365, 507; Deborah Gray White, *Too Heavy a Load: Black Women in Defense of Themselves 1894-1994* (New York: W.W. Norton and Company, 1999), 13, 23-24.

<sup>3</sup>Tone, *Devices and Desires*, 15-28; Reed, *From Private Vice*, 37-39; Gordon, *Moral Property*, 155-156.

pregnancy, was widely considered to be at the mother's discretion. In the nineteenth century, many American women sought to end unwanted pregnancies themselves, using herbs, pills, sharp household instruments or other methods, while others sought abortionists' services. By 1900, every state in the union had passed laws prohibiting the inducement of abortion at any stage of pregnancy except to save the woman's life. The criminalization of abortion had more to do with changes occurring in the medical profession than with Comstock's anti-obscenity campaign. Sociologist Kristen Luker argues that doctors' efforts to gain status as professionals in the nineteenth century led to the passage of illegal abortion laws. By becoming anti-abortion activists, doctors could claim status as trained professionals, insisting that only they possessed the expertise and authority to decide when an abortion was necessary. Those who viewed the embryo as a baby and those who did not could assume that moral and capable professionals would make that decision rather than the mother. Abortion received little public scrutiny as a medical issue but was seen as a moral issue.<sup>4</sup>

By the early twentieth century, American attitudes toward sex had begun to change, though such change occurred neither immediately nor uniformly. Acceptance of female sexuality, freer discussion of sex and changes in sexual behavior characterized these changing attitudes. By the 1920s, Freudian psychology, which emphasized the importance of sex in mental health, and the ideas of British physician Havelock Ellis

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<sup>4</sup> James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy* (New York: Oxford University Press, 1978), 3-4, 5-45, 147-170, 196-199; Brodie, *Contraception and Abortion*, 224-231; Kristen Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1984), 15, 11-39, 31, 35-39. Arkansas's abortion law was passed in 1875. See discussion below.

(1859-1939) had reached the United States. Ellis rejected Victorian attitudes toward sex and argued that freer sexual expression was essential to human well-being. Affiliated with the pre-WWI left, Margaret Sanger was strongly influenced by Ellis. As a feminist, Sanger argued that women should claim legal contraception and greater openness about sex as a right. Beginning in the mid-1910s, Sanger and other American birth control movement participants sought to change the federal Comstock law and, especially for working-class women, make contraceptives more readily available. Repression of the left during and after World War I and the desire to build more support for her cause prompted Sanger to modify her arguments to appeal to medical professionals especially, but also to influential people in government, business, and labor. By the 1920s, Sanger had abandoned the socialism of her earlier career and had begun to argue for birth control, not as an anti-capitalist tool or a means of self-help for working-class women, but as a tool of eugenics.<sup>5</sup>

In 1883 English scientist Francis Galton (1822-1911), a cousin of Charles Darwin, defined eugenics, an outgrowth of the Darwinian theory of evolution, as “the science of improving [human] stock by giving more suitable races or strains of blood a better chance of prevailing over the less suitable.”<sup>6</sup> Believing that people’s physiques,

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<sup>5</sup> Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York: Simon and Schuster, 1992), 13-14; Tone, *Devices and Desires*, 145; Nancy Woloch, *Women and the American Experience: A Concise History*, 2d ed. (New York: McGraw and Hill Company, 2002), 288-289; Cott, *No Small Courage*, 401-403, 439.

<sup>6</sup> Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Atlantic Highlands, New Jersey: Humanities Press International, 1995), 3; Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, 2d ed. (Cambridge: Harvard University Press, 1995), 3-5.

intelligence and character were inherited, eugenicists sought to “perfect” human beings through selective breeding. Positive eugenics, which sometimes overlapped with negative eugenics, called for those identified as “the fittest” to produce more children. Negative eugenics aimed to discourage reproduction among those labeled “unfit.” Most disturbingly, eugenics was used as a cover for indictments of certain classes and races of people.<sup>7</sup>

In the United States, eugenics became popular during the Progressive Era. During the period from 1900 to 1920, a diverse group of American Progressives, who shared faith in science and an activist state, called for factory inspection, child labor laws and other measures to address some of the worst consequences of industrialization and urbanization. Progressives embraced the concept of public health, which was defined as community action aimed at preventing disease and other threats to individuals’ and the community’s health and welfare. Many of these were policymakers and physicians, including those involved in public health, who were influenced by eugenics. The eugenic argument that criminality, poverty, retardation, alcoholism and feeble-mindedness (a term used to refer to a wide range of supposed mental problems) were inherited, legitimized institutionalization, contraception and sterilization for those labeled “unfit.” Edward Larson argues that white eugenicists in the Deep South focused their attention on “purifying” whites, believing that segregation and miscegenation laws lessened any perceived “degenerative” threat to whites from African-Americans. Linked with eugenics

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<sup>7</sup> Kevles, *In the Name of Eugenics*, 85-86; Paul, *Controlling Human Heredity*, 3-17; Tone, *Devices and Desires*, 138-143.



and public health, birth control became a way to control certain groups of people, rather than an instrument of individual self-determination.<sup>8</sup>

The above discussion references only a few of the studies included in a rich historiography exploring the history of birth control and abortion in the United States. A few studies have focused on the southern United States. Recently, Johanna Schoen has explored the complexities of state-sponsored methods of reproductive control in North Carolina, reminding us that poor women usually did not gain access to birth control, sterilization, and abortion entirely on their own terms. Those offering methods of reproductive control to poor women in North Carolina were not free from eugenic influence.<sup>9</sup> Historian Marianne Leung informs us of Arkansas birth control advocate

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<sup>8</sup> Mark H. Haller, *Eugenics, Hereditarian Attitudes in American Thought* (New Brunswick, New Jersey: Rutgers University Press, 1963), 4-6; Glenda Elizabeth Gilmore, ed., *Who Were the Progressives?* (Boston and New York: Bedford/St. Martin's, 2002), 3-20; Arthur S. Link and Richard L. McCormick, *Progressivism* (Arlington Heights, Illinois: Harlan and Davidson, Inc., 1983), 1-25; John Duffy, *The Sanitarians: A History of American Public Health* (Urbana and Chicago: University of Illinois Press, 1990), 1; Tone, *Devices and Desires*, 138-143; Edward J. Larson, *Sex, Race and Science: Eugenics in the Deep South* (Baltimore: The Johns Hopkins University Press, 1995), 1-4, 157. Larson studied Alabama, Florida, Mississippi, Georgia, Louisiana, and South Carolina.

<sup>9</sup> Faye Ginsburg, *Contested Lives: the Abortion Debate in an American Community* (Berkeley: University of California Press, 1989); Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America* (New York: Penguin Books, 1976); Jimmy E. W. Meyer, *Any Friend of the Movement: Networking for Birth Control, 1920-1940* (Columbus: Ohio State University Press, 2004); Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997); Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race before Roe V. Wade* (New York: Routledge, 1992); Rickie Solinger, *The Abortionist: A Woman Against the Law* (New York: The Free Press, 1994); Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States* (New York: Hill and Wang, 2001); Andrea Tone, ed., *Controlling Reproduction: An American History* (Wilmington, Delaware: SR

Hilda Cornish's friendship with Margaret Sanger in her study of the 1930s Arkansas birth control movement. Leung explained that Little Rock's white elite, men and women, organized the Arkansas Eugenics Association and founded the Little Rock Birth Control Clinic in 1931 in order to provide impoverished, white, married women with contraceptive information. Leung argues that the women involved with the Little Rock Birth Control Clinic in the 1930s presented their message in a way acceptable in their socio-political environment in order to be effective. These women were not feminists in the sense of calling for greater individual freedom, meaningful work, or freer sexual expression for women. Instead, Arkansas birth control advocates identified with eugenics, arguing for birth control for potential charity cases, and for eugenic sterilization. Their rhetoric did not include discussion of beliefs in biologically inferior and superior races or promotion of lower birth rates for racial minorities. A clinic for African-American women, established in 1937, provided the same services offered to white women. Arkansas advocates also wanted to change the federal Comstock Law to allow the circulation of birth control information.<sup>10</sup>

Arkansas birth control advocates operated within a specific economic, social and political environment. Arkansas was a poor, geographically-divided, southern state even before the 1930s. Whites, mostly engaged in small farming, populated the northwestern Ozark Mountain region. In the east, the rich soil of the Mississippi Alluvial Plain, known

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Books, 1997); Martha Ward, *Poor Women, Powerful Men: America's Great Experiment in Family Planning* (Boulder and London: Westview Press, 1986); Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 2-3, 38, 81-84.

<sup>10</sup> Leung, "Better Babies," 19, 23-24, 37, 46-47, 100-108; Cott, *No Small Courage*, 399.

as the Delta, supported large plantation cotton agriculture. Small farmers and timber workers settled in the southern Gulf Coastal Plain. The capital city of Little Rock became established in the Arkansas River Valley in the central part of the state.<sup>11</sup> Between 1900 and 1930, the majority of Arkansas's population was white and rural, though in a number of the Delta counties, blacks, many of them engaged in sharecropping, outnumbered whites. The number of tenant farmers in Arkansas rose until after 1930 when the effects of the Depression and New Deal agricultural policies pushed many tenants off the land.<sup>12</sup> As in other southern states, black Arkansans had been subjected to legal segregation and disfranchisement since the 1890s.<sup>13</sup> In the early twentieth century, the state's public

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<sup>11</sup> Richard L. Niswonger, *Arkansas Democratic Politics, 1896-1920* (Fayetteville: University of Arkansas Press, 1990), 1-5; Michael B. Dougan, *Arkansas Odyssey: The Saga of Arkansas from Prehistoric Times to Present* (Little Rock: Rose Publishing Company, 1994), 1-6, 428-429.

<sup>12</sup> Richard Sutch and Susan B. Carter, eds., *Historical Statistics of the United States: Earliest Times to the Present Millennial Edition, Vol. 1, Population* (New York: Cambridge University Press, 2006), 188-189; United States Bureau of the Census, *Thirteenth Census of the United States 1910, Vol. 2, Population, Reports by States Alabama-Montana* (Washington D. C.: Government Printing Office, 1913; reprint, New York: Norman Ross Publishing Company, Inc., 1999), 111-112, 117; United States Bureau of the Census, *Fourteenth Census of the United States 1920, Vol. 3, Population Composition and Characteristics* (Washington, D. C.: Government Printing Office, 1922; reprint, New York: Norman Ross Publishing Company, Inc., 2000), 103; Nan Elizabeth Woodruff, *American Congo: The African American Freedom Struggle in the Delta* (Cambridge: Harvard University Press, 2003), 1-4, 30-37, 74-109, 153-154; Dougan, *Arkansas Odyssey*, 439-440. In 1900, Arkansas's white population was 944,580 and the black population was 366,856. By 1930, the white population was 1,375,315 and the black population was 478,463. See Sutch and Carter, *Historical Statistics*, 188-189. In 1910, blacks outnumbered whites in the eastern Delta counties of Crittenden, Chicot, Desha, Phillips, and Lee. See United States Bureau of the Census, *Thirteenth Census 1910*, 111-112, 117. Arkansas's rates of tenancy in the 1940s are discussed in Chapter 1.

<sup>13</sup> John William Graves, *Town and Country: Race Relations in an Urban-Rural Context, Arkansas, 1865-1905* (Fayetteville: University of Arkansas Press, 1990), 150-163, 164-181. Passed in 1891, Arkansas's first segregation law required the segregation of black and white railroad passengers. Provisions

education facilities were minimal, and illiteracy, especially among blacks, continued to be a problem. In 1920, 4.5 percent of native whites ten years old and over were illiterate, with the percentage being 8.3 for foreign-born whites and 21.8 percent for blacks.

Infectious diseases such as dysentery, tuberculosis, and typhoid fever contributed to poor health conditions in the state. Seeking to address the state's health conditions, Arkansas Progressives, like their counterparts in other parts of the nation, embraced the concept of public health. Created in 1913, the Arkansas Board of Health sought to address public health issues in the state, including the improvement of water and sewer systems and immunizations.<sup>14</sup>

Arkansas was predominantly Protestant, like most of the American South. Baptists, Methodists, Churches of Christ, Episcopalians, Presbyterians, Pentecostals and others dominated the state's religious life. Arkansas churches tended to be socially conservative, opposing the sale and use of alcohol, gambling, Sunday commercial activity and the teaching of evolution.<sup>15</sup> Christianity shaped views on sexuality in Arkansas, as it did in the nation. Accepting the Christian view that sex was acceptable

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pertaining to illiterate voters contained in an election law passed in 1891, and a poll tax adopted in 1892 helped disfranchise many blacks and a large number of poor whites too. See Graves, *Town and Country*, 150-153, 164-167, 173, 190-191.

<sup>14</sup> Calvin R. Ledbetter, Jr., *Carpenter from Conway: George Washington Donaghey as Governor of Arkansas, 1909-1913* (Fayetteville: University of Arkansas Press, 1993), 12-14; United States Bureau of the Census, *Fourteenth Census 1920*, 91; David M. Moyers, "Arkansas Progressivism, the Legislative Record," (Ph. D. diss., University of Arkansas, 1986), 319-320; Jeannie M. Whyne, et al., *Arkansas: A Narrative History* (Fayetteville: University of Arkansas Press, 2002), 290-296.

<sup>15</sup> Samuel S. Hill, ed., *Religion in the Southern States* (Macon: Mercer University Press, 1983): 27-56; Kenneth K. Bailey, *Southern White Protestantism in the Twentieth Century* (New York: Harper and Row, 1964): 80-87.

only within marriage, especially for women, Arkansas birth control advocates of the 1930s offered contraceptive advice only to married women. Neither did Arkansas birth control advocates challenge Arkansas women's traditional work roles. Arkansas farm women, both black and white, performed household tasks such as washing and cooking, assisted other women in times of childbirth or other families in times of death or sickness, and frequently worked in the fields too. Urban middle-class white women retained responsibility for mothering and household tasks but they were more likely than rural women to have access to prepared foods, ready-made clothing and maids. In keeping with national trends, some of these urban women in Arkansas began to question whether their talents could be beneficial in the public sphere and many of them joined women's clubs beginning in the 1880s.<sup>16</sup>

But except for these urban women, in Arkansas, early marriage, the need for farm labor and high infant mortality encouraged large families. Until 1941, Arkansas marriage law stated that men were capable of contracting marriage at age seventeen and that women were capable of doing the same at age fourteen. In 1941, revision to the state law raised the age of consent to eighteen for men and sixteen for women. The law also stipulated that men under age twenty-one and women under eighteen would be required to provide evidence of parental consent before marrying. Marriage between blacks and whites was illegal. Divorce could be obtained on grounds of impotency, desertion, either the man or woman having another spouse living at the time of the current marriage, either

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<sup>16</sup> Carl H. Moneyhon, *Arkansas and the New South, 1874-1929* (Fayetteville: University of Arkansas Press, 1997), 8-11, 47-50; Woloch, *American Experience*, 180-181.

spouse being convicted of a felony, habitual drunkenness, life-threatening cruel treatment by the spouse, adultery or the husband and wife having lived apart for three consecutive years.<sup>17</sup>

Arkansas laws also regulated abortion and the distribution of contraceptives. As Arkansas physicians began to define themselves as professionals in the late nineteenth century, Arkansas's abortion law was passed in November 1875. The law stated that "it shall be unlawful for any one to administer or prescribe any medicine or drugs to any woman with child, with intent to produce an abortion, or premature delivery of any foetus before the period of quickening, or to produce or attempt to produce an abortion by any other means." Those found in violation of the law would be punished with a \$1,000 fine and imprisonment of up to five years. These provisions would not apply to abortion performed by a practicing physician to save the mother's life. Arkansas's abortion law also imposed a \$1,000 fine and a maximum of six months in jail for anyone who knowingly advertised any abortifacient. Specifically, this section of the law stated that anyone "who knowingly advertises, prints, publishes or knowingly causes to be advertised, printed, published or circulated any pamphlet, printed paper [or] book . . . conveying any notice, hint, or reference to any person [or] . . . office where any poison, drug, mixture . . . or any advice . . . may be obtained for the purpose of causing miscarriage, or abortion . . . shall be punished by fine not less than one thousand dollars,

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<sup>17</sup> W. W. Mansfield, *A Digest of the Statutes of Arkansas 1884, Part II* (Little Rock: Mitchell and Bettis, Steam Book and Job Printers, 1884; reprint, Book Lab, Inc., 1997), 911; *Acts of Arkansas* (1941): 66-67; *Arkansas Statutes 1947 Annotated*, secs. 55-101-10 (1948), 274-280; Walter L. Pope, *Digest of the Statutes of Arkansas 1937, Vol. 1* (Helms Printing Company, 1937), 1269-1273; *Acts of Arkansas* (1939): 38-39.

and by imprisonment in the county jail not less than six nor more than twelve months.”<sup>18</sup>  
In practice, however, Arkansas’s abortion law did not prevent women from seeking abortions.<sup>19</sup>

In 1943, Arkansas passed its first law dealing specifically with the distribution of contraceptives. The law specified that no drugs or appliances used for contraception or the treatment of venereal diseases could be “advertised (except in periodicals, the circulation of which is substantially limited to physicians and the drug trade) sold or otherwise disposed of in the state of Arkansas without a license therefore issued by the state board of pharmacy.” Licensed medical doctors in the state would not be required to have the license from the state board of pharmacy. In addition, an Arkansas law from 1931 outlawed the sale and distribution of “obscene literature” (probably what we would now call pornography), and referred to the federal Comstock law, but it did not specifically mention contraceptives. The 1931 law stated that “it shall be unlawful for any person, firm or corporation to sell or offer for sale, or have in possession, any magazine, paper, or other literature or printed book, picture, or matter, the shipment or transportation of which has been refused and rejected from the United States mails.” In Arkansas, as in the nation, these laws did not necessarily prevent some women from

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<sup>18</sup> Michael B. Dougan, “Dug Up From the Hitherto Dark, Unfathomed Recesses of Nature:” Abortion and the Modernization of Arkansas Medicine, 1875-1920,” in *Contributions to Arkansas Medical History: History of Medicine Associates Research Award Papers, 1986-1987*, ed. Edwina Walls Mann, (Charlotte, North Carolina: Delmar Print Co., 1990), 89-103; *Arkansas Statutes 1947 Annotated*, secs. 41-301-2 (1948), 14-16; *Arkansas Statutes 1947 Annotated*, sec. 41-302, 15-16.

<sup>19</sup> *Arkansas Reports*, vols. 24, 73, 96, 174, 176, 186 (1885); (1905); (1911); (1928); and (1933).

using herbs or ‘black market’ birth control in attempts to exercise some control over their fertility.<sup>20</sup>

In addition to Leung’s work, I discovered that scholars had examined midwifery in Arkansas in the 1940s and the history of antebellum obstetrics in the state. Other scholars had analyzed feminism in Arkansas, focusing on Arkansas women’s commissions and the fight for the Equal Rights Amendment in the state and the organization of a grassroots women’s movement in Fayetteville, Arkansas. In their analysis of Arkansas feminism, those scholars briefly mentioned reproductive rights though that was not their central focus. In 1973, the University of Arkansas Fayetteville Women’s Center established its Problem Pregnancy collective which offered abortion counseling and referral service. A Women’s Health collective was also formed which offered information about pregnancy, adoption, and abortion. In 1977, an Arkansas women’s conference commemorating International Women’s Year adopted a resolution supporting legal abortion.<sup>21</sup>

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<sup>20</sup> *Acts of Arkansas* (1943):398-403; *Acts of Arkansas* (1931):431; David M. Moyers, “From Quackery to Qualification: Arkansas Medical and Drug Legislation, 1881-1909,” *Arkansas Historical Quarterly* 35 (Spring 1976): 14-15, 3-26.

<sup>21</sup> Sally McMillen, “Obstetrics in Antebellum Arkansas: Women and Doctors in a New State,” in *Contributions to Arkansas Medical History: History of Medicine Associates Research Award Papers, 1986-1987*, ed. Edwina Walls Mann, 64-88; Pegge L. Belle, “Arkansas’ Nurse-Midwife Mamie O’Hale ‘Making Do with the Midwife Situation,’” in *Contributions to Arkansas Medical History: History of Medicine Associates Research Award Papers, 1988-1992*, ed. Edwina Walls Mann, (Kansas City, Missouri: Walsworth Print, Co., 1999), 127-138; Janine A. Parry, “‘What Women Wanted’: Arkansas Women’s Commissions and the ERA,” *Arkansas Historical Quarterly* 59 (Autumn 2000): 265-298; Anna M. Zajicek,



Already interested in Arkansas women's history and the history of American twentieth century second wave feminism and reproductive rights, I discovered the History of Public Health in Arkansas-Birth Control records in 2004. Close review revealed that this collection, housed at the University of Arkansas for Medical Sciences (UAMS) Historical Research Center (HRC) in Little Rock, documented the history of the Arkansas birth control movement from the early 1930s to the early 1970s.<sup>22</sup> Intrigued, I discovered that Hilda Cornish's activism on behalf of birth control for poor women in Arkansas continued into the 1940s and 1950s. Upon further exploration at the HRC, I discovered the personal papers of Dr. Eva F. Dodge (1896-1990), an assistant professor of obstetrics and gynecology at UAMS from 1945 to 1964. The former archivist at the HRC also conducted an oral history interview with Dodge in 1980. A supporter of birth control, Dodge became an ally of Cornish. I noted with interest that former United States Surgeon General and Arkansas health department director, Dr. M. Joycelyn Elders had been one of Dodge's students at UAMS in the late 1950s. Dr. Elders graciously granted an interview and shared with me some of her experiences as a child growing up in Arkansas, as a medical student and an advocate of sexual and reproductive health.

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Allyn Lord, and Lori Holyfield, "The Emergence and First Years of a Grassroots Women's Movement in Northwest Arkansas, 1970-1980," *Arkansas Historical Quarterly* 62 (Summer 2003): 153-181.

<sup>22</sup> Today known as the University of Arkansas for Medical Sciences (UAMS), the University of Arkansas Medical School, located in Little Rock, was founded in 1879. The university hospital served as a teaching hospital for the medical students and provided care for the poor. See W. David Baird, *Medical Education in Arkansas, 1879-1978* (Memphis: Memphis University Press, 1979): ix, 190. See "A Brief History of UAMS" [internet]; available from <http://www.uams.edu/chancellor/history.asp> accessed 31 March 2009. Hereafter referred to as UAMS.

The Arkansas Public Health Birth Control records further revealed that a new group of volunteer women pushed for birth control as a means to address poverty into the 1960s, a time when feminists began to call for women's reproductive rights. Like most archival sources historians use, these collections do not document all aspects of the birth control movement in Arkansas. While the views and actions of Arkansas birth control advocates and policymakers are well documented, the perspectives of the intended recipients, poor women, are mostly missing from the archival records. This does not allow a full view of how policy actually affected intended recipients. An exception is Juanita D. Sanford's book *Poverty in the Land of Opportunity* (1978) which offers some insights into how Arkansas family planning clinics actually operated in the late 1960s and early 1970s.

Taking Arkansas as a case study, this dissertation examines the history of women's attempts to control their fertility through access to birth control and abortion in the state between 1942 and 1980. This study begins with 1942, because that is when members of the Arkansas Eugenics Association changed the name of their organization to the Planned Parenthood Association of Arkansas and began to pursue a new birth control policy agenda. I have chosen to end this study at 1980. In the 1980s, focusing on combating teenage pregnancy, Arkansas policymakers proposed health policy incorporating contraception. By the 1980s, New Right antiabortion forces had become a part of the debate over such policies. As I have noted, few studies of birth control and abortion have focused on southern states, this study seeks to enhance our understanding of the shifting meanings of birth control and abortion in a southern rural context.

Today we usually think of birth control and abortion in terms of women's rights and reproductive choice. But, as this study will illustrate, for much of the history of birth control and abortion in Arkansas, it simply has not been that way, especially for poor women. I argue that this analysis of Arkansas's social and medical history shows how reproductive choice became a class-based privilege. This is not to suggest that wealthier women in Arkansas never experienced unwanted pregnancies, that they always had access to private doctors and health care, or that they were unaffected by the prevailing gender and sexual attitudes. Unlike poor women, however, they likely would not have their fertility defined as a problem requiring intervention. In fact, historically, as this study of Arkansas will illustrate, birth control and abortion have had different meanings for different people. In the 1940s and 1950s, Arkansas birth control advocates continued to promote birth control as a way to address rural poverty, though without consistently targeting racial minorities. Birth control advice for poor women, however, conformed to prevailing attitudes about sexuality that confined sex to within marriage. Abortion, whether legal or illegal, continued to be defined as a medical matter. In Arkansas, doctors treated women who experienced complications from illegal abortions and were held legally responsible for determining when an abortion was necessary. Birth control became part of public health in Arkansas in 1964. By this time, a new concept of "population control" had become nationally popular. Arkansas birth control advocates of the 1960s adopted this concept of "population control" to further their cause.

As I explain in Chapter One, the Arkansas birth control movement exhibited a mixture of continuity and change between 1940 and 1950. Birth control advocate Hilda

Cornish remained a leading force in the movement in Arkansas during the 1940s and 1950s. Between 1940 and 1950, taking their cues from the national Planned Parenthood agenda, Cornish and some of her physician allies from the Arkansas Medical Society, began their ultimately unsuccessful efforts to secure the Arkansas Medical Society's approval for birth control in Arkansas public health. Most strikingly, the Arkansas Medical Society's unwillingness to approve birth control's inclusion in state public health in 1941, 1944, and 1950 was not the result of moral or religious opposition to birth control but some physicians' old hostility toward public health, as well as Cold War politics. The new presence and alliance of women physicians like Eva Dodge with lay leader Hilda Cornish did not change that outcome. As early as the 1920s, some Arkansas physicians had begun to fear that Arkansas's public health department programs were part of an effort to establish "socialized" or centrally-controlled medicine, which they feared would cause them to lose control over their medical practices and their economic independence. By 1950, the politics of the early Cold War fostered fears of a "communist menace" at home. In 1950, the Arkansas Medical Society again rejected the inclusion of birth control in Arkansas public health, expressing fears of "socialism" and "government control of the practice of medicine."

As I have noted, Arkansas birth control advocates of the 1930s identified with eugenics as means of winning support for their cause, but they did not engage in discussions of beliefs in biologically inferior races or the promotion of lower birth rates for racial minorities.<sup>23</sup> Equally importantly, as I explain in Chapter One, Arkansas's

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<sup>23</sup> Leung, "Better Babies," 19.

white birth control advocates of the 1940s did not specifically try to lower the birth rate among black Arkansans, and exhibited a relatively weak commitment to eugenic goals. Arkansas birth control advocates efforts to include birth control in state public health reflected a genuine effort to secure for Arkansas's poor a benefit that was already accessible to the middle and upper classes, rather than a punitive policy towards the state's poor.

In Chapter Two, I discuss the development of Dr. Eva F. Dodge's career at UAMS between 1950 and 1960, focusing especially on her role as a physician working for access to birth control in Arkansas and treating women who experienced complications from abortions. Foremost, Eva Dodge expressed herself as an individual, but her life also speaks to gender and professionalism. Though Dodge did not identify herself as a feminist, her career reflected the liberal feminism of the times, which rejected separatism and emphasized individual achievement, equal opportunity and political and legal equality.<sup>24</sup> I argue that Dodge's experience resonated with historian Regina Morantz-Sanchez's argument that women physicians specialized in public health, pediatrics, and obstetrics to counteract "masculinized" professionalism and to satisfy their desires to contribute, as women, to the medical profession.<sup>25</sup> Chapter Two also examines the situation in Arkansas as it developed without an established system of birth control in public health, and demonstrates more clearly why Hilda Cornish and her allies vigorously campaigned for birth control in state public health. Too many rural women in

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<sup>24</sup> Susan Ware, *Still Missing: Amelia Earhart and the Search for Modern Feminism* (New York: W. W. Norton, 1993), 118-119.

<sup>25</sup> Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, Revised ed., (Chapel Hill and London: University of North Carolina Press, 2000), xvii, 182-183, 354-355.

Arkansas in the 1940s and 1950s simply lacked a basic knowledge of sex and reproduction and access to doctors and basic health care. During the 1950s, Dodge advised patients about contraception in her medical practice at UAMS, but, even if a woman went to a doctor for birth control advice, she had to be married to receive it legally. Illegal in Arkansas since 1875, abortion frequently posed risks to women's lives and health, and abortionists risked being charged with a crime.

In the 1960s, second wave feminists began to claim that women had reproductive rights, or that women had the right to control their own bodies. At the same time, the concept of "population control" became a part of foreign and domestic policy in the United States. In the 1960s, the problem of poverty became a focus of federal government policymaking as a part of President Lyndon Johnson's Great Society. Federal policymakers supported federally-funded family planning programs at home as a solution to rising welfare costs and out-of-wedlock births.<sup>26</sup> As I explain in Chapter Three, poor women's access to birth control in Arkansas was impacted by these changes occurring at the national level. Most importantly, in the 1960s, birth control advocates in Arkansas remained focused on poor women's access to birth control and, argued for such access, not on the basis of second wave feminist calls for reproductive rights but in the language of "population control." Within this favorable national political environment, birth control finally became a part of Arkansas public health services in 1964. In May 1966, an

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<sup>26</sup> Bruce J. Schulman, *Lyndon B. Johnson and American Liberalism: A Brief Biography with Documents* (New York: St. Martin's Press, 1995), 174-177; Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York: Oxford University Press, 1999), 49-51, 54-56, 79; Gordon, *Moral Property*, 282; James T. Patterson, *America's Struggle Against Poverty, 1900-1994* (Cambridge: Harvard University Press, 1994), 178.

Office of Economic Opportunity-funded family planning clinic opened in Little Rock. Most disturbingly, however, the inclusion of birth control in Arkansas public health *was not* always a benefit to poor women in Arkansas. Surviving evidence reveals that women were sometimes subject to blatantly disrespectful treatment at Arkansas public health family planning clinics, which undoubtedly discouraged many women from using them. Ideally, poor women in Arkansas should have been able to receive health care, including reproductive health care in the 1960s, without being targeted as a population that needed “controlling.”

In Chapter Four, I explain that, at the end of the 1960s and into the early 1970s, birth control advocates in Arkansas continued to argue for birth control as a means to fight poverty through population control. By this time, second wave feminists in Arkansas had begun to assert that birth control and abortion were women’s reproductive rights. When abortion under certain medically determined conditions was finally legalized in Arkansas in 1969, it sparked little controversy. It was the *Roe v. Wade* decision of 1973 which legalized first trimester abortion in the United States that inspired abortion opponents to organize and ally themselves with New Right conservatives. In Arkansas too, opponents of abortion began to organize and made their presence felt as early as 1975. By the 1980s, in Arkansas too, the feminist redefinition of birth control and abortion as rights changed the nature of the debate over birth control as a part of health policy.

## CHAPTER 1

### BIRTH CONTROL IN ARKANSAS PUBLIC HEALTH 1940-1950: POLICY AND POLITICS

Arkansas birth control advocate Hilda Cornish and her allies took their cue from the national Planned Parenthood Federation of America (PPFA) agenda when they began efforts to get birth control included as a part of state public health in the 1940s, adopting a new approach to achieving the already existing goal of improving poor women's access to birth control. Another new development in this period was the involvement of women physicians in the birth control movement in Arkansas, often in alliance with activists in the community. Tracing the development the Arkansas birth control movement from 1942 to 1950, this chapter examines Arkansas birth control advocates attempts to secure approval for birth control in Arkansas public health and how assumptions about gender, race and class were embedded in arguments for birth control in Arkansas. I argue that Arkansas advocates' arguments for birth control in public health reflected less a punitive policy toward Arkansas's poor than a genuine but unsuccessful effort to extend a benefit that the upper and middle classes were already using.

In 1942, the Arkansas Eugenics Association changed its name to the Planned Parenthood Association of Arkansas, a change parallel to the change of name for the



national organization.<sup>27</sup> In 1942, the Birth Control Federation of America (BCFA) became the Planned Parenthood Federation of America (Planned Parenthood or PPFA). This was not just a change in name. From at least 1938, ideological and tactical changes were in progress that would shift PPFA leaders' focus in the American birth control movement away from birth control as a woman's right. In the 1940s, PPFA leaders focused on how family planning could assist the poor and new efforts to get birth control included in federal and state public health programs. PPFA leaders also claimed that family planning would strengthen the family.<sup>28</sup>

Especially following World War II, PPFA's family-centered agenda meshed with the strengthening anticommunist mood in the United States. Anticommunist politics dominated American political life after 1948. The Alger Hiss case of 1948-1950 and the Chinese communist victory in 1949, among other events, intensified Cold War tensions and fueled fears that so-called fellow travelers at home were aiding in a communist conspiracy. From 1950 to 1954, Wisconsin Senator Joseph McCarthy's "witchhunts" terrorized Washington D. C. Attacking the New Deal Democrats, Republicans insisted that Democrats wanted to institute socialism in the United States. Anticommunist politics also impacted the American family and sexuality. Psychologists, national leaders and

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<sup>27</sup> Planned Parenthood Association of Arkansas, Printed Brochure 1942, History of Public Health in Arkansas-Birth Control Records, box 6, folder 4, University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, AR. Hereafter referred to as UAMS HRC and UAMS Library.

<sup>28</sup> Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana and Chicago: University of Illinois Press, 2002), 242-255; James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, Inc., 1978), 121-122, 264-266.

others emphasized “normal” marital heterosexuality. Homosexuals and others labeled “sexual deviants,” so the argument went, threatened national security because they, already lacking in moral control, were more susceptible to communist subversion. Historian Elaine Tyler May argues that the 1950s ideal of the white middle-class family, closely linked with renewed emphases on home, marriage, clearly defined gender roles, and parenthood, was a response to and a defense against Cold War tensions. At the same time, the 1950s family ideal appealed to many Americans who desired stability and security following years of depression and war. For American women, this ideal defined their roles as wives, homemakers and mothers. For men, the roles of breadwinner husband and father were reemphasized. To be sure, this was only an ideal that many women and men could not or did not embrace, but many did.<sup>29</sup>

During the 1940s, Arkansas’s population was still predominantly white and rural. Birth control advocates in Arkansas continued to focus on the state’s poor population.<sup>30</sup>

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<sup>29</sup> Gordon, *Moral Property*, 242-255; Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era*, Revised ed., (Basic Books, 1999), xxv, 9-26, 102-103, 131-135; Nancy Woloch, *Women and the American Experience: A Concise History*, 2d ed. (New York: McGraw and Hill, Inc., 2002), 342-351, 358-359; William H. Chafe, *The Unfinished Journey: America Since World War II* (New York: Oxford University Press, 1995), 105-109; Stephen J. Whitfield, *The Culture of the Cold War* (Baltimore: Johns Hopkins University Press, 1996), 19-23, 43-44; John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 2<sup>nd</sup> ed., (Chicago: University of Chicago Press, 1997), 292-294; Kathy Peiss, ed., *Major Problems in the History of American Sexuality: Documents and Essays* (Boston and New York: Houghton Mifflin Company, 2002), 367.

<sup>30</sup>In 1940, Arkansas’s population was 75.2 percent white and 24.8 percent black, and 77.6 percent white and 22.3 percent black in 1950. The state’s population was 77.8 percent rural and 22.2 percent urban in 1940 and 67 percent rural and 33 percent urban in 1950. In certain eastern counties of Arkansas’s Mississippi Delta region, blacks outnumbered whites. In 1940, blacks outnumbered whites in Chicot, Crittenden, Desha, Jefferson, Lee, Lincoln, Monroe, Phillips, and St. Francis counties. In 1950, blacks

Over 40 percent of the state's labor force received less than \$99 income in 1939. In 1949, 20.2 percent of white families and 39 percent of nonwhite families received less than \$500 a year. In comparison with the nation at \$1,330, Arkansas, along with other southern states, ranked near the bottom in per capita income payments to individuals at \$778 in 1949. Though the overall number of tenant farmers in Arkansas declined from 115,442 to 68,602 between 1940 and 1950, the proportion of tenancy among nonwhites remained high. In 1940, the proportion of white farm operators who were tenants was 43.2 percent compared with 81.5 percent of nonwhite operators. In 1950, the proportion of white farm operators who were tenants was 28 percent compared with 71 percent for nonwhite farm operators.<sup>31</sup>

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outnumbered whites in Chicot, Crittenden, Lee, Lincoln, Phillips, and St. Francis. Percentages calculated using Richard Sutch and Susan B. Carter, eds., *Historical Statistics of the United States: Earliest Times to Present Millennial Edition, Vol. 1, Population* (New York: Cambridge University Press, 2006), 188; Census Data Center, Institute for Economic Advancement, College of Business Administration, University of Arkansas at Little Rock, "Population by County 1910-1940" and "Population by County 1950-1980," [internet]; available from [http://www.aiea.ualr.edu/census/other/ReYr2\\_1940.html](http://www.aiea.ualr.edu/census/other/ReYr2_1940.html). accessed 24 July 2006. The 1950 definition of "urban" referred to "all persons living in (1) places of 2,500 inhabitants or more incorporated as cities, boroughs, and villages, (2) incorporated towns of 2,500 inhabitants or more except in New England, New York and Wisconsin, where "towns" are simply minor civil divisions of counties (3) the densely settled urban fringe including both incorporated and unincorporated areas, around cities of 50,000 or more, and (4) unincorporated places of 2,500 inhabitants or more outside any urban fringe." See *Statistical Abstract of the United States 1955* (Washington D. C.: Government Printing Office, 1955), 2.

<sup>31</sup> Census Bureau, *Sixteenth Census of the United States 1940, Vol. III, Population, The Labor Force, Part 2 Alabama-Indiana* (Washington D. C.: Government Printing Office, 1943) 167; Census Bureau, *Census of Population: 1950, Vol. II, Characteristics of the Population, Part 4 Arkansas* (Washington D. C.: Government Printing Office, 1952), 47; *Statistical Abstract of the United States 1951* (Washington D. C.: Government Printing Office, 1951), 258, 262-265. Income payments to individuals were defined as the measure of income received from all sources during the calendar year by each state's

Between 1920 and 1930, as Elissa L. Miller has shown, Arkansas's public health system became more organized and effective with the establishment of local health departments and a public health nursing service. This transformation took place with the help of the federal Children's Bureau and with funding from the Sheppard-Towner Maternity and Infancy Act (1921).<sup>32</sup> Arkansas Governor Thomas McRae (1921-1925) endorsed Sheppard-Towner in 1922, and a Bureau of Child Hygiene was established in the state that same year. The Arkansas health department employed its first public health nurses in 1924. Arkansas's maternal and child health program led to the organization of statewide child health clinics and to the development of a system to train and regulate midwives. Sheppard-Towner was not renewed in 1928, but federal funding, focus on maternal and child health, and reliance on public health nurses became the basic structure of the state health department.<sup>33</sup>

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residents. See *Statistical Abstract 1951*, 258, 264. Census Bureau, *1950 Census of Agriculture: Counties and State Economic Areas, Vol. I, Part 23 Arkansas* (Washington D. C.: Government Printing Office, 1952), 4. Farm operators were defined as persons who operated a farm, whether laboring themselves or supervising others. See *1950 Census of Agriculture*, xii, 4.

<sup>32</sup> Elissa Lane Miller, "From Private Duty to Public Health; A History of Arkansas Nursing, 1895-1954" (Ph. D. diss., Memphis State University, 1989), 102-103. Created in 1912, the federal Children's Bureau addressed infant and maternal mortality and child health. The Sheppard-Towner Act (1921) provided federal money to states, contingent upon state appropriations of matching funds, for instruction in maternal and infant health. Though some conservatives and Catholics charged that it promoted birth control, under Chief Grace Abbot (1921-1934), the Children's Bureau ignored birth control and insisted that the agency never promoted it. See Kriste Lindenmeyer, *"A Right to Childhood" The U. S. Children's Bureau and Child Welfare, 1912-1946* (Urbana and Chicago: University of Illinois Press, 1997), 1-2, 78-79, 105-106.

<sup>33</sup> Miller, "From Private Duty," 113-116, 128-129.

The Sheppard-Towner Act provoked suspicion and hostility among many physicians, including those in Arkansas. Opposition to compulsory health insurance had developed among many American physicians in the 1910s. As their incomes rose, many physicians saw little benefit in compulsory health insurance for their patients and others had experienced much dissatisfaction with the health insurance provided under early workmen's compensation acts. Doctors charged that the insurance carriers frequently paid below-normal fees and provided inadequate medical care. In 1920, the American Medical Association (AMA), the national professional organization for American physicians, declared "its opposition to the institution of any plan . . . of compulsory contributory insurance against illness, or any other [compulsory insurance] plan which provides for medical service. . . provided, controlled or regulated by any state or Federal Government." Using this definition, AMA physicians criticized Sheppard-Towner as a form of centrally-controlled, or as they labeled it, "state medicine" or "socialized medicine."<sup>34</sup>

After Sheppard-Towner expired, the Arkansas medical community's antagonism toward public health lingered. As Elissa Miller has explained, according to many Arkansas Medical Society members, public health programs should be limited in scope. In their view, the health department might handle such things as sanitation but not free immunizations and health screening clinics. Into the 1930s, members of the Arkansas Medical Society feared that state health department programs were the first step toward

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<sup>34</sup> Ronald L. Numbers, *Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920* (Baltimore: The Johns Hopkins University Press, 1978), 28-29, 98-99, 105, 113-114; Lindenmeyer, *Right to Childhood*, 101.

“socialized medicine,” which they argued threatened their control of their medical practices and their economic independence. In the early 1930s, the *Journal of the Arkansas Medical Society* published local doctors’ complaints that public health nurses were reaching beyond their authority.<sup>35</sup> Miller’s work clearly suggests that understanding physicians’ attitudes toward public health is important for interpreting developments within the birth control movement in Arkansas during the 1940s.

In 1941, the first attempt to initiate a program of birth control for the poor framed as public health occurred in Arkansas. In August 1940, Dr. Woodbridge E. Morris, the General Medical Director at the BCFA, noted in a letter to Hilda Cornish that he was “hoping to be in Arkansas this fall.”<sup>36</sup> In October 1940, Dr. Morris traveled to Little Rock. He spoke with Hilda Cornish and with members of the Arkansas Medical Society council and the state board of health about assisting in the development of plans for a program of birth control for the poor in public health in the state. According to Dr. Morris, “It was the consensus of opinion of those with whom I talked that the move for such a program should be instigated by the Maternal and Child Health Committee of the State Medical Society, of which Dr. Samuel Thompson is Chairman.”<sup>37</sup> The Maternal and

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<sup>35</sup> Miller, “From Private Duty,” 112-119, 136-140, 158-159.

<sup>36</sup> Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 23 August 1940, History of Public Health in Arkansas- Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library. In reply to Dr. Morris, Hilda Cornish wrote of her “hope that you [Dr. Morris] can come to Ark[.] & that I may be of some help to you at that time.” Cornish’s reply is handwritten directly on Dr. Morris’s typed letter. It seems probable that this reply was eventually sent to Dr. Morris.

<sup>37</sup> Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 23 October 1940, Dr. Woodbridge E. Morris to Dr. M. C. Hawkins, Jr., 24 February 1941, History of Public Health in Arkansas-Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library.

Child Health Committee was charged with initiating such a program, which reinforced the idea that women rather than men should be responsible for limiting their families. Perhaps identifying with women's traditional roles as mothers was a way of winning more support from other physicians and public health workers for such a program. Dr. Morris continued to correspond with Cornish and others about the upcoming April meeting of the Arkansas Medical Society, at which the doctors were to initiate the plans for birth control for the poor in public health. Other events planned for the medical society meeting included Dr. M. C. Hawkins's<sup>38</sup> presentation on contraceptive techniques and the Arkansas Eugenics Association's exhibit on birth control. Dr. Morris also sent BCFA materials for exhibit at the meeting, and planned to return to Little Rock to attend the medical society meeting. In the end, however, Dr. Morris was unable to attend and he sent Kathryn Trent, director of the BCFA Regional Organization Department, to Little Rock instead.<sup>39</sup>

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<sup>38</sup> Dr. Martin C. Hawkins, Jr., a prominent physician in Searcy, Arkansas, had been involved with the Arkansas Eugenics Association since the early 1930s. See Marianne Leung, "Better Babies": The Arkansas Birth Control Movement During the 1930s" (Ph. D. diss., University of Memphis, 1996), 128-129. Hilda Cornish, from the 1930s, sought the support of prominent local physicians in the Arkansas birth control movement to gain legitimacy for the cause. In the 1930s, no female physicians joined the state birth control movement and Cornish chose not to work with midwives or public health nurses. Elissa Miller's work explains the uneasy relationship of some Arkansas physicians and public health nurses. See Leung, "Better Babies," 103-139 and Miller, "From Private Duty," 112-119, 136-140.

<sup>39</sup> Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 18 January 1941; Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 14 February 1941; Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 14 March 1941; Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 24 March 1941, History of Public Health in Arkansas-Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library; Esther Katz, ed., *The Margaret Sanger Microfilm Edition: The Smith College Collection Series* (1995), 33.

Clearly, the state leadership in the birth control movement was in close contact with the national leadership and apparently developing state plans in accordance with the national BCFA agenda. This first recommendation that birth control for the poor be publicly funded and included in public health in Arkansas faltered.<sup>40</sup> At the Arkansas Medical Society meeting in April, the Maternal and Child Welfare Committee reported that “we do not approve the suggestion that contraceptive methods and devices be taught to the indigent and physically unfit by the health unit nurses in the various counties.”<sup>41</sup> Reference to the “physically unfit” suggests eugenic thinking and prompts us to question Arkansas birth control advocates’ perceptions of those targeted for assistance.

There is still some difficulty in assessing the extent of Arkansas birth control advocates’ commitment to eugenic ideas. In 1941, legislation for eugenic sterilization was considered in Arkansas. The senate bill called for the establishment of a state board of eugenics, comprised of the superintendent of the state mental hospital, the dean of the

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<sup>40</sup> An unidentified newsclipping, dated July 12, 1940, from the Arkansas Public Health Birth Control records, reported that “unanimous rejection of a proposal to include a birth control system in the state Health Department program by the state Board of Health yesterday today brought the statement by directors that they believed residents of Arkansas would not approve of such action.” Exactly where this fits, if the date is correct, is hard to determine because it would be before Dr. Morris came to Little Rock. The surviving evidence suggests that a plan for birth control in Arkansas public health was going to encounter difficulties in 1940-1941. “Birth Control Plan Rejected: State Board of Health Declines to Approve Clinics,” Unidentified Newsclipping 12 July 1940, History of Public Health in Arkansas-Birth Control Records, UAMS HRC, UAMS Library.

<sup>41</sup> “Report of the Maternal and Child Welfare Committee,” *Journal of the Arkansas Medical Society* 38 (June 1941): 21-22, 31. According to the committee report issued at the medical society meeting, the Maternal and Child Welfare Committee met on March 20, 1941. This committee report that appeared in the *Journal of the Arkansas Medical Society*, did not suggest that the birth control resolution was discussed at this March meeting. See *Ibid.*, 21-22, 31.



Arkansas medical school and a practicing physician experienced in the treatment of people with mental illness. The bill specified that those in charge of prisons or hospitals for “the care of the mentally or physically defective” could recommend to the state eugenics board that people in their care who “would be likely, if released without sterilization, to procreate a child, or children, who would have a tendency to serious physical, mental, or nervous disease or deficiency” could be sterilized by vasectomy or salpingectomy. This bill, however, did not become law, and the state apparently did not successfully enact legislation for eugenic sterilization during this time.<sup>42</sup>

Arkansas Planned Parenthood publications from the early 1940s claimed affiliation with the American Eugenics Association and insisted that the advantages of Planned Parenthood included:

Individual Benefits through: Better Health of the mother and child, by spacing children

Fewer abortions.

Less transmission of congenital disease.

Happier Family life.

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<sup>42</sup> “Senate Bill Number 249,” 22 February 1941, Eva F. Dodge Papers, box 5, folder 4, UAMS HRC, UAMS Library. Henceforth cited in abbreviated form as EFD Papers. Salpingectomy refers to the surgical removal of a Fallopian tube. See *Merriam Webster’s Medical Dictionary New Edition* (Springfield, Massachusetts: Merriam-Webster Inc., 2006), 668. The Arkansas law of 1971 regarding sterilization of mental incompetents required petition by a guardian to the court for sterilization and written medical certification of incompetence. See Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 20-49-102-203-302-303-304 (1971), [internet]; available from <http://www.arkbar.com/>. accessed 25 November 2006. See also Phillip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: The Johns Hopkins University Press, 1991), 45-46.

Community benefits through:

Healthier, happier citizens.

Fewer community charges: tubercular, syphilitic, epileptic, mentally deficient, etc.

Lower death rates.

Fewer births of unwanted children who can be cared for only at public expense.<sup>43</sup>

On one hand, this message emphasized healthier mothers and children as benefits of Planned Parenthood. More ominously, however, many of those targeted for assistance were portrayed as carriers of disease or burdens on the community. This evidence does suggest discrimination against people with disabilities but does not suggest that black Arkansans, while subject to racial segregation and disfranchisement, were *specifically* targeted for controlling births. This did not mean, however, that those targeted for assistance were not left *potentially* vulnerable to abuse of their reproductive capacities because of supposed disability or skin color. In that sense, this Arkansas example further illustrates the sinister undercurrent in the early national movement for the availability of

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<sup>43</sup> Planned Parenthood Association of Arkansas, Printed Brochure 1942, History of Public Health in Arkansas-Birth Control Records, box 6, folder 4, UAMS HRC, UAMS Library. See discussion of child spacing below. Arkansas's abortion law (1875) stated that "it shall be unlawful for any one to administer or prescribe any medicine or drugs to any woman with child, with intent to produce an abortion, or premature delivery of any foetus before the period of quickening [perception of fetal movement], or to produce or attempt to produce an abortion by any other means." Those found in violation of the law would be punished with a \$1000 fine and imprisonment of up to five years. These provisions would not apply to an abortion performed by a practicing physician to save the mother's life. See *Arkansas Statutes 1947 Annotated*, secs. 41-301-2 (1948), 14-16. See also Michael B. Dougan, "'Dug Up From the Hitherto Dark, Unfathomed Recesses of Nature: Abortion and Modernization of Arkansas Medicine, 1875-1920," in *Contributions to Arkansas Medical History: History of Medicine Associates Research Award Papers, 1986-1987*, ed. Edwina Walls Mann (Charlotte, North Carolina: Delmar Print Company, 1990): 89-103.

contraception, which we have often come to think of today in terms of women's "rights" and "choice."<sup>44</sup>

From Little Rock, the *Arkansas Gazette* carried news of the 1941 medical society meeting. Under the heading "State Program of Birth Control Favored" the *Gazette* reported that:

A recommendation that conception control or family-spacing programs be placed under the state Board of Health was made by Dr. Martin C. Hawkins Jr. Searcy, who spoke on "Conception Technique and Medical Indications." The problem of birth control no longer is a sociological problem alone, but is rapidly becoming a medical one which the medical profession must meet, he said. An exhibit by the Arkansas Eugenics Association is one of the largest at the convention.<sup>45</sup>

Though the *Gazette* continued to report on the events of the society meeting, rejection of the birth control recommendation was not mentioned.<sup>46</sup> Why did the birth control recommendation falter in 1941? There are no surviving quotes from the discussion of the birth control measure at the medical society meeting to further illustrate, but there are

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<sup>44</sup> As explained previously, Arkansas secured both the segregation and disfranchisement of its black citizens in the 1890s and early 1900s. See John William Graves, *Town and Country: Race Relations in an Urban-Rural Context, Arkansas, 1865-1905* (Fayetteville: University of Arkansas Press, 1990), 150-163, 164-181. 190-191. See also Gregory M. Dorr, "Defective or Disabled?: Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama," *Journal of the Gilded Age and Progressive Era* 5:4 (October 2006): 359-392.

<sup>45</sup> *Arkansas Gazette* (Little Rock), 16 April 1941.

<sup>46</sup> *Arkansas Gazette*, 14, 15, 17 April 1941.

some interpretive clues. The state board of health operated through state appropriations.<sup>47</sup> At the time of the 1941 Arkansas Medical Society meeting, the legislative chairwoman of the American Medical Association's Women's Auxiliary warned members of the Arkansas Medical Society's Women's Auxiliary "not to relax their vigilance against laws that tend to regiment [socialize] the medical profession."<sup>48</sup> Recalling what occurred in earlier years with Sheppard-Towner and after, it was highly likely that some members of the Arkansas medical community's hostility toward public health and fears of "socialized" medicine helped defeat the birth control measure in 1941.

In a letter dated April 17, 1941, Dr. Morris wrote to Hilda Cornish, "We are on pins and needles here awaiting word from you concerning the State Medical Society meeting." In her notes handwritten directly on the copy of Dr. Morris's letter, Cornish noted that "Dr. [W. B.] Grayson just reaffirmed and suggests this not the time."<sup>49</sup> Most significantly, Dr. Grayson, the state health director, had replaced Dr. C. W. Garrison, the previous health director, who was forced out in 1932 on grounds that he was aiding the development of socialized medicine in Arkansas. Recommended for the director's position by the Arkansas Medical Society, Grayson promised to end health department programs that the state medical society disliked and to follow a code of operations

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<sup>47</sup> *Acts of Arkansas* (1913): 348-362. Section 30 of the act creating the state board of health stated that "all salaries and other expenses provided for by this Act not required to be paid by counties, cities and incorporated towns, shall be paid out of the general revenue fund of the State." See *Acts of Arkansas* (1913): 361.

<sup>48</sup> *Arkansas Gazette*, 16 April 1941.

<sup>49</sup> Dr. Woodbridge E. Morris to Mrs. Ed Cornish, 17 April 1941, History of Public Health in Arkansas-Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library.

mutually agreed upon between the health department and the doctors.<sup>50</sup> In light of such political maneuvering, it hardly seems surprising that the birth control proposal did not succeed in 1941.

About five months later, in August 1941, Edna Rankin McKinnon, a BCFA field representative<sup>51</sup>, traveled to Little Rock. In a letter to Cornish, McKinnon explained that the BCFA was “considering the possibility of concentrating its staff and resources in one region in order to avoid spreading its efforts too thin.” She explained that:

The South was chosen as a region to be surveyed to learn just which states were most ready to work toward securing a program of child spacing, integrated with other maternal health programs in public health- such as are being carried on in North Carolina, South Carolina, and Alabama. Consequently, I was asked to spend a short time in Arkansas in an endeavor to learn the attitude of the leaders generally toward undertaking such a program.<sup>52</sup>

McKinnon’s use of the term “child spacing” is interesting. Historian Linda Gordon has suggested that the term was part of the PPFA’s emphasis on planning-planning that encompassed qualitative and quantitative views on the desired makeup of the population.<sup>53</sup> Dr. Eva F. Dodge, who would later become part of the birth control

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<sup>50</sup> Miller, “From Private Duty,” 139.

<sup>51</sup> Attorney Edna R. McKinnon was a sister of the first woman member of Congress, Jeannette Rankin (1880-1973). Reed, *From Private Vice*, 261.

<sup>52</sup> Edna R. McKinnon to Mrs. Edward Cornish, 4 September 1941, History of Public Health in Arkansas-Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library.

<sup>53</sup> Gordon, *Moral Property*, 243.

movement in Arkansas, provided a clearer definition of child spacing in 1942. She wrote “child spacing is not concerned with the total prevention of pregnancy but with giving the mother an opportunity to recover fully from one pregnancy before starting another.”<sup>54</sup> Notably, Dodge’s definition of child spacing suggests a positive concern for the health of mothers and babies. Simultaneously, and more ominously, some pro-birth control publications, like that of Arkansas Planned Parenthood noted above, continued to emphasize eugenics and “controlling” the population of those labeled “defective.”

Though unable to speak in person with Hilda Cornish who was away from Little Rock at the time of her visit, McKinnon prepared a report of her survey dated September 4, 1941. In her report, McKinnon indicated that:

The State Public Health Commissioner [Dr. Grayson] and his Assistant seem interested in birth control. They recognize the need for birth control and are certainly not opposed to it. On the basis of conferences with them it seems reasonable to believe that they would respond favorably to lay and medical demand for birth control in public health. The Commissioner stated that he considered it was largely a lack of interest[,] which prompted the State Board of Health to vote against such a program in April, 1941. He [the state health

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<sup>54</sup> Eva F. Dodge, “The Place of Child Spacing in an Industrial Hygiene Program,” *Human Fertility* 7 (December 1942): 164-165. EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library. See the discussion of Dr. Dodge’s career in Arkansas below.

commissioner] considers a wide program of medical education in technique of contraception advisable.<sup>55</sup>

McKinnon noted that “through a previous survey made by Dr. Woodbridge E. Morris in October, 1940 there seemed to be no strong feeling against birth control on the part of members of the State Public Health Board. One member of the Board is a Roman Catholic but there is no specific evidence that he opposes the inclusion of birth control in public health.” She suggested that State Health Board members probably had “not been completely sold on the need for or on what could be accomplished through a birth control program in public health. They would probably respond to an educated and intelligent demand from key people in their communities.”<sup>56</sup>

Here McKinnon returns to the term birth control. Interchanging use of birth control and child spacing suggests the coexisting arguments for birth control, improving maternal and infant health and eugenic population control. McKinnon also reported that:

The attitude of the medical profession as far as could be determined is favorable and presents no major obstacles. There is little Catholic strength in the Medical Association. In 1937 the Medical Society passed a resolution supporting birth control. No mention of public health was made in the resolution. Dr. M. E.

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<sup>55</sup> Edna R. McKinnon to Mrs. Edward Cornish, 4 September 1941; Edna R. McKinnon, “A Public Health Child-Spacing Program: Survey and Analysis of Arkansas, September 4, 1941,” p. 1, History of Public Health in Arkansas-Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library.

<sup>56</sup> McKinnon, “A Public Health Child-Spacing Program: Survey and Analysis of Arkansas, September 4, 1941,” p. 1, History of Public Health in Arkansas- Birth Control Records, UAMS HRC, UAMS Library.

McCaskill, who was then president, stated that the men as a whole knew very little about contraception and that there is much need for medical education on all phases of birth control. The new state administration represents the New Deal wing of the Democratic party. The governor is a Methodist [Governor Homer M. Adkins (1941-1945)] and was said to have had little experience in the handling of social problems.<sup>57</sup>

Other scholars have suggested that physicians nationally accepted contraceptives as within their domain but insisted that they be distributed on fee-for-service basis.<sup>58</sup>

What 1937 resolution McKinnon was referring to is not exactly clear. In 1935, Arkansas Medical Society members resolved to pressure the American Medical Association to work for congressional legislation exempting medical contraception from federal law. In 1937, the American Medical Association endorsed the study of contraception and acknowledged that contraception had a place in medicine.<sup>59</sup> In her report, McKinnon suggested steps that would aid in the development of a state program for child spacing in public health. These were:

A. The development of a strong planning group to formulate a program and to outline procedures through which more adequate leadership may be secured.

B. A full time professionally trained State Director.

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<sup>57</sup> Ibid., p. 1; Timothy P. Donovan, Willard B. Gatewood, Jr. and Jeannie M. Wayne, eds., *The Governors of Arkansas: Essays in Political Biography*, 2<sup>nd</sup> ed. (Fayetteville: University of Arkansas Press, 1995), 199-200.

<sup>58</sup> Joyce M. Ray and F. G. Gosling, "American Physicians and Birth Control, 1936-1947," *Journal of Social History* 18 (Spring 1985): 402, 407.

<sup>59</sup> Leung, "Better Babies," 131-135.



C. The development of a strong state wide organization to include leaders in the fields of industry, labor, religion, medicine, lay groups and others.

D. A program of medical education which will seek the support of the key leaders in the medical profession. A specific plan for medical education in contraceptive techniques should be developed.

E. A program of lay education seeking the interest and support of key groups and key individuals.<sup>60</sup>

Apparently, copies of McKinnon's report reached Hilda Cornish.<sup>61</sup> These were only McKinnon's suggestions. On some level, those in the Arkansas birth control movement had already been engaged in some of the activities McKinnon suggested. Even within her report, McKinnon noted that "the medical school is conducting a teaching course in contraceptive techniques."<sup>62</sup> Despite the optimistic tone of McKinnon's report, the key factor in the birth control recommendation's failure in 1941 seems to have been many Arkansas medical professionals old hostility toward public health. McKinnon noted the lack of a strong Catholic presence in the Arkansas Medical Society, and strong moral

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<sup>60</sup> McKinnon, "A Public Health Child-Spacing Program: Survey and Analysis of Arkansas, September 4, 1941," p. 3, History of Public Health in Arkansas-Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library.

<sup>61</sup> D. Kenneth Rose to Mrs. Ed Cornish, 17 November 1941, Mrs. Ed Cornish to D. Kenneth Rose, 23 November 1941, History of Public Health in Arkansas-Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library.

<sup>62</sup> McKinnon "A Public Health Child-Spacing Program: Survey and Analysis of Arkansas, September 4, 1941,"p. 3, History of Public Health in Arkansas-Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library. Dr. Charles R. Henry Sr. was teaching the course on contraceptive techniques at the medical school. See the notes on Dr. Henry and the University of Arkansas Medical School below.

opposition to birth control does not appear to have been the determining factor in the failure of the 1941 recommendation. Despite the lack of success in 1941, the efforts to get birth control in state public health would continue.

As many Arkansas women entered the workforce during World War II,<sup>63</sup> Cornish and Arkansas Planned Parenthood promoted child spacing for women workers. In 1943, an Arkansas Planned Parenthood printed brochure stated:

Women in Industry

CHILD SPACING FOR HEALTH

HEALTH FOR WAR WORK

WAR WORK TO SAVE AMERICA

FOR YOUR CHILDREN

Planned Parenthood Association of Arkansas<sup>64</sup>

In another example, a letter was sent to the manager of a Ford plant in Jacksonville offering information on Arkansas Planned Parenthood birth control services to married women employees in 1943.<sup>65</sup> Such messages did not apply only to women

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<sup>63</sup> With the men away serving in the military, more women in Arkansas entered the workforce, working in defense plants and operating small businesses and farms. Ben F. Johnson, III, *Arkansas in Modern America, 1930-1999* (Fayetteville: University of Arkansas Press, 2000), 52-53, 60-63, 69-73, 78-79, 81-82.

<sup>64</sup> Planned Parenthood Association of Arkansas, Printed Brochure 1943, "Women in Industry," History of Public Health in Arkansas-Birth Control Records, box 6, folder 4, UAMS HRC, UAMS Library.

<sup>65</sup> E. L. McHaney, Jr. to Mr. R. A. Morgan, 5 March 1943, History of Public Health in Arkansas-Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library. For more on birth control for Arkansas women in industry, see also "Planned Parenthood Program Discussed," Unidentified Newsclipping 1943(?), History of Public Health in Arkansas –Birth Control Records, box 6, folder 6,

workers in Arkansas. In a 1942 article entitled “The Place of Child Spacing in an Industrial Hygiene Program,” Eva Dodge argued that child spacing should be part of keeping women war workers healthy enough to work. A quote from Dodge’s article appeared on the back of the 1943 Arkansas Planned Parenthood “Women in Industry” brochure. In her article, Dodge explained that “even though women are being called upon to carry out industrial tasks, they still have the function of bearing children- children they want and the country needs. One of the dangers to healthy babies and well mothers results from pregnancies at too short intervals and too often, coupled with fatigue due to employment in industry and the carrying on of home duties at the same time.”<sup>66</sup> Dodge emphasized maternal and infant health in a time of national emergency, and acknowledged the reality of women’s “double duty” of working in industry and attending to traditional duties at home.

By 1943, the Little Rock birth control clinic was not the only option for those seeking contraceptive advice in Arkansas. There were now clinic services offered in Batesville, Camden, Fayetteville, Hot Springs, and Pine Bluff, and some of these services

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UAMS HRC, UAMS Library. E. L. McHaney was a vice-chairman for Arkansas Planned Parenthood. See Hilda Cornish to Mr. D. Kenneth Rose, 5 May 1944, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library.

<sup>66</sup> Dodge, “The Place of Child Spacing in an Industrial Hygiene Program,” *Human Fertility* 7 (December 1942): 164. EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library; Planned Parenthood Association of Arkansas, Printed Brochure 1943, “Women in Industry,” History of Public Health in Arkansas-Birth Control Records, UAMS HRC, UAMS Library.

were offered in city health departments.<sup>67</sup> How can these existing clinic services be reconciled with my preceding discussion of the effort to get birth control included in state public health? I would suggest that the campaign for birth control's inclusion in Arkansas public health was an effort to get contraceptive service accepted and included as a part of public health statewide, so that such service would not be so dependent upon just certain interested doctors in certain places. Notably, none of these towns where these clinic services were offered, with the exception of Pine Bluff, were located in counties where blacks outnumbered whites in the total population in 1940.<sup>68</sup> This evidence further suggests that African Americans were not systematically and specifically targeted for reductions in their birth rates during this time, but it does point to the lack of health care

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<sup>67</sup> Planned Parenthood Federation of America, "1943 Directory of Planned Parenthood Services," p. 1, History of Public Health in Arkansas-Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library.

<sup>68</sup> Hot Springs, Camden, Fayetteville, Batesville, Pine Bluff and Little Rock are located in Garland, Ouachita, Washington, Independence, Jefferson, and Pulaski counties, respectively. These percentages are of the total county populations in 1940 (and for Jefferson County in 1950). Garland County was 87.8 percent white and 12.2 percent black. Independence was 96.9 percent white and 3.1 percent black. Ouachita was 52.8 percent white and 47.2 percent black. Pulaski was 72.3 percent white and 27.7 percent black. Washington was 98.9 percent white and 1 percent black. Jefferson County was 55.3 percent black and 44.7 percent white in 1940. Notably, by 1950, Jefferson was no longer a black majority county at 49.7 percent black and 50.2 percent white. Percentages calculated using Census Data Center, UALR, "Population by County 1910-1940" and "Population by County 1950-1980," [internet]; available from [http://www.aiea.ualr.edu/census/other/ReYr2\\_1940.html](http://www.aiea.ualr.edu/census/other/ReYr2_1940.html). accessed 24 July 2006.

services for black Arkansans. To be sure, many poor white Arkansans lacked access to health care services too.<sup>69</sup>

The physician involved with the birth control clinic in Fayetteville was a white woman, Dr. Ruth E. Lesh. Jennie Ruth Ellis Lesh (1910-1993) was the daughter of another Fayetteville physician, Dr. Edward F. Ellis (1863-1957). An obstetrician/gynecologist, she had completed her medical degree at the Women's Medical College of Pennsylvania in 1933. She and her physician husband, Dr. Vincent O. Lesh, opened medical offices in Fayetteville in 1938. She served as second vice president of the Arkansas Medical Society, president of the Washington County Medical Society and later, the first woman chief-of-staff at Fayetteville City Hospital in 1959.<sup>70</sup> Lesh was the author or co-author of a number of medical articles.<sup>71</sup> Lesh corresponded with Hilda

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<sup>69</sup> For more on the poor state of health services for poor white and black southerners, see Edward H. Beardsley, *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth Century South* (Knoxville: University of Tennessee Press, 1987).

<sup>70</sup> Jennie Ruth Ellis Application, 14 January 1933, Records of Applications to the Basic Sciences and Healing Arts Board: State of Arkansas 1929-1977, UAMS HRC, UAMS Library; "Dr. Ruth Lesh Obituary," *Journal of Arkansas Medical Society* 90 (June 1993): 46; Dallas T. Herndon, *Centennial History of Arkansas* (Chicago: The S. J. Clarke Publishing Company, 1922; reprint, Southern Historical Press, 1977), 1134, 1137 (page citations are to the reprint edition); "Dr. Vincent Orlando Lesh Obituary," *Journal of the Arkansas Medical Society* 88 (September 1991): 197; "Long-time Local Physician Dead at 82: Dr. Ruth Lesh," *Northwest Arkansas Times*, 17 April 1993.

<sup>71</sup> Dr. Ruth E. Lesh, "Fibromyoma of the Uterine Cervix," *Journal of the International College of Surgeons* 14 (July 1950): 122-123; R. E. Lesh, "Presentation of Foot through Intact Anus During Breech Delivery," *American Journal of Obstetrics and Gynecology* 64 (September 1952): 688-689; R. E. Lesh, "Amaurosis in Early Pregnancy," *Obstetrics and Gynecology* 2 (August 1953): 158-160; R. E. Lesh, "Pelvic Tumors with Ascites and Hydrothorax," *Journal of the Arkansas Medical Society* 51 (January 1955): 174-176; Frances S. Bruehl and R. E. Lesh, "The Nurse in a Gynecologist's Office," *American*

Cornish.<sup>72</sup> By 1944, two other women doctors had joined the Arkansas Planned Parenthood Association's medical advisory committee. Dr. Elizabeth D. Fletcher was an assistant professor of psychiatry at UAMS. The other was Dr. Dollie Morgans.<sup>73</sup>

In 1944, Dr. Charles R. Henry Sr., an obstetrician/gynecologist and a staunch supporter of birth control,<sup>74</sup> became head of the department of obstetrics at the University of Arkansas Medical School (UAMS) in Little Rock.<sup>75</sup> In that same year, Hilda Cornish and her allies, including Dr. Henry, again attempted to get a resolution advocating birth control in public health approved at the Arkansas Medical Society meeting. In March 1944, PPFA national director D. Kenneth Rose wrote to Cornish that he was “glad to hear that Dr. Henry will be in New York,” and noted that “we will give him every possible help in his effort to obtain the medical resolution from your Medical Society meeting this spring.”<sup>76</sup>

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*Journal of Nursing* 55 (February 1955): 187-192; R. E. Lesh, “Endometriosis of the Rectum,” *Obstetrics and Gynecology* 5 (March 1955): 320-324.

<sup>72</sup> Dr. Ruth E. Lesh to Mrs. Ed Cornish, 13 May 1949, History of Public Health in Arkansas- Birth Control Records, box 6, folder 15, UAMS HRC, UAMS Library.

<sup>73</sup> Hilda Cornish to Mr. D. Kenneth Rose, 5 May 1944, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library; *University of Arkansas School of Medicine Bulletin March 1944* (1944), 11. This author found virtually no biographical details on Dr. Morgans.

<sup>74</sup> As a senior at UAMS in 1931, Henry, at his own initiative, learned about birth control methods at the Little Rock Birth Control Clinic. He studied in New York to become an obstetrician/gynecologist and returned to Little Rock in 1938. After his return, he lectured at UAMS. See Leung, “Better Babies,” 112, 136-137.

<sup>75</sup> *University of Arkansas School of Medicine Bulletin 1944* (1944), 66-67.

<sup>76</sup> D. Kenneth Rose to Mrs. Ed Cornish, 14 March 1944, History of Public Health in Arkansas- Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library.

Sometime prior to the state medical society meeting in April 1944, the Pulaski County Medical Society approved the following resolution entitled “Resolution on Child Spacing.” The resolution stated that:

Whereas, the public looks to the medical profession for leadership in matters involving the health of the people of the state and . . . the medical profession in general has long recognized the need of proper child spacing in selected cases, and . . . the American Medical Association has endorsed the rendering by the medical profession, of [contraceptive] information and advice [and] therefore, Be it resolved: That the Pulaski County Medical Society go on record as favoring the introduction of birth control for the indigent, and medically determined deserving cases, as a public health activity of the Arkansas State Board of Health, and . . . that the [Pulaski County Medical Society’s delegates] be instructed to sponsor, and work for the passage of, such a resolution by the Arkansas State Medical Society at its next annual meeting.<sup>77</sup>

The birth control resolution presented at the April 1944 Arkansas Medical Society meeting was exactly the same as the Pulaski resolution, except for the final portion which stated that: “BE IT RESOLVED: That the Arkansas Medical Society go on record as favoring the introduction of birth control for the indigent, and medically determined

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<sup>77</sup> “Pulaski Resolution on Child Spacing 1944,” History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library. The capital city of Little Rock is in Pulaski County.

deserving cases, as a public health activity of The Arkansas State Board of Health.”<sup>78</sup> Dr. M. C. Hawkins moved for adoption of the resolution, but it was voted down by a vote of 19 to 24.<sup>79</sup>

From Little Rock, the *Arkansas Gazette* reported that “a resolution advocating ‘proper child spacing in selected cases’ and ‘birth control for the indigent,’ to be directed by the state Board of Health, was rejected by close vote after lengthy discussion.”<sup>80</sup> The *Gazette* offered some interesting hints as to how the discussion about the resolution went, reporting that:

One member favored leaving the decision in the hands of the family doctor.

Another urged its passage, saying that the society had “side-stepped the issue for years,” and that “nine-tenths of you advise contraceptives to your patients anyway.” He added that if doctors wished to avoid encroachment of the laity on the medical profession they would “put the stamp of approval of this organization on the resolution.” Another said that, “because a man has no dollars doesn’t mean he can’t have children.”<sup>81</sup>

This sample suggests that Arkansas doctors were concerned about medical control of how patients might obtain contraceptive advice. At least one member was apparently prompted to question the motives behind the resolution. The 1944 resolution was written differently than the one in 1941, with no mention of “the physically unfit,” a phrase that

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<sup>78</sup> “Proceedings of the Sixty-Ninth Annual Session: Arkansas Medical Society, April 17 and 18, 1944,” *Journal of the Arkansas Medical Society* 41 (June 1944): 29.

<sup>79</sup> *Ibid.*

<sup>80</sup> *Arkansas Gazette*, 19 April 1944.

<sup>81</sup> *Ibid.*



leads us to think of eugenics. At the national level, revelations about Nazi eugenics in the 1940s seriously undermined American eugenics.<sup>82</sup> The resolution called for child spacing and “birth control for the indigent and medically determined deserving cases.” “Medically determined deserving cases” may have replaced “the physically unfit” as eugenics lost much of its appeal. This evidence suggests a genuine effort to extend contraceptive services to Arkansas’s poor, with no distinction between blacks and whites, rather than a punitive policy towards them.

Why did the birth control resolution fail in 1944? A letter to Hilda Cornish from Dr. W. C. Langston, head of the department of anatomy at UAMS and a member of the Arkansas Planned Parenthood medical advisory committee, provides a first clue.<sup>83</sup> Writing to Cornish following the state medical society meeting, Langston explained that “it was decided to first obtain the cooperation of the State health Department, [but] I . . . never appeared before the [state health] board.” Langston indicated that “representatives of the health department spoke against the resolution on the floor of the house of delegates, stating that they did not have the personnel to handle the ‘new duties.’”<sup>84</sup>

Keeping in mind Langston’s letter, other sources help explain the resolution’s failure. Upon learning of the resolution’s defeat, national PPFA Director Kenneth Rose, in a letter to Cornish, noted that “it is too bad that you lost by so small a number.” He

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<sup>82</sup> Gordon, *Moral Property*, 202; Tone, *Devices and Desires*, 144.

<sup>83</sup> Baird, *Medical Education in Arkansas*, 158-159, 201; “Planned Parenthood Association of Arkansas Medical Advisory Committee List,” History of Public Health in Arkansas-Birth Control Records, box 6, folder 8, UAMS HRC, UAMS Library.

<sup>84</sup> Dr. W. C. Langston to Mrs. Ed Cornish, 28 April 1944, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7. UAMS HRC, UAMS Library.

went on to indicate that he would “like Mrs. [Edna] McKinnon to analyze the situation so that we perhaps can plan to make available to Arkansas, should it so desire, staff assistance next Fall or Winter.”<sup>85</sup> In mid-June 1944, Edna McKinnon returned to Little Rock and spoke with Cornish. According to Cornish’s announcement in the newspaper McKinnon would “visit Little Rock June 13-14, to meet with the board of directors of the Planned Parenthood Association of Arkansas and to confer with other interested leaders in the city.”<sup>86</sup> In the same press release, Cornish explained that “the purpose of the Planned Parenthood Association is to promote public understanding and acceptance of the voluntary control of reproduction as essential to maternal and child health, marital happiness, social and economic welfare and racial betterment.”<sup>87</sup>

McKinnon again produced a report on her trip in which she stated that its purpose had been “to learn whether or not there was any desire to expand the planned parenthood work into a state-wide league –utilizing national staff assistance in an effort to secure a professional State Director [and] to see what the possibility of getting official acceptance

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<sup>85</sup> D. Kenneth Rose to Mrs. Ed Cornish, 22 May 1944, History of Public Health in Arkansas-Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library. PPFA Director Rose also considered plans to come to Little Rock in September 1944 but was unable to do so. See Mrs. Kathryn Trent to Mrs. Edward Cornish, 4 August 1944, History of Public Health in Arkansas-Birth Control Records, box 6, folder 5, UAMS HRC, UAMS Library.

<sup>86</sup> “Planned Parenthood Group to Hear National Staff Worker,” Unidentified Newsclipping 1944, History of Public Health in Arkansas-Birth Control Records, box 6, folder 6, UAMS HRC, UAMS Library. The newsclipping is undated, but the dates (June 13-15, 1944) match up when compared with McKinnon’s report of her trip (cited below).

<sup>87</sup> Ibid.

of the planned parenthood program in public health might be.”<sup>88</sup> She reported that “it was learned that a partial cause of the defeat [of the 1944 birth control resolution] was due to the members of the Department of Public Health saying that they could not swing a program because of lack of personnel.”<sup>89</sup> This information in McKinnon’s report substantiates part of the explanation for the resolution’s failure in Langston’s letter to Cornish.

In addition, other reports from the 1944 state medical society meeting (not concerning the birth control in public health proposal) expressed anxiety about “government medicine.” At the national level, reaction against the New Deal was part of Cold War anticommunist politics. As early as 1944, Arkansas Medical Society members attacked elements of New Deal programs as forms of “government medicine.” Addressing the house of delegates at the Arkansas Medical Society meeting, the medical society president indicated that “we have had a few tastes of ‘government in medical practice’ in FERA, WPA, NYA, FSA . . . and in each instance there has been much dissatisfaction among the patients as well as the physicians.”<sup>90</sup> More than likely, this reactive element combined with Arkansas physicians’ old hostility to public health was a powerful factor in the birth control resolution’s defeat.

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<sup>88</sup> Edna Rankin McKinnon, “Report of Trip to Arkansas June 13-15, 1944,” p. 1, History of Public Health in Arkansas- Birth Control Records, box 6, folder 9, UAMS HRC, UAMS Library.

<sup>89</sup> Ibid.

<sup>90</sup> “Proceedings of the Sixty-Ninth Annual Session: Arkansas Medical Society, April 17 and 18, 1944,” *Journal of the Arkansas Medical Society* 41 (June 1944): 12-13.

Another resolution in support of birth control as part of state-funded public health would not be considered again by the Arkansas Medical Society until 1950.<sup>91</sup> In the years between 1944 and 1950, other developments significant for the birth control movement in Arkansas took place. In 1945, Arkansas Planned Parenthood gained support from a new member of the faculty at UAMS. In 1940, Dr. Charles Henry had met the young obstetrician/gynecologist Dr. Eva F. Dodge (1896-1990). As Dodge later remembered, Dr. Henry was at the 1944 meeting of the forerunner of the American College of Obstetrics and Gynecology in St. Louis, Missouri. It was then that Dr. Henry asked her to come to Arkansas to teach obstetrics and gynecology. Dodge, a supporter of birth control, arrived in September of 1945 as an assistant professor at the Arkansas medical school.<sup>92</sup>

Dodge's story, of course, began well before her arrival in Arkansas. The oldest of three daughters in a Baptist family, Eva Dodge was born in New Hampton, New Hampshire on July 24, 1896 to Dr. George and Winnie W. Dodge. Both of her parents influenced her interest in medicine. As a girl, while her father was in medical school, she read her father's medical texts and became fascinated with anatomy and obstetrics. At age twelve she began to assist her father in his medical office. Winnie Dodge had wanted to become a doctor but had not been able to pursue her occupational ambition. As Eva

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<sup>91</sup> "Proceedings of the Seventy-Fourth Annual Session: Arkansas Medical Society, April 17, 18, and 19, 1950," *Journal of the Arkansas Medical Society* 47 (June 1950): 35, 43.

<sup>92</sup> Dr. Eva F. Dodge, interview by Edwina Walls Mann, 3 June 1980, transcript, EFD Papers, UAMS HRC, UAMS Library, Little Rock, AR. 43-44, 54-57. Dodge remembered that the dean at UAMS that she spoke with first was definitely not receptive to the idea of a woman professor, but that his successor was willing to accept her. See Dodge Interview, 55-56. It is not clear who that first dean was. Dr. Byron Lewis Robinson was dean of the medical school from 1941 to 1946. See Baird, *Medical Education in Arkansas*, 180-183.

Dodge remembered in 1980, her mother had been offered the chance to go to medical school by the town doctor who was caring for her ill mother (Eva's grandmother). Eva Dodge's dying maternal grandmother, who had, according to Dodge, disapproved of women entering medicine, had made her own daughter promise her that she would never become a doctor.<sup>93</sup>

Dodge graduated from a local high school in 1916. Having enjoyed performing nursing duties in her father's office, she enrolled in nursing school in Massachusetts only to become quickly disillusioned with the auxiliary and inferior status of nurses. She remembered, "I was very much disgusted one time when I asked a nurse, 'Why did the doctor order this for this patient?' when she handed me a tray and said, . . . 'It is none of your business, it is the doctor's business, you don't ask questions, you do what you are told.' Well that made me furious . . . I can tell you one thing, 'I'm going to be a doctor. I want to know why.'"<sup>94</sup> After graduating from Ohio Wesleyan University in 1919 where she was a pre-medicine major, she then began applying to medical schools. Though her own parents were supportive, Dodge's pursuit of a medical degree would not be all smooth sailing.<sup>95</sup>

Though admitted to Johns Hopkins Medical School, Dodge was soon dismissed based on claims that she had failed her courses, though her dismissal most likely had

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<sup>93</sup> Dodge Interview, 1-4.

<sup>94</sup> Ibid., 3- 5.

<sup>95</sup> Ibid., 3-7.

more to do with the school's lingering unwillingness to accept women.<sup>96</sup> She was then admitted to study at the University of Maryland Medical School where she completed her degree in 1925.<sup>97</sup> Describing her decision to specialize in obstetrics and gynecology, Dodge recalled that "there was something fascinating about the prenatal care that was just coming into its own at that time. I could see preventiveness. I could see preventiveness of scarlet fever, I could see preventiveness of small pox. . . . And that is where I first got my feeling of prevention, you should prevent things in Obstetrics and Gynecology just as in children and so on."<sup>98</sup> She also noted the influence of some of her professors in the medical school and her father's interest in obstetrics. By 1927, she had completed a rotating internship and her residency in obstetrics at the University Hospital in Baltimore.<sup>99</sup>

Dodge's first association with birth control came while she was still in medical school in the early 1920s. She remembered that when her married friends from college learned that she was in medical school, they began asking her about how to keep from having children. At the time she first suggested they go to New York [home of the BCFA

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<sup>96</sup> Dodge Interview, 6-10. A group of wealthy Baltimore women led by M. Carey Thomas offered to raise \$100,000 for the Johns Hopkins University medical school, but only if the medical school would admit women on the same terms as men. The Johns Hopkins Medical School finally opened in October 1893. See Edward T. James, et al, eds., *Notable American Women 1607-1950: A Biographical Dictionary* (Cambridge: Belknap Press of Harvard University Press, 1971), 21-22.

<sup>97</sup> As Dodge noted later, the University of Maryland had admitted women previously. According to Dodge, the school's dean was also more accepting. See Dr. Eva F. Dodge, "Autobiographical Work," p. 12, 197?, EFD Papers, box 5, folder 5, UAMS HRC, UAMS Library. This autobiography probably dates from the 1970s.

<sup>98</sup> Dodge Interview, 10-19.

<sup>99</sup> *Ibid.*, 19-21.

and PPFAs]. When this suggestion was rejected, she eventually suggested they use condoms, because she knew that diaphragms had to be fitted properly. She remembered that “I knew what rubbers looked like because I had seen pictures of them and I knew what a diaphragm was like because I heard about it.”<sup>100</sup> However, as Dodge remembered, the suggestion of using condoms was often rejected by her friends on grounds that “only men who were cheating on their wives . . . used condoms.” Dodge recalled that withdrawal was the most common method used then. She remembered sending her interested relatives condoms through the mail, describing how she took pains to wrap them so no one would recognize the contents of the package because of the Comstock Law.<sup>101</sup>

Dodge’s evolving attitude toward the subject of birth control developed in the 1920s. In 1980, she told her interviewer, that she “was forced into it [her association with Planned Parenthood]. I never had any intention of having anything to do with it.”<sup>102</sup> Judging from her actions, however, it appears that any qualms she may have had about associating with Planned Parenthood at first did not last long. Remembering her years as a medical student in Maryland and her early associations with Planned Parenthood, she noted that “I needed to know more about planned parenthood. We had a day off on Friday so I took an early morning train, went up to New York and went to Planned

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<sup>100</sup> Ibid., 44.

<sup>101</sup> Ibid., 44-45.

<sup>102</sup> Ibid., 44-45.

Parenthood and told them I wanted to know everything they could tell me in six or eight hours. Then I took the night train back.”<sup>103</sup>

Following short stints practicing medicine in San Francisco, California and Shanghai, China in 1928 and 1929, Dodge undertook graduate studies at the University of Vienna from 1930 to 1931. In 1932, she started a private practice in obstetrics and gynecology in Winston-Salem, North Carolina where she stayed until 1937. In 1937, she took a position as an obstetric consultant and assistant in charge of the Division of Maternal Hygiene for the Bureau of Maternal and Child Health in the Alabama Health Department and worked to establish prenatal clinics in the state in an effort to reduce the maternal mortality rate. In 1940, while she was still in Alabama, the federal Children’s Bureau sent her to Puerto Rico as a consultant in public health. She spent three months in Puerto Rico working to develop training that would prepare obstetricians for work in public health and incorporating birth control information into the country’s prenatal clinics. In 1941, Dodge did a brief stint as an obstetric consultant for the Children’s Bureau before returning to Alabama in the same year to begin a training course for obstetric consultants in the state health department, but the project ended because of World War II.<sup>104</sup> In 1943, Dodge became an assistant medical director with the PPFA in New York, where she stayed until her move to Arkansas in 1945.<sup>105</sup> Clearly, Dodge became involved with birth control in public health well before her arrival in Arkansas. Years later she wrote that she “had been doing birth control since a junior medical

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<sup>103</sup> Ibid., 45.

<sup>104</sup> Ibid., 28-46.

<sup>105</sup> Ibid., 52.



student and all through my practice years. We put birth control into most of the County Clinics as a part of post-partum care and [child] spacing.”<sup>106</sup>

Dodge embraced birth control and made it a part of her medical career –a career that would last nineteen years at UAMS. In 1964, Eva Dodge retired as professor at UAMS, and left Arkansas to become director of the Detroit (Michigan) Maternal and Infant Care Project (1964-1966).<sup>107</sup> She approached the subject of birth control as a physician who was interested in the health of mothers and babies. Interestingly, Dodge later wrote that she “never felt that she was a feminist.”<sup>108</sup> While we do not know how Dodge herself defined feminism, her pursuit of a medical career clearly evidenced that she possessed much independence and determination. In fact, Dodge’s career fits into the feminist context of the times, whether she chose to identify herself as a feminist or not. Historian Susan Ware offers insights into liberal feminism’s history, and its role in the United States in the 1920s and 1930s. Ware argues that liberal feminists emphasized individual achievement, equal opportunity and political and legal equality.<sup>109</sup>

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<sup>106</sup> Dr. Eva F. Dodge, “Autobiographical Work,” 34, 197?, EFD Papers, box 5, folder 5, UAMS HRC, UAMS Library.

<sup>107</sup> *University of Arkansas School of Medicine Bulletin 1966-1967* (1966), 33-34. Returning to Arkansas in 1969, Dodge directed the health department’s East Arkansas Family Planning Project from 1969 to 1974. From 1975 to 1978, she served as an obstetric consultant to the Arkansas Health Department. See Dodge Interview, 61-73; Biographical File, “Eva F. Dodge,” University of Arkansas Little Rock Archives, Ottenheimer Library, Little Rock, AR.

<sup>108</sup> Dodge, “Autobiographical Work,” 36.

<sup>109</sup> Susan Ware, *Still Missing: Amelia Earhart and the Search for Modern Feminism* (New York: W. W. Norton, 1993), 118-119.

In 1948, Hilda Cornish enthusiastically endorsed Eva Dodge. In a 1947 Planned Parenthood service directory, there were only two entries for Arkansas. Ruth Lesh's Fayetteville clinic was listed. The entry for Little Rock indicated that Hilda Cornish was providing information only.<sup>110</sup> In 1948, Cornish explained in a letter to a member of the U. S. Public Health Service that "we did have a medical clinic here [in Little Rock] for many years however, the medical services were discontinued when the Medical School included instruction in contraception in the regular course. Since that time, we have maintained a referral service only and patients are referred to physicians listed with us. Dr. Eva Dodge is doing a splendid piece of work as Instructor at the Medical school."<sup>111</sup> Cornish's letter indicated that birth control services, at least in Little Rock, were now available from doctors at the medical school. Cornish appeared to fully embrace Lesh and Dodge, who were women medical professionals supportive of her cause.

In 1950, Hilda Cornish and her allies again attempted to get a resolution for birth control in public health approved at the Arkansas State Medical Society meeting. While apparently not directly engaged with the campaign for this birth control resolution, Dodge became involved with efforts to train Arkansas midwives. She continued to publicize birth control by giving talks and publishing articles, including one in the

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<sup>110</sup> Planned Parenthood Federation of America, "1947 Directory of Planned Parenthood Clinic Services," p. 5, History of Public Health in Arkansas- Birth Control Records, box 5, folder 6, UAMS HRC, UAMS Library.

<sup>111</sup> Mrs. Ed Cornish to Dr. L. Finberg, 16 March 1948, History of Public Health in Arkansas-Birth Control Records, box 6, folder 15, UAMS HRC, UAMS Library.

prestigious *Journal of the American Medical Association*.<sup>112</sup> In 1949, A. Stephan Stephan, head of the University of Arkansas Fayetteville sociology department, then teaching a “population class” at the segregated African-American University of Arkansas-Pine Bluff, wrote to Dodge. Stephan asked her to “talk to my population class on the advisability of the diffusion of the knowledge of birth control and the health importance of birth control.”<sup>113</sup> Whether she accepted this invitation is unknown, but the presence of black students at the Pine Bluff university raises questions about Stephan’s motivations for asking Dodge to speak on birth control.

In late 1949 and early 1950, Cornish began writing to various doctors around the state in an attempt to get a “child spacing resolution” approved by county medical societies. The doctors she wrote to included the superintendent of the state tuberculosis sanitarium, Dr. J. D. Riley, and other members or former members of the Arkansas Planned Parenthood medical advisory committee. The text of the child spacing resolution was the same as that of 1944, and copies of it were enclosed with Cornish’s letters to the

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<sup>112</sup> Eva F. Dodge, M. D. and Thomas T. Frost, M. D., “Relation Between Blood Plasma Proteins and Toxemias of Pregnancy,” *Journal of the American Medical Association* 3 (November 19, 1938): 1898-1902; Burton F. Austin, M. D. and E. F. Dodge, “The Development and Progress of the Maternity Clinic Program in Alabama,” *Southern Medical Journal* 33 (May 1940): 537-546; E. F. Dodge, “Postcoital Secretion Absorbed by Tampons Without Dislodging Diaphragm,” *Southern Medical Journal* 40 (September 1947): 786.

<sup>113</sup> A. Stephan Stephan to Dr. Eva F. Dodge, 7 June 1949, EFD Papers, box 4, folder 10, UAMS HRC, UAMS Library; “General Information About UAPB” [internet]; available from [http://www.uapb.edu/admissions/about\\_uapb.htm](http://www.uapb.edu/admissions/about_uapb.htm). accessed 5 December 2006.

doctors.<sup>114</sup> The following is an example of a form letter Cornish sent to some of the doctors. The letter read:

Dear Dr. Harrell: The enclosed resolution is to be brought before the annual State Medical meeting in April. In preparing the preliminary work on this effort, we are attempting to secure its approval in the County Societies before the State meeting. This is being undertaken by some of the friends of the cause. I understand that you are interested in this important medical service, and I am wondering if I could impose upon your time to secure this approval in the Nevada County Society at your next meeting. This type of service has been included in the State Health Departments in many States and we have been advised that the State Board of Health would welcome such a resolution by the Medical Society, so that the indigent ill may have the benefit of the best contraceptive advice as well as those in more fortunate circumstances. I do hope that you find it possible to help. You will note that the resolution simply approves the inclusion of contraceptive

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<sup>114</sup> Mrs. Edward Cornish to Dr. J. D. Riley, 28 November 1949, Mrs. Edward Cornish to Dr. J. B. Wharton, 2 November 1949, Mrs. Edward Cornish to Dr. J. J. Monfort, 7 January 1950, Mrs. Edward Cornish to Dr. J. C. Land, 29 March 1950, Mrs. Edward Cornish to Dr. King Wade Jr., 6 January 1950, Mrs. Edward Cornish to Dr. James M. Kolb, 29 March 1950, History of Public Health in Arkansas- Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library. Dr J. D. Riley, Dr. J. B. Wharton and Dr. James M. Kolb were (or had been) members of the Arkansas Planned Parenthood medical advisory committee. See "Medical Advisory Committee List," 1942(?), History of Public Health in Arkansas-Birth Control Records, box 6, folder 8, UAMS HRC, UAMS Library.

information to the ill and indigent, it does not make it mandatory. Very Sincerely  
Yours, Mrs. Edward Cornish, Chairman.<sup>115</sup>

Cornish also wrote a more personal letter to Ruth Lesh, asking if she would help secure approval of the resolution from the Washington County Medical Society.<sup>116</sup> Cornish noted that the state health board might welcome the child spacing resolution, because the state now had a new state health officer, Dr. T. T. Ross.<sup>117</sup> Medical societies in Nevada, Garland, Lawrence, and White Counties approved the resolution, while societies in Independence, Union, and Washington did not approve the resolution.<sup>118</sup> From Union County in southern Arkansas, Dr. J. B. Wharton wrote to Cornish “there were several good points that were brought out on both sides of the argument concerning this. I believe the strongest point was probably that the Doctors are more than willing to take the time at present to instruct any one who is interested in birth control.”<sup>119</sup> Cornish replied:

I need not tell you how deeply I appreciate your interest in and efforts in behalf of the ‘Cause.’ However, to say that I was disappointed, would be putting it mildly.

Of course, you and I know that the poor mother out in the rural areas, is NOT [all

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<sup>115</sup> Mr. Edward Cornish to Dr. L. J. Harrell, 7 January 1950, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library.

<sup>116</sup> Mrs. Edward Cornish to Dr. Ruth Lesh, 18 November 1949, History of Public Health in Arkansas-Birth Control Records, box 6, folder 15, UAMS HRC, UAMS Library.

<sup>117</sup> *Report of the Arkansas State Board of Health 1946*, 2.

<sup>118</sup> “Hilda Cornish Handwritten Note on County Societies,” 1950(?), History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library. Those in Johnson County did not take any action for or against the resolution. See Dr. James M. Kolb to Hilda Cornish, April 1950, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library. There is no record of tuberculosis sanatorium superintendent Dr. J. D. Riley’s response.

<sup>119</sup> Dr. J. B. Wharton to Mrs. Ed Cornish, 13 December 1949, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library.

capitals in the original] having contraceptive advice offered to her and it is obvious that many have only Public Health Service and some of the Counties do not even have this service. However, since there was nothing mandatory suggested in the resolution, I am at a loss to see why they [members of the Union County Medical Society] should not approve the State Public Health Officer offering medically approved preventative medicine to ill indigent patients.<sup>120</sup>

From Independence County in northern Arkansas, Dr. Calvin Churchill explained to Cornish that “we, in Batesville, do believe in ‘Child Spacing’ and advise those of our patients who request it, contraceptive measures, whether the patient be able to pay or not.” He indicated that “the Society felt that this important work should continue to be under the direct supervision of a person’s family physician . . . and not turned over to a public health agency on a wholesale scale. This was the unanimous opinion of the society and the “Resolution” you sent us was, therefore, not approved.”<sup>121</sup> Once again, there are echoes of some physicians’ uneasiness with the idea of public health.

From White County, Dr. M. C. Hawkins wrote to Cornish “about two weeks ago I got the resolution that you requested passed by the White County Medical Society,” but he added “I can tell you exactly why there will be trouble getting this handled by the State Department of Health.”<sup>122</sup> The White County Medical Society resolved to endorse

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<sup>120</sup> Hilda Cornish to Dr. J. B. Wharton, 15 December 1949, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library.

<sup>121</sup> Dr. Calvin A. Churchill to Mrs. Edward Cornish, 30 January 1950, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library.

<sup>122</sup> Dr. M. C. Hawkins to Mrs. Edward Cornish, 21 December 1949, History of Public Health in Arkansas-Birth Control Records, box 6, folder 7, UAMS HRC, UAMS Library.

“the introduction by the State Health Department of a program for the dissemination of information concerning birth control in their various Clinics throughout the state.”<sup>123</sup>

What made the difference for the White County Medical Society or the other county medical societies that approved the resolution? It was not just the presence of Dr. Hawkins because the doctors Cornish wrote to had already expressed interest in birth control, though how they all felt about public health is not known. Most likely, it was a matter of whether there were enough physicians within the same county medical society who were supportive. Hawkins hinted at but did not specify potential problems with getting such a program accepted as part of state public health. His concerns were well-founded.

As I explained earlier, American physicians’ opposition to compulsory health insurance or any form of what physicians labeled “socialized medicine” took shape in the 1910s and 1920s. Arkansas physicians too, were not supportive of public health before 1950. In 1948, President Harry S. Truman (1884-1972), a Democrat, proposed a national health insurance plan as part of his Fair Deal program. By then voicing the Cold War politics of anticommunism, American Medical Association (AMA) members linked Truman’s health proposal with communism, warning that it would lead to the establishment of a “monstrosity of Bolshevik bureaucracy.”<sup>124</sup>

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<sup>123</sup> Ibid.

<sup>124</sup> Whitfield, *Culture of the Cold War*, 23. President Truman’s Fair Deal also included proposals for expanding Social Security benefits, raising the minimum wage, and a permanent Fair Employment Practices Commission. The Fair Deal proposals failed to pass in congress. See Alan Brinkley, *American History: A Survey Volume II*, 12<sup>th</sup> Ed. (New York: McGraw and Hill, 2007), 776-777.

Also alarmed by Truman's health proposal, doctors in Arkansas continued to attack the supposed "socialization of medicine." The report on the 1950 Arkansas Medical Society meeting, held in Fort Smith April 17, 18, and 19, published in the *Journal of the Arkansas Medical Society (JAMS)*, illustrated the Arkansas medical community's anxieties about the status of American medicine. One section indicated that the "counsel for the Society . . . [made] numerous appearances at which talks were given explaining the evils of socialized medicine." The counsel also "appeared upon several radio forums or town meetings to debate questions presented by [Truman's] national health insurance."<sup>125</sup> Sid Wrightsman, Jr., executive secretary of the society, reported that "because of the National Administration's increased effort to pass legislation tending to be along lines of compulsory health measures, combined with growing public interest in stemming welfare statism," he had "throughout 1949 devoted considerable time to keeping Society members informed on legislative trends affecting them, both as citizens and physicians."<sup>126</sup> Another section reported that "Dr. R. B. Robins addressed the [Arkansas Medical Society's] House of Delegates on the importance of American physicians assuming their duties as citizens, especially during the election year of 1950, when major decisions will be a necessity involving the American way of life as opposed to socialistic trends in the government."<sup>127</sup>

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<sup>125</sup> *Journal of the Arkansas Medical Society* 47 (June 1950), 34-35. Encyclopedia Britannica Online, "Harry S. Truman," [internet]: available from <http://search.eb.com/eb/article-7393> accessed 28 January 2009.

<sup>126</sup> *Ibid.*, 34.

<sup>127</sup> *Ibid.*, 35.



The *Arkansas Gazette* reported on the medical society meeting, noting Dr. Robins's address of April 18. The *Gazette* reported:

Dr. R. B. Robins of Camden [Ouachita County in southern Arkansas] Democratic National Committeeman, spoke to the Arkansas Medical Society here this afternoon. He told the doctors they should take their place in society as voters and be active in politics as in other fields. The Camden doctor-politician, a bitter foe of President Truman's medical aid program, announced Saturday that he would support former Gov. Ben Laney against Governor McMath for the Democratic nomination as governor of Arkansas.<sup>128</sup>

Actually, Robins did not mention the governor's race in his address to the medical society, though he had sought permission to do so. Society council members refused Robins permission to mention the governor's race on grounds that the Arkansas Medical Society traditionally shunned politics or attempts "to mold the opinion of its members on political issues."<sup>129</sup> Rereading the examples from the *JAMS*'s report on the meeting, it hardly seemed that the society was trying to avoid politics in 1950. Governor Sidney S. McMath (1912-2003), a Democrat and a friend of President Truman, telegraphed to Arkansas Medical Society president Dr. Euclid Smith that "I have denounced again and again any measure designed to socialize medicine. I repeat now that I am opposed unalterably to the compulsory health insurance program."<sup>130</sup>

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<sup>128</sup> *Arkansas Gazette*, 18 April 1950.

<sup>129</sup> *Ibid.*

<sup>130</sup> *Arkansas Gazette*, 19 April 1950; Donovan, Gatewood, and Whyne, *The Governors of Arkansas*, 209-211.

In this anxious atmosphere, Dr. John W. Smith of the Pulaski County Medical Society presented the Arkansas Planned Parenthood birth control resolution. The key portion of the resolution stated “that the Arkansas Medical Society [should] go on record as favoring the introduction of birth control for the indigent, and medically determined cases as a public health activity of the Arkansas State Board of Health.”<sup>131</sup> Predictably, the Reference Committee reported that it was “unwilling to recommend approval of the resolution that the Arkansas Medical Society go on record as favoring the introduction of birth control for the indigent and medically determined cases as a public health activity of the State Board of Health. It is felt that this should be carried on when indicated, as at present, by private practitioners.”<sup>132</sup> With regard to politics and the society, the *Gazette* reported that:

The Arkansas Medical Society adopted a resolution today calling on “every doctor in Arkansas” to vote for officials “without regard to personalities but with the sole regard for the preservation of the American way of living.” The resolution specifically pointed out that the Society was not endorsing any candidate. Another resolution commended Dr. R. B. Robins of Camden for his “continued personal opposition to the philosophy of socialism.”<sup>133</sup>

The *Gazette* also reported news of the rejection of birth control resolution, but it also noted that Dr. Charles Henry, the ally of Hilda Cornish and supporter of birth control,

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<sup>131</sup> *Journal of the Arkansas Medical Society* 47 (June 1950): 35.

<sup>132</sup> *Ibid.*, 43.

<sup>133</sup> *Arkansas Gazette*, 20 April 1950.

would be president-elect for 1951-1952.<sup>134</sup> Clearly, in an atmosphere apparently saturated with the politics of the early Cold War, there were not enough Arkansas physicians willing to support the birth control resolution. In early May 1950, a very disappointed Dr. Henry wrote to Hilda Cornish:

The resolution was defeated by the men out in the country [rural], not on a moral or religious basis, but because they feel so keenly the intrusion of federal medicine into their practices. They did not want to add on anything else that would permit government control of medical practice. I must add that religious and moral issues were not even discussed or touched upon. We are all so familiar with the tragedies in rural areas.<sup>135</sup>

Charles Henry, the ally of birth control advocate Hilda Cornish and supporter of birth control, was president of the Arkansas Medical Society (1951-1952) but this did not result in a renewed campaign for birth control in public health in Arkansas. After the society's resolution for birth control in public health failed to result in legislative action in 1950, it was not until 1964 that the Arkansas Medical Society again considered the issue of birth control in public health.<sup>136</sup> Between 1940 and 1950, Arkansas physicians' lingering hostility toward public health and Cold War politics blocked acceptance of a

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<sup>134</sup> Ibid.

<sup>135</sup> Dr. Charles R. Henry to Mrs. Edward Cornish, 8 May 1950, History of Public Health in Arkansas-Birth Control Records, box 6, folder 8, UAMS HRC, UAMS Library.

<sup>136</sup> *Arkansas Gazette*, 20 April 1950; 24 and 26 April 1951; 23 and 24 April 1952; *Journal of the Arkansas Medical Society* 48 (June 1951): 14-42; *Journal of the Arkansas Medical Society* 49 (June 1952): 7-17; Margaret Reynolds Hower, American Association of University Women Work in Family Planning, 1 March 1983, History of Public Health in Arkansas-Birth Control Records, box 6, folder 1. UAMS HRC, UAMS Library, Little Rock, AR.

statewide policy of birth control in public health. Even the new presence of supportive women physicians, cooperating with lay leader Hilda Cornish, did not change that outcome. Most significantly, politics, not strong moral objections, were the defining factor, even in a mid-southern state traditionally thought of as socially conservative. Equally importantly, Arkansas's white birth control advocates were not specifically trying to lower the birth rate among black Arkansans; they exhibited a relatively weak commitment to eugenic goals. Arkansas advocates for birth control in public health sought not so much to punish Arkansas's poor, but to secure for them a benefit already accessible to the middle and upper classes.

## CHAPTER 2 BIRTH CONTROL IN ARKANSAS 1950-1966: LEADERSHIP, PUBLIC HEALTH AND ACCESSIBILITY

This chapter begins by tracing the development of Eva Dodge's career between 1950 and 1960, paying close attention to her role as a physician working for access to birth control in Arkansas and treating women who experienced complications from abortions. The surviving evidence from Dodge's medical practice and women's memories, including those of former United States surgeon general Dr. M. Joycelyn Elders suggest that in rural areas, Arkansas residents still lacked a basic knowledge of sex and reproduction. In the 1950s, as this chapter will show, women in Arkansas attempting to exert some control over the size of their families faced serious constraints. Access to medical contraceptive advice depended on the woman's marital, maternal, and economic status. This meant that women were usually expected to be responsible for using birth control and women had to be married. Remaining records show that women treated were already mothers. Except in the case of the few difficult-to-obtain therapeutic abortions, abortion was illegal and risky. Furthermore, many poor women in Arkansas lacked both the knowledge about their bodies and birth control options and the financial resources with which to make decisions about when and if they would have children.

As I explained in Chapter One, the 1950s family ideal reemphasized parenthood. The rise in the birthrate known as the "baby boom" of the 1950s was accompanied by

pronatalism- a belief in the positive value of having children. At the same time, however, while maternity was encouraged among upper and middle-class white women, legislatures and public health workers preserved eugenic and economic-based contraception or sterilization for poor and/or black women.<sup>137</sup>

While the family ideal of 1950s called on women to become mothers, wives and homemakers, and experts of the era claimed that “feminine” women avoided competition and ambition, women’s experiences actually flowed in two directions. American women continued to enter the job market in the 1950s, especially in the sales and clerical fields.<sup>138</sup> Many of those women were married.<sup>139</sup> According to historian William Chafe

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<sup>137</sup> May, *Homeward Bound*, 119-121; Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005), 1-12, 108-109, 136-137.

<sup>138</sup> Notably, the overall female labor force participation rate increased steadily between 1948 and 1960, from 32.7 percent in 1948, to 33.9 percent in 1950, to 37.7 percent in 1960. In 1950, the occupational distribution of white women had changed, as they had moved away from domestic service and entered white-collar occupations in the professions, non-domestic services and, especially, secretarial and clerical jobs. In 1950, clerical work was the largest occupational category for white women. Among white women in occupations in 1940, 13.8 percent were professionals, 24.8 percent were clerical workers, 8 percent were sales workers and 10.5 percent were domestic servants. In 1950, 13.6 percent were professionals, 31.3 percent were clerical workers, 9.5 percent were sales workers and 3.9 percent were domestic servants. In 1960, 13.9 percent were professionals, 32.8 percent were clerical workers, 8.7 percent were sales workers and 3.8 percent were domestic servants. Between 1940 and 1950, fewer non-white women entered the clerical and professional occupations in comparison to white women. Many non-white women continued to work as domestic servants, though the percentage declined. Among non-white women in occupations in 1940, 4.4 percent were professionals, 1.4 percent were clerical workers, .7 percent were sales workers and 56.3 percent were domestic servants. In 1950, 5.9 percent were professionals, 4.6 percent were clerical workers, 1.6 percent were sales workers and 40.9 percent were domestic servants. In 1960, 7.6 percent were professionals, 8.5 percent were clerical workers, 1.7 percent were sales workers and 34.4 percent were domestic servants. See Richard Sutch and Susan B. Carter, eds., *Historical Statistics of the United States:*

“the most striking feature of the 1950s was the degree to which women continued to enter the job market and expand their sphere.” As Chafe noted, “not only was the revolution in female employment continuing, but it was also spearheaded by the same middle-class wives and mothers who allegedly had found new contentment in domesticity.”<sup>140</sup> In addition, many of the married women entering the workforce had children under eighteen and lacked access to adequate child day care services. Furthermore, many employers still refused to hire pregnant women or fired visibly pregnant women workers. Such factors would make access to effective birth control important for employed women.<sup>141</sup>

Women continued to enter the professions (and other sections of the labor force) in the 1950s.<sup>142</sup> Although the public emphasis on marriage and motherhood would hardly

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*Earliest Times to Present Millennial Edition, Vol. II, Work and Welfare* (New York: Cambridge University Press, 2006), 21, 90, 138-139.

<sup>139</sup> In 1940, the female civilian labor force was 48.5 percent single, 36.4 percent married and 15.1 percent widowed/divorced. In 1950, the female civilian labor force was 31.6 percent single, 52.1 percent married and 16.3 percent widowed/divorced. In 1960, the female civilian labor force was 24 percent single, 59.9 percent married and 16.1 percent widowed/divorced. Before 1966, includes persons age 14 and over. After 1966, includes persons age 16 and over. See *Statistical Abstract of the United States 1970* (Washington D. C.: Government Printing Office, 1970), 223.

<sup>140</sup> William H. Chafe, *The American Woman: Her Changing Social, Economic, and Political Roles, 1920-1970* (New York: Oxford University Press, 1972), 218-219, 218-225.

<sup>141</sup> Dorothy Sue Cobble, *The Other Women's Movement: Workplace Justice and Social Rights in Modern America* (Princeton University Press, 2004), 127-130; Alice Kessler Harris, *Out To Work: A History of Wage-Earning Women in the United States* (Oxford University Press, 1982), 300-319. Between 1950 and 1960, the percentage of married women with children under eighteen in the labor force rose from 18.4 percent, to 24.0 percent in 1955, and to 34.7 percent in 1960. See United States Bureau of Labor Statistics, *Perspectives on Working Women: A Databook* (Washington D.C.: Government Printing Office, 1980), 36.

<sup>142</sup> Review above for numbers of women in the professions in 1950 and 1960.

seem to create an environment in which women could make dramatic progress in the professions, women doctors found ways to carve out a place for themselves in the medical profession. Professionalism itself had been linked with masculinity since the late nineteenth century. As it developed in the late nineteenth and early twentieth century, professionalism meant acquiring specialized knowledge and training and became associated with values such as ambition, scientific objectivity, and individualism that were gendered male. In contrast, values such as nurturing, non-competitiveness and sentiment were gendered female. In the field of medicine, historian Regina Morantz-Sanchez argues that some women physicians attempted to counteract “masculinized” professionalism by specializing in public health, gynecology, obstetrics, and pediatrics. She argues that many women physicians did this because deeply entrenched cultural notions of women’s values and roles connected with their desire to contribute, as women, to the medical profession.<sup>143</sup>

Without question, Eva Dodge was interested in obstetrics and gynecology and desired to practice medicine. Sanchez’s argument, to some extent, seems to resonate with Dodge’s experience. Interviewed in 1980, Dodge remembered that “I think I felt that women had a better chance as a specialist than a G. P. [general practitioner]. We didn’t have special G. P. practice then. You got one year of internship and that was all. Yes, that [women would be more accepted in practice as specialists] had a lot to do with it, that a

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<sup>143</sup> Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, Revised ed., (Chapel Hill and London: University of North Carolina Press, 2000), xvii, 182-183, 354-355; Margaret A. Rossiter, *Women Scientists in America Volume One: Struggles and Strategies to 1940* (Baltimore: Johns Hopkins University Press, 1982), xv, 73-74.



woman would be more accepted. There were so few women who were given the chance to do it [residencies in obstetrics].”<sup>144</sup>

Dodge’s medical career at the University of Arkansas for Medical Sciences (UAMS) began to flourish at the same time as the revitalization of domestic ideology after World War II. She expressed herself as an individual by determinedly pursuing her medical degree and then practicing as a physician. She did not deny who she was within her profession, and she recalled expressing that through her clothing. She told her interviewer “I decided that one thing that I was not going to do was be masculine in my dress and I always wore a bright pin on my blouse to my uniform and I had a bright [colored ribbon] tie. I wore a skirt and a jacket . . . I did not want to be masculine.”<sup>145</sup> Sometime between 1946 and 1948, Dodge was promoted from assistant to associate professor of obstetrics and gynecology.<sup>146</sup> In 1948, within three years of her arrival at UAMS in 1945, Dodge was named acting head of the UAMS department of obstetrics and gynecology, which suggests that she had quickly earned the respect and confidence of her colleagues. She was not the only woman to be head of a department at the medical school. In 1952, Dr. Katherine Dodd joined UAMS as head of pediatrics, a position she held until 1957.<sup>147</sup> Dodge and Dodd were heads of departments in obstetrics and

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<sup>144</sup> Dr. Eva F. Dodge, interview with Edwina Walls Mann, 3 June 1980, transcript, EFD Papers, UAMS HRC, UAMS Library, Little Rock, AR, 20.

<sup>145</sup> Dodge Interview, 16.

<sup>146</sup> *University of Arkansas School of Medicine Bulletins 1946 and 1948* (1946) (1948), 65, 101.

<sup>147</sup> Biographical File, “Eva F. Dodge,” University of Arkansas at Little Rock Archives, Ottenheimer Library, Little Rock, AR; *The Caduceus 1953: Yearbook of the UA Medical School*, UAMS

pediatrics, respectively. It is striking that both fields were linked to women's traditional gender roles of motherhood and the care of children.<sup>148</sup>

In 1949, Dr. Willis E. Brown (1909-1969) another obstetrician/gynecologist joined UAMS as head of the department. A native of Illinois, Brown had received his medical degree from the University of Michigan Ann Arbor probably sometime in the 1930s.<sup>149</sup> He remained head of the obstetrics and gynecology department at UAMS until his death in 1969. Brown was interested in and supportive of public health and birth control, as we will later see.<sup>150</sup> Dodge and Brown became very good friends. She remembered of Brown that "I think Dr. Brown was very fond of me. I told him when he came I expected him to take over our department and run things but that I would thank him if he would leave me in charge of the [prenatal] clinic because I was interested in prenatal care. He did. He let me run it." Dodge recalled that she had worked well with and learned from Brown, though he was actually younger than she was. When Brown arrived at UAMS in 1949, she was 53 and he was 40. Dodge told her interviewer that she "consulted him [Brown] about the things I needed to consult him about," and that she "did get him well acquainted with [the department]." She also fondly recalled that she

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HRC, UAMS Library; W. David Baird, *Medical Education in Arkansas, 1879-1978* (Memphis State University Press, 1979): 236, 263.

<sup>148</sup> Dodge never married. In 1956, she invited Fernando Salazar, a twelve-year old Bolivian boy, to live with her in Little Rock. Salazar continued his education in Little Rock and later went to work for the United Nations. See Dodge Interview, 83-86.

<sup>149</sup> The exact year Brown received his medical degree was not found.

<sup>150</sup> Dodge Interview, 59-60; Baird, *Medical Education in Arkansas*, 203, 408; *Arkansas Gazette*, 24 April 1963. See the discussion of Dr. Brown's involvement in family planning projects in the early 1960s in Chapter 4.

“learned a good deal about writing from Dr. Brown,” and that she “would write something and triple space it and take it to him and he would cut it all to pieces.” She further remembered that Brown would “tape the pieces [of written work] together and say, ‘Now go back and redo it.’ I’d go back and redo the darn thing.” She told her interviewer, “He really was an excellent writer, and his lectures were just like he wrote.” Brown helped her attain professor emerita status when she retired in 1964.<sup>151</sup>

In 1951, Dodge also earned recognition within the larger urban community. In that year, she was elected Little Rock’s Woman of Year with the support of the state’s Federated Women’s Clubs. The *Arkansas Democrat* published a short biographical sketch of her, which included a brief review of her education and career. Dodge was praised as a “well-known lecturer, educator, and club woman,” who “could have won the 1951 election [to Little Rock’s Woman of the Year] on ability alone.” The article’s female author noted her “boundless energy” that made her “lectures sparkle, her classes come to life and her leadership in club affairs the most natural thing in the world.” Recalling that Dodge praised Willis Brown’s lectures so highly, it is interesting that the *Democrat* praised Dodge’s lectures. The author noted Dodge’s presentation of a paper entitled “Programs for Improving Maternity Care” before the Pan American Medical Women’s Alliance in Montevideo, Uruguay and her membership in the Altrusa state business and professional women’s club. Dodge’s work in birth control was not

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<sup>151</sup> Dodge Interview, 59-61.

mentioned specifically.<sup>152</sup> Perhaps, the *Democrat* paper considered the subject of birth control potentially still too controversial for the wider Little Rock community. Although the United States Supreme Court had ruled in *United States v. One Package* in 1936 that physicians could obtain contraceptive articles and information through the mail, this was an era before the United States Supreme Court's rulings in *Griswold v. Connecticut* in 1965 and *Roe v. Wade* in 1973. In *Griswold*, the Supreme Court struck down a Connecticut law that prohibited giving contraceptive advice even to married couples. The Supreme Court's decision in *Roe* legalized first trimester abortion. In 1950s Arkansas, access to contraceptives was governed by the 1943 state law, which specified that contraceptive drugs and devices (and drugs used to treat venereal disease) could not be "advertised (except in periodicals, the circulation of which is substantially limited to physicians and the drug trade) sold or otherwise disposed of in the state of Arkansas

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<sup>152</sup> "Little Rock's Woman of the Year 1951," *Arkansas Democrat* (Little Rock), 13 January 1952, EFD Papers, box 5, folder 3, UAMS HRC, UAMS Library; *Arkansas Democrat*, 25 November 1951, EFD Papers, box 5, folder 2, UAMS HRC, UAMS Library. The (national) General Federation of Women's Clubs was formed in 1890 with 500 affiliate women's clubs. See Woloch, *Women and the American Experience*, 199. Founded in 1917-1918, the Altrusa Club was (and is) a social service club for women, whose members were required to be working professionals. See "Altrusa International, Inc.," [internet]; available from <http://www.altrusa.com/General/history.asp> accessed 24 May 2007. The Pan American Medical Women's Alliance (PAMWA) was an organization designed to bring women in medicine from North, South and Central America together to improve medical services in their home countries. Dodge served as president of the PAMWA (1962-1963). See "PAMWA Newsletter," July 1964, EFD Papers, box 4, folder 1, UAMS HRC, UAMS Library.

without a [State Board of Pharmacy-issued] license.” Licensed medical doctors were not required to have the license from the state board of pharmacy.<sup>153</sup>

The *Democrat* article also briefly explained Dodge’s role in a program designed for maternity clinics in Arkansas. The article explained that:

Recently the [UAMS obstetrical/gynecological] department has begun a program of consultation to established Health Department maternity clinics throughout Arkansas in co-operation with the state health department. The program, under the direction of Dr. Willis E. Brown, gives the senior students valuable training and experience working in the clinics four days out of each month. It is Dr. Dodge’s responsibility to tour the clinics and see that the program so carefully set up in the Little Rock offices is followed.<sup>154</sup>

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<sup>153</sup> May, *Homeward Bound*, 81-86; John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America* (New York: Harper and Row, 1988), 291-293; *Acts of Arkansas* (1943): 398-403; Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 177-178; Michael W. McCann, “Griswold v. Connecticut,” in Kermit L. Hall, *The Oxford Guide to United States Supreme Court Decisions* (Oxford University Press, 1999), 1-4, *Oxford Reference Online*, Oxford University Press. Auburn University. accessed 17 November 2007; Mark V. Tushnet “Roe v. Wade,” in Kermit L. Hall, *The Oxford Guide to United States Supreme Court Decisions* (Oxford University Press, 1999), 1-6, *Oxford Reference Online*, Oxford University Press. Auburn University. accessed 18 November 2007. Review Chapter 1.

<sup>154</sup> *Arkansas Democrat*, 13 January 1952, EFD Papers, box 5, folder 3, UAMS HRC, UAMS Library.

More specifically, senior medical students enrolled in the gynecology clerkship<sup>155</sup> at the Arkansas medical school attended maternity (also called prenatal) clinics located in central and eastern Arkansas. In the program, senior medical students attended one of the clinics weekly during their month-long gynecology clerkship and assisted a local doctor in conducting prenatal exams for poor patients.<sup>156</sup>

As a consultant<sup>157</sup>, Dodge visited the clinics and issued reports describing their functioning.<sup>158</sup> The clinics continued at least until 1962, judging by the fact that her reports cease in that year. The clinics were intended for women who were already

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<sup>155</sup> As part of coursework, the obstetrical/gynecological clerkship provided senior medical students hands-on training. Students were required to participate in patient care, and assist in deliveries and operations. See *University of Arkansas School of Medicine Bulletin 1951* (1951), 65.

<sup>156</sup> Clinic locations included Lake Village and Eudora (Chicot County), Morrilton (Conway County), Wynne and Parkin (Cross County), North Little Rock (Pulaski County), and Conway (Faulkner County). Pulaski (home of the capital city at Little Rock), Faulkner, and Conway Counties are in central Arkansas. Chicot and Cross Counties are in the eastern Arkansas Mississippi Delta region, home of large-scale cotton agriculture and larger African-American populations. See “Seniors Attending Pre-Natal Clinics,” *The Medico* (Little Rock), 22 February 1952 and *Arkansas Democrat*, 13 January 1952, EFD Papers, box 5, folder 3, UAMS HRC, UAMS Library. *The Medico* was the UAMS medical student newspaper.; Michael B. Dougan, *Arkansas Odyssey: The Saga of Arkansas from Prehistoric Times to Present* (Little Rock: Rose Publishing Company, 1994), xxxvi, 650. Dr. Eva F. Dodge, “Reports of Visits to Maternity Clinics,” 1955, 1956, 1958, 1959, 1962, box 2, folders 20 and 21, EFD Papers, UAMS HRC, UAMS Library.

<sup>157</sup> In Britain, consultant is a senior career post for a specialist, who sees patients referred by general practitioners or hospital emergency cases. See *Black’s Medical Dictionary*, 40<sup>th</sup> ed. (London: A and C Publishers Limited, 2002), 137-138. More generally, and the meaning I believe is applicable here, consultant refers to a person who by training and experience has acquired special knowledge in a subject area that has been recognized by a group of peers. See *Mosby’s Medical, Nursing, and Allied Health Dictionary*, 6<sup>th</sup> ed. (Mosby Inc. A Harcourt Health Services Company, 2002), 421.

<sup>158</sup> It is not clear who Dodge’s reports were intended for according to the surviving evidence. One possibility is that they were intended for program director Dr. Willis Brown.

pregnant, and none of Dodge's surviving clinic reports mentioned birth control. Instead, they focused on the functioning of the clinics in relationship to student learning, as well as patient care.<sup>159</sup> In September 1955, Dodge reported that she "went to Perryville [Perry County] to discuss the situation regarding the utilization of the prenatal clinic there with students and Mrs. Reeder. The students would go to Doctor Gullet's office for work with him in that clinic."<sup>160</sup> In November 1955, Dodge noted that she "took the student to Perryville for the prenatal conference. The student had an opportunity to listen to Mrs. Reeder give two or three pre-examination conference visits." Also in November 1955, Dodge reported that:

The students were taken to the maternity clinic at Morrilton. This clinic was very well run and the nurse is working very well with the students giving them an opportunity to listen to her pre and post conferences with the patients. The clinician gives them [students] an opportunity to examine their patients under his supervision.<sup>161</sup>

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<sup>159</sup> Although they do not all mention student visits, Dodge's reports reveal other maternity clinic locations in Arkansas. Other clinics were located in Perry, Clark, Lonoke, Jefferson, Miller, Lafayette, Sebastian, Ouachita, Garland, and Phillips Counties. Garland, Perry, Jefferson, and Lonoke Counties are in central Arkansas. Clark, Lafayette and Miller Counties are in southwestern Arkansas. Phillips County is in eastern Arkansas. Ouachita County is in southern Arkansas, and Sebastian County is in western Arkansas. See Dr. Eva F. Dodge, "Reports of Visits to Maternity Clinics," 1955, 1956, 1958, 1959, 1962, box 2, folders 20 and 21, EFD Papers, UAMS HRC, UAMS Library; Dougan, *Arkansas Odyssey*, 650.

<sup>160</sup> Dr. Eva F. Dodge, "Reports of Visits to Maternity Clinics," 1955, 1956, 1962, box 2, folder 20, EFD Papers, UAMS HRC, UAMS Library.

<sup>161</sup> Ibid.

In February 1956, she reported that “the trip was made to the Conway Maternity Clinic with the students. Doctor Owens [did] his usual good job instructing the students. The clinic has a large number of patients and several postpartums were there and the babies were examined and the students had an opportunity to examine those children.”<sup>162</sup>

Dodge’s correspondence contains additional information about the problems of women [and men] and access to health care in the 1950s, including reliable contraception, in a predominantly rural and, often, poor population.<sup>163</sup> Dodge advised patients about birth control in her practice at UAMS.<sup>164</sup> In December 1953, Dodge wrote to Dr. A.B. Tate of the Johnson County Health Department in northwest Arkansas, an impoverished small farming county that was predominantly white. Dodge explained, “we are sending an appointment for Mrs. Sams . . . [diagnosed with “chronic cervicitis”]. Her husband should accompany her as we wish to talk with him as well” and that “we

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<sup>162</sup> Ibid.

<sup>163</sup> The statistics for Arkansas in 1950 are in Chapter 1. In 1949, 20.2 percent of white families and 39 percent of nonwhite families received income of less than \$500 a year. Compared to the national average of \$1,330, Arkansas, along with other southern states, ranked near the bottom in per capita income of individuals at \$778. Census Bureau, *Census of Population 1950, Vol. II, Characteristics of the Population, Part 4 Arkansas* (Washington D. C.: Government Printing Office, 1952), 47; *Statistical Abstract of the United States 1951* (Washington D. C.: Government Printing Office, 1951), 258, 262-265. Income of individuals was defined as the measure of income received from all sources during the calendar year by each state’s residents. See *Statistical Abstract 1951*, 258, 264. Poverty often accompanied tenancy, and was more common among blacks. In 1950, the proportion of white farm operators who were tenants was 28 percent compared with 71 percent for nonwhite farm operators. Census Bureau, *1950 Census of Agriculture: Counties and State Economic Areas, Vol. 1, Part 23 Arkansas* (Washington D. C.: Government Printing Office, 1952), 4. See also Richard Sutch and Susan B. Carter, eds., *Historical Statistics of the United States: Earliest Times to Present Millennial Edition, Vol. 1, Population* (New York: Cambridge University Press, 2006), 188.

<sup>164</sup> Review my discussion of the legal status of contraceptives in the U.S. and Arkansas above.



will see that she receives the type of birth control best suited for her at this time.”<sup>165</sup>

Writing to Dodge in August 1953, Johnson County public health nurse Gladys Simmons explained that:

I hope you remember that I discussed Mrs. Sam Johnson with you at a staff meeting in Russellville some time ago. Mrs. Johnson, age 27 years, mother of seven children ranging in age from ten years to six months is very much interested in some means of birth control as they are definitely financially unable to support the seven children they now have. This case was discussed with Dr. R. H. Manley- He strongly advises that some means of sterilization be done as Mrs. Johnson is physically unfit to have another child.<sup>166</sup>

We do not have Dodge’s reply, but this case illustrates the problems of access to health care and reliable contraception for many women in Arkansas. If the situation was as the public health nurse described it, then the above letter further illustrates why Hilda Cornish and her allies campaigned vigorously for the inclusion of birth control in public health in Arkansas. It also prompts us to question whether the health care professionals would have suggested permanently ending the woman’s fertility if the family had been in better economic circumstances. On the more positive side, the letter refers to the woman’s physical condition as a reason for recommending sterilization. This recommendation for sterilization was not part of a systematic sterilization program in

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<sup>165</sup> Dr. Eva F. Dodge to Dr. A. B. Tate, 4 December 1953, EFD Papers, box 4, folder 11, UAMS HRC, UAMS Library.

<sup>166</sup> Gladys Simmons to Dr. Eva F. Dodge, 7 August 1953, EFD Papers, box 4, folder 11, UAMS HRC, UAMS Library.

Arkansas which, unlike a number of other states, did not have a sterilization law at this time. Arkansas had not enacted a sterilization law intended for persons labeled “physically or mentally deficient” in 1941, even though at least thirty other states, inspired by eugenic thinking (which indicated that such things as “feeblemindedness” were hereditary), passed eugenic sterilization laws in the early twentieth century.<sup>167</sup>

In another case, Dodge recommended sterilization for the husband. In her discussion of *voluntary* sterilization, historian Johanna Schoen suggests that many American physicians “were reluctant to allow women to choose sterilization for contraceptive reasons,” especially in the pronatalist 1950s. On the other hand, women of color and poor women were often victims of *involuntary* sterilization. While Dodge’s case (1954) dates from the pronatalist 1950s, there simply is not enough evidence to completely understand Dodge’s reasoning for recommending sterilization for the husband.<sup>168</sup> By March 1954, Hilda Cornish was serving on a committee called the “Committee of Social and Economic Status for Sterility.”<sup>169</sup> In March 1954, Dodge wrote that “Doctor [Willis] Brown, his staff and I, personally wish to thank your Committee for the fine work which you have done in presenting the social and economic status of patients to be considered for sterility.” In the same letter, Dodge reported to Cornish that:

After considerable discussion of the maternity and social status of Mrs. John Shelton, it was the recommendation of the staff that Mr. Shelton be sterilized.

Because of Mrs. Shelton’s age and her limited number of children, it did not seem

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<sup>167</sup>Schoen, *Choice and Coercion*, 81-82.

<sup>168</sup> Schoen, *Choice and Coercion*, 1-12, 108-109, 136-137.

<sup>169</sup> Dr. Eva F. Dodge to Mrs. Ed Cornish, 5 March 1954, EFD Papers, box 4, folder 12, UAMS HRC, UAMS Library.

wise to permanently end her fertility. Mrs. Shelton will receive contraceptive advice at her six weeks postpartum check up. This will give them time to decide what they wish to do.<sup>170</sup>

Both of these letters, concerning married women only, discuss the age, economic and maternal status of the woman. There is the suggestion of genuine concern for the health of the women in question. At the same time, the question of contraceptive advice was still inextricably linked with the woman's economic, marital and maternal status. Birth control might be available, even to those of limited means, but only to those women who were married. Often those same women were also already mothers.

Premarital and extramarital sex were still taboo, but the work of Indiana University sex researcher Alfred C. Kinsey (1894-1956) revealed a different reality. Based on interviews with a sample of 5,300 white men and 5,940 white women, Kinsey's published studies *Sexual Behavior in the Human Male* (1948) and *Sexual Behavior in the Human Female* (1953) were a sensation in the United States. His studies revealed that 68 percent of males and 50 percent of females had engaged in premarital sex, and that 50 percent of males and 26 percent of females had engaged in extramarital sex. A majority of men and a large percentage of women, paid less attention to taboos surrounding extramarital and premarital sex. In dating, automobiles allowed, especially for young men and women, much more mobility and privacy. Kinsey also documented that some women felt less guilty about premarital sex if they subsequently married their male partner. Kinsey reported that only 9 percent of women who married their premarital sexual

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<sup>170</sup> Ibid.

partner expressed regret about engaging in premarital sex, compared with 28 percent of women who did not marry their partner.<sup>171</sup>

Kinsey's findings notwithstanding, in the 1950s Planned Parenthood continued to operate on the premise that sex was only acceptable within marriage and the organization limited service to married women. The following example further illustrates the links between a woman's economic, maternal and marital status and her access to contraceptive advice. In April 1955, PFFA medical director Dr. Mary S. Calderone wrote, referring a letter to Dodge. Calderone expressed "hope that you might know of a physician in the writer's area who can be of help to her," and noted that "what she obviously needs is sterilization."<sup>172</sup> Dodge replied that she and her staff would "see what we can do for her."<sup>173</sup> Ardrella Covington's handwritten letter indicated her location as the town of Luxora in Mississippi County in the predominantly black Mississippi Delta area of eastern Arkansas. Covington wrote:

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<sup>171</sup> May, *Homeward Bound*, 100-103 106-108; Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana and Chicago: University of Chicago Press, 2002), 260; D'Emilio and Freedman, *Intimate Matters*, 285-287; Beth L. Bailey, *From Front Porch to Backseat: Courtship in Twentieth-Century America* (Baltimore: Johns Hopkins University Press, 1988), 19-24, 79-80; Alfred C. Kinsey, *Sexual Behavior in the Human Male* (Philadelphia: W. B. Saunders Company, 1948), 549-552, 585-587; Alfred C. Kinsey, *Sexual Behavior in the Human Female* (Philadelphia: W. B. Saunders Company, 1953), 3, 286, 333, 345, 416; Chafe, *American Woman*, 95; "Kinsey Releases Report on Women," *New York Times*, 21 August 1953; "Dr. Kinsey is Dead: Sex Researcher, 62," *New York Times*, 26 August 1956.

<sup>172</sup> Dr. Mary S. Caldron to Dr. Eva F. Dodge, 14 April 1955, EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library. A dedicated advocate for sex education and family planning, Dr. Mary S. Calderone (1904-1998) served as PFFA medical director from 1953 to 1964. See Jane Brody, "Mary S. Caldron, Advocate of Sexual Education, Dies at 94," *New York Times*, 25 October 1998, p. 52.

<sup>173</sup> Dr. Eva F. Dodge to Dr. Mary S. Caldron, 21 April 1955, EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library.

I am 28 years old, my husband died when I was 19 years old. I had 4 children then. I was pregnant with another one when he died. I haven't marry any more since then, but i have had eight more children. I am the mother of 13 children now. Ten living children and three miscarry. I had all of these children before I was 28. I was 28 March the 9<sup>th</sup> 1955. I was born 1927 march 9<sup>th</sup>. I have such a hard time trying to take care of my children. I have tried to use birth control but they hurt me. My husband died with tuberculosis. my sister stay in the hospital three years with it. I have to [sic] boys in the sanitarium now with T. B. they are 10 and five. I am afraid i will go into it. From having children so fast. Will you please give me information on what to do. I feel so shame of my self having children every year with [sic] husband. I surely don't want to have T. B. because I would have go to the hosp. and leave all of my little children. Ardrella Covington.<sup>174</sup>

Covington's letter offers poignant insight into the health issues and limited options of women living in rural Arkansas at that time. Significantly, Dodge then wrote to Annabel Fill of the Mississippi County Health Unit inquiring about Covington's marital status. Dodge wrote that she could not "tell from her letter whether she is married now or not," and indicated that if Covington was married "we will examine and advise her."<sup>175</sup> Dodge's asking if Covington was married was, as we have seen, consistent with the official policy of the era.

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<sup>174</sup> Ardrella Covington to ?, 1 April 1955, EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library.

<sup>175</sup> Dr. Eva F. Dodge to Annabel Fill, 21 April 1955, EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library.

The tone of Fill's reply to Dodge is revealing and disturbing. Indicating that Covington was not married, Fill wrote back:

Of all the people to write about would be one Ardrella Covington! Ardrella has two children in McRae [tuberculosis] Sanatorium. To date we have not found the source of infection. The Covington man [sic] died years ago with tuberculosis in Chicago but since she is so prolific she gives them the name of Covington. They [the family] are also receiving maximum [Aid to Dependent Children] care. To me this [having children] is just another way of welfare patients getting more money. San[atorium] care is not costing them anything and neither is CCD or recheck x-rays on tbc. Now I ask you if you think we wouldn't be encouraging her to have another after this one if more help is put into the home?<sup>176</sup>

Clearly, Covington (and, undoubtedly, countless other women in similar situations) could encounter outright hostility and contempt from those professionals who were charged with helping them. They might also find themselves stigmatized because they had a child without being married and because they received some form of public assistance.<sup>177</sup> As historian Rickie Solinger has documented in her study of white and black single pregnancy in the post World War II years, unmarried women who became

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<sup>176</sup> Annabel Fill to Dr. Eva F. Dodge, 22 April 1955, EFD Papers, box 2, folder 7, UAMS HRC, UAMS Library.

<sup>177</sup> Linda Gordon, *Pitied But Not Entitled: Single Mothers and the History of Welfare* (New York: The Free Press, 1994), 4-5.

pregnant were treated as deviants because they were not part of a legal, subordinate relationship to a man.<sup>178</sup>

A better understanding of the Mississippi County health nurse's comments requires more explanation of the Aid to Dependent Children program. Passed in 1935 as part of President Franklin D. Roosevelt's New Deal, the Social Security Act established the foundation of American twentieth-century social welfare policy. The act included the old age insurance that we know today as "social security," unemployment compensation and Aid to Dependent Children (ADC). Until 1950, ADC provided income benefits only to dependent children of single mothers, not to the mothers themselves. In 1939, social security was amended, which allowed some widows to be covered by Survivors' Insurance.<sup>179</sup> ADC became a program primarily for children of divorced or deserted mothers. Concessions to powerful southern Democrats in Congress who feared federal intervention, to help blacks and the poor, meant that ADC was formulated to be

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<sup>178</sup> Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade* (New York: Routledge, 1994), 3-4.

<sup>179</sup> Survivors' Insurance allowed widowed mothers, who had been married to men who qualified for social security, to receive benefits. See Gwendolyn Mink and Rickie Solinger, eds., *Welfare: A Documentary History of U.S. Policy and Politics* (New York: New York University Press, 2003), 2; Jennifer Mittelstadt, *From Welfare to Workfare: The Unintended Consequences of Liberal Reform, 1945-1965* (Chapel Hill: University of North Carolina Press, 2005), 44; Judith Sealander, *The Failed Century of the Child: Governing America's Young in the Twentieth Century* (Cambridge: Cambridge University Press, 2003), 111-115.

administered with much local discretion. This left states free to determine eligibility for ADC, and to do so in discriminatory ways.<sup>180</sup>

Many states excluded children from ADC through “suitable home” and “absent father” rules. Suitable homes were construed to mean homes with no illegitimate children. In rather contradictory fashion, absent father rules called for denial of assistance to children whose father or any other employable male was suspected of living in or visiting the home.<sup>181</sup> In the late 1950s, Arkansas adopted both rules. Adopted in 1957, Arkansas’s suitable home rule specified that an “unsuitable home” demonstrated a “failure to provide a stable environment for the child.” According to Arkansas’s rule, this “unstable environment” was defined by the “the pattern of living of the parent or other relative, whether the parent is promiscuous, has illegal sexual relationships either in or outside the home, has continued to have illegitimate children, and has otherwise failed to demonstrate an intent to establish a stable home.” The rule also specified that “the lack of statutory or common-law marriage will not itself make a home unsuitable for a child,

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<sup>180</sup> Edward D. Berkowitz, *America’s Welfare State: From Roosevelt to Reagan* (Baltimore: The Johns Hopkins University Press, 1991), 13-38; Edward D. Berkowitz and Kim McQuaid, *Creating the Welfare State: The Political Economy of Twentieth-Century Reform*, Revised ed. (Lawrence, Kansas: University Press of Kansas, 1992), 88-102; James T. Patterson, *America’s Struggle Against Poverty 1900-1994* (Cambridge: Harvard University Press, 1994), 67-70. In 1961, amendments to ADC enabled two-parent families to receive aid. See Patterson, *America’s Struggle*, 69.

<sup>181</sup> Patterson, *America’s Struggle*, 67-70; Mittelstadt, *From Welfare to Workfare*, 46.



since a stable environment for the child may exist by virtue of a stable union even though such a union may lack legality.”<sup>182</sup>

Like some other southern states, Arkansas also adopted a farm policy for ADC recipients in 1953. Arkansas’s farm policy required able-bodied mothers and older children to accept employment, including in agricultural labor, when it was available.<sup>183</sup> Even with such rules already in place, Orval Faubus (1910-1994), Arkansas’s Democratic governor from 1955 to 1967, used ADC as a political tool, attacking it for supposedly rewarding illegitimacy.<sup>184</sup> In 1959, the *Arkansas Gazette* openly identified Faubus’s attacks on ADC as racial politics, reporting that:

In addressing a convention at Hot Springs, Governor Faubus mounted the well-worn hobby horse of criticizing welfare payments to mothers of illegitimate children: “By taxing the good people to pay for these programs, we are putting a premium on illegitimacy never before known in the world.” To anyone who has ever heard this line before, which includes all of us in Arkansas, there was little doubt that Mr. Faubus was referring primarily to Negro unwed mothers and not to any good, honest, hard-working white folks. It’s a fairly safe theme. Nobody, of

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<sup>182</sup> Winifred Bell, *Aid to Dependent Children* (New York: Columbia University Press, 1965), 106-107.

<sup>183</sup> Bell, *Aid to Dependent Children*, 107, 148-149; Patterson, *America’s Struggle*, 68-69; Linda Gordon, “Who Deserves Help? Who Must Provide?,” *The Annals of the American Academy of Political and Social Science* (September 2001): 19-21.

<sup>184</sup> Nancy A. Williams, ed., *Arkansas Biography: A Collection of Notable Lives* (Fayetteville: University of Arkansas Press, 2000), 99-101; Timothy P. Donovan, et al, eds., *The Governors of Arkansas: Essays in Political Biography*, 2d ed. (Fayetteville: University of Arkansas Press, 1995), 224-235.

course wants to be put in the light of defending both bastardy and Negroes in the same breath, and the few who might point to lack of education opportunity and generally depressed economic and social conditions as a factor in illegitimacy are soon shushed into silence.<sup>185</sup>

In another example from 1961, Faubus indicated to the Little Rock Kiwanis Club that ADC “encouraged illegitimacy and paid women for sinning.”<sup>186</sup>

In review of the above then, contempt for ADC recipients like that expressed by the Mississippi County public health nurse was a reality in Arkansas. Interestingly, absent father rules also fed criticism that ADC encouraged illegitimacy, as fathers supposedly left homes so that children could get aid. Women supposedly responded by having more illegitimate children to get more benefits.<sup>187</sup> In any case, the total number of ADC recipients in Arkansas *decreased* from 54,684 in 1951 to 48,348 in 1952, and to 26,829 in 1955. By 1960, the number of ADC recipients in Arkansas had decreased to 26,450.<sup>188</sup> Perhaps, Arkansas’s farm policy, absent father rule, and suitable home rule had a significant impact on the total number of ADC recipients in the state. Even if Ardella Covington’s family was actually receiving “maximum ADC care”, the reality was that

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<sup>185</sup> *Arkansas Gazette*, 1 September 1959; Bell, *Aid to Dependent Children*, 68.

<sup>186</sup> *Arkansas Gazette*, 13 September 1961.

<sup>187</sup> Patterson, *America’s Struggle*, 173-174.

<sup>188</sup> *Statistical Abstract of the United States 1952* (Washington D. C.: Government Printing Office, 1952), 241; *Statistical Abstract of the United States 1953* (Washington D. C.: Government Printing Office, 1953), 266; *Statistical Abstract of the United States 1956* (Washington D. C.: Government Printing Office, 1956), 277; *Statistical Abstract of the United States 1961* (Washington D. C.: Government Printing Office, 1961), 286. Nationally, the total number of ADC recipients increased from 2,171,426 in 1951 to 2,193,215 in 1955, and to 3,081,124 in 1960. See *Statistical Abstract 1952, 1956, and 1961*, 241, 277, 286.

the amount of an ADC payment in Arkansas was much less than the national average. In 1955 the average monthly ADC payment per family in Arkansas was only \$55.04, compared with \$88.61 nationally. By 1960, the average monthly ADC payment per family in Arkansas had increased very little, averaging \$59.71 compared to \$114.84 nationally.<sup>189</sup> At the same time, between 1950 and 1960 the cost of living increased steadily.<sup>190</sup>

The example of Ardrella Covington reveals that access to health care and birth control advice depended upon a woman's income level and her conformity to what was considered proper in terms of sexual relationships and gender roles. Unfortunately for Covington, receiving ADC benefits only earned her more contempt from those charged with helping her and her family.

Faced with such a profoundly discriminatory public health system, it is not surprising that many women in Arkansas found themselves faced with unwanted pregnancies and that some women sought abortions to end their pregnancies. Recall that abortion was still illegal in Arkansas. Arkansas's abortion law, passed in 1875, stated that "it shall be unlawful for any one to administer or prescribe any medicine or drugs to any woman with child, with intent to produce an abortion . . . before the period of quickening

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<sup>189</sup> *Statistical Abstract 1956 and 1961*, 278, 287.

<sup>190</sup> The best way to understand changes in the cost of living is with the Consumer Price Index (CPI). The CPI measures the average change in prices of a "market basket" of goods and services purchased by urban waged and clerical workers. The CPI measures the rates of change in prices, not the level of prices. Consumer prices rose steadily from 72.1 percent in 1950, to 80.2 percent in 1955, and to 88.7 percent in 1960. See *Statistical Abstract of the United States 1985* (Washington D. C.: Government Printing Office, 1985), 465, 475.

[feeling fetal movement], or to produce or attempt to produce an abortion by any other means,” and specified a \$1000 fine and up to five years imprisonment for those found to be in violation of the law. The exception was abortion performed by a physician for the purpose of saving the mother’s life. The other section of Arkansas’s abortion law imposed a \$1,000 fine and up to six months in jail for anyone found to be knowingly advertising any abortifacient drug.<sup>191</sup>

Even for those women with financial resources and access to doctors and hospitals, obtaining a legal, therapeutic abortion (i. e. an abortion determined medically necessary by a physician) in a hospital could be difficult in the 1950s. In the 1950s, therapeutic abortion committees, frequently comprised of internists, psychiatrists, and obstetrician-gynecologists, were established in hospitals in response to physicians who sought institutional support for their decisions regarding therapeutic abortions. Women had to convince the committee that an abortion was medically necessary- a very difficult process in which women were subjected to verbal questioning and physical examinations. It seems probable that an abortion committee was established at UAMS. In a 1973 *JAMS* article, UAMS professor of psychiatry Dr. Fred O. Henker discussed the characteristics of applicants for therapeutic abortions at UAMS between 1970 and 1971.<sup>192</sup> Such a

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<sup>191</sup> *Arkansas Statutes 1947 Annotated*, secs. 41-301-2 (1948), 14-16; James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy* (New York: Oxford University Press, 1978), 223-224. Recall that quickening referred to the pregnant woman’s first perception of fetal movement, occurring in the fourth or fifth month of pregnancy. See Mohr, *Abortion in America*, 3-4.

<sup>192</sup> Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 178-181; *Mosby’s Medical Dictionary*,

process undoubtedly denied many women legal abortions or discouraged women from seeking them. Some women who could afford it went to illegal abortionists, risking getting caught by law enforcement. Other women attempted to abort themselves using drugs, homemade preparations or even household instruments such as knitting needles or scissors. Either way, women also risked septic abortions or septicemia.<sup>193</sup>

Women in Arkansas were no exception in seeking illegal abortions as is first suggested by surviving reports of court cases of illegal abortion. A notable example of a case of illegal abortion in Arkansas is *McClure v. State*, which reached the Arkansas Supreme Court in 1948. The case was an appeal from a physician from Greene County in northeast Arkansas. The pregnant woman, twenty-three year old Allene Janes had died as a result of her abortion. Though it was not specified in the details of the case, Janes probably died from a resulting infection. The case was described this way:

The appellant, Dr. G. R. McClure, was indicted by the Grand Jury of Greene county, the charging part of the indictment reading as follows: “That said Dr. G. R. McClure in Greene County, Arkansas, did on the 7<sup>th</sup> day of May 1947,

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1699; Fred O. Henker, M. D., “Abortion Applicants in Arkansas,” *Journal of the Arkansas Medical Society* 69 (March 1973): 293-295.

<sup>193</sup> Septicemia (or blood poisoning) results when pathogens (especially bacteria) invade the bloodstream, having spread from a locus of infection within the body. A septic abortion is specifically defined as a potentially lethal condition in which germs invade the endometrium and beyond. See *Mosby’s Medical Dictionary*, 1565; Reagan, *When Abortion was a Crime*, 43-44, 134, 147, 164-165, 179, 208-209, 242; Rickie Solinger, *The Abortinist: A Woman Against the Law* (Berkeley: University of California Press, 1994), 1-23, 25-54; Solinger, *Wake Up Little Susie*, 4-5; Kristen Luker, *Abortion and the Politics of Motherhood* (Berkeley: University of California Press, 1984), 15-16, 28-29, 57-58, 104-107; Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (New York: Pantheon Books, 1995), ix-xx.

unlawfully, willfully and feloniously, while engaged in the practice of medicine, aid, abet and assist in the commission of an abortion upon on one Allene Janes, which abortion was not produced for the purpose of saving the life of the said Allene Janes against the peace and dignity of the State of Arkansas. At the trial of the case the jury found the appellant guilty and assessed his punishment at confinement in the State Penitentiary for a period of one year.<sup>194</sup>

According to the description of the case, Allene Janes was formerly married to Donald Janes and the couple had had four children. Allene Janes's sister Willene Shoultz testified that she was with her sister when she spoke with G. R. McClure in his Paragould hospital about obtaining an abortion. According to Shoultz, McClure referred Allene Janes to Dr. Boyd of Blytheville, Arkansas for the abortion. On the morning of May 7, 1947, Allene Janes, accompanied by her former husband Donald Janes, her former husband's sister LaVanna Clark and her husband, and Willene Shoultz, traveled to Blytheville. Dr. Boyd performed "an operation [upon Allene Janes] for the purpose of producing an abortion and heavily packed her with gauze." Then, as instructed by McClure, Allene Janes returned to his Paragould hospital where she lingered for about ten minutes before returning to her home. Between 2:30 p.m. and 3 p.m. Janes walked back to McClure's hospital. Janes condition continued to worsen, and later in the night "the abortion was completed." Soon after admitting Allene Janes to the hospital on the afternoon of May 7, McClure obtained the following release from her. It read:

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<sup>194</sup> *McClure v. State*, 214 Ark. 159, 215 S. W.2d 524 (1948).

PARAGOULD HOSPITAL Dr. G.R. McClure, Chief of Staff Paragould,  
Arkansas

May 7, 1947

To whom it may concern: This is to certify that I, Allene Janes, Route No. 5, Paragould, Arkansas, will not hold liable the Paragould Hospital, Dr. G. R. McClure or an employee of Dr. McClure for the outcome of my case. I realize that it is a dangerous case and certify that I was in a serious condition when I entered the Paragould Hospital. I further state that neither Dr. McClure nor any employee of his had anything whatsoever to do with my condition when I entered the Paragould Hospital. (Signed) Allene Janes<sup>195</sup>

At the same time, McClure prepared a statement of charges for hospitalization and care in the amount of \$50. McClure denied that he had seen Allene Janes before May 7, 1947, and explained that Janes had come to his hospital describing herself as an unmarried woman who had undergone an operation for an abortion. According to McClure “he wanted to help her. . . but she would have to give him a statement to protect him because he did not want to get into trouble,” hence Janes signed the release noted above. The Arkansas Supreme Court explained that:

The jury, as is this court in reviewing the case on appeal, was confronted with and had a right to consider the corroborating acts of appellant [McClure] in his taking of the release from Allene Janes and the rendering of a statement in full for services immediately upon her entry into appellant’s hospital, without having

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<sup>195</sup> Ibid.

examined her. The jury may well have considered, as have we [Arkansas Supreme Court], how appellant could render a statement for the given sum of \$50 without yet knowing the extent of the deceased's illness or the probable time she would remain in the hospital or the care required unless he had a previous understanding with her.<sup>196</sup>

Ultimately, the Arkansas Supreme Court upheld the ruling of the lower Greene County court, indicating that “upon consideration of the entire case, we think the jury was warranted in its findings and the verdict and the judgement is, therefore, affirmed.”<sup>197</sup> Clearly, the illegality of abortion in Arkansas did not keep women with unwanted pregnancies from seeking them. As the case of Allene Janes shows, surgical abortions could also still be very dangerous and even deadly. Though not specified in the details of the case, it seems safe to assume that Allene Janes must somehow have been able to pay for her abortion. This case also speaks to the stigma of being unmarried and pregnant in that Janes, and undoubtedly countless other women like her, were willing to risk illegal abortions rather than continue a pregnancy.

Surviving records from Eva Dodge's medical practice shed further light upon women's experiences with abortion in Arkansas during the 1940s and 1950s. Probably sometime between 1958 and the early 1960s, Dodge wrote an unpublished review essay entitled “A Review of the Aggressive Management of Abortion,” in which she discussed the medical treatment of patients with incomplete abortions at UAMS in the 1950s.

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<sup>196</sup> Ibid.

<sup>197</sup> Ibid.



Incomplete abortions referred to abortions in which the products of conception [fetus] were not entirely expelled or removed from the uterus. In her essay, Dodge did not explicitly identify the UAMS patients' conditions as resulting from illegal (surgical or self-induced) abortions. Allowing for the possibility of some patients suffering from miscarriages (spontaneous abortions), it seems unlikely, given the nature of incomplete abortions, that most would have resulted from legal, therapeutic abortions performed by doctors in hospitals.<sup>198</sup>

More specifically, Dodge discussed a change in the medical treatment of patients with incomplete abortions, describing it as a change from a "conservative" approach in 1950 and 1951 to an "aggressive" approach to treatment beginning in July 1956. As part of her evaluation of this change in approach to treatment, Dodge explained that the "148 cases of [incomplete] abortion admitted to [UAMS] during the 2 years 1950 and 1951" were compared with the "152 cases of abortion admitted to [UAMS] from July 1, 1956 through June 30, 1957."<sup>199</sup> She further explained that:

Prior to [July 1] 1956, incomplete abortions at [UAMS] had been managed primarily by conservative means unless hemorrhage forced a curettage. Curettage [clearing the uterus of the products of conception] was usually reserved until all

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<sup>198</sup> Eva F. Dodge, M. D., "A Review of the Aggressive Management of Abortion," unpublished essay, 1958-1964(?), EFD Papers, box 5, folder 7, UAMS HRC, UAMS Library; *Mosby's Medical Dictionary*, 405, 882. In dating Dodge's essay, it should be noted that the comparisons she described in the essay were made with data from 1950-1951 and 1956-1957, and that Dodge retired in 1964. Spontaneous abortion or miscarriage is the spontaneous termination of a pregnancy caused by fetal abnormalities or the maternal environment. See *Mosby's Medical Dictionary*, 1620. Review discussion of therapeutic abortions above.

<sup>199</sup> Dodge, "Aggressive Management of Abortion," 7.

evidence of sepsis had been absent for a period of 72 hours. Because of the continued bleeding in some, the spread of infection in a few, and the long period of necessary hospitalization in many, it appeared desirable to explore other methods of management [of incomplete abortion].<sup>200</sup>

According to Dodge, many of those patients treated in 1950 and 1951 also received antibiotic shots and blood transfusions. The distinguishing elements in the aggressive treatment begun in July 1956 were that all incomplete abortion patients were given larger doses of intravenous antibiotic and were curetted earlier.<sup>201</sup>

Dodge explained that the opening of a new, larger hospital facility in 1955 allowed for a greater number of patients to be treated in 1956-1957. Interestingly, she discussed some characteristics of the patients treated in 1950-1951 and in 1956-1957. The average patient age was 28 in 1950-1951, with an average of 5.9 pregnancies per patient. In 1956-1957, the average patient age was 26.2 with an average of 6.36 pregnancies per patient. She made no mention of the race of the patients. She reported that the patients in 1950-1951 had symptoms an average of 14.5 days before admission to the hospital compared with 6.4 days for the 1956-1957 group, which suggested that the “patients sought care at an earlier date [in 1956-1957].” In 1950-1951, 52 percent of the patients had fever at the time of admission compared with 33 percent in 1956-1957 reflecting, according to Dodge, the limited number of beds in 1950-1951. Notably, Dodge reported that no deaths occurred in either the 1950-1951 group or the 1956-1957

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<sup>200</sup> Ibid., 6. Sepsis is the illness caused by the infection of the bloodstream with toxin-producing bacteria. Curettage is defined as the scraping of material from an organ or surface. See *Mosby's Medical Dictionary*, 459.

<sup>201</sup> Dodge, “Aggressive Management of Abortion,” 6-7.

group.<sup>202</sup> Most importantly, in comparing the conservative and aggressive treatment of incomplete abortion patients at UAMS, Dodge concluded that:

Two methods of management have been compared; 148 patients treated in 1950 and 1951 by the time-honored conservative method, and 152 patients treated in 1956-1957 by an aggressive combination of the prompt use of antibiotics and oxytocics, followed by mechanical emptying of the uterus [curetted] (within 24 hours). The aggressive clinical program resulted in diminished blood loss, decreased incidence of sepsis, and decreased length of hospitalization.<sup>203</sup>

Dodge's essay and the case of *McClure v. State* provide clear evidence that women in Arkansas had abortions in the late 1940s and 1950s and demonstrate that each abortion, especially if illegal, carried with it the risk of complications and death. The women Dodge described in her essay were extremely lucky- they received treatment and survived. Too many others did not, even if they were able to afford an illegal abortion, as the memories of former U. S. surgeon general Dr. M. Joycelyn Elders illustrate. In 2005, Elders recalled that:

The first time I ever heard or knew anything about abortions I think I was really maybe . . . I was just still in college [in Little Rock] or medical school [at UAMS]. I didn't know much about it then except that abortions were illegal. There was a black physician in North Little Rock who we understood that really did a lot of abortions for a price- very few on black women because they didn't

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<sup>202</sup> Dodge, "Aggressive Management of Abortion," 8-10; Baird, *Medical Education in Arkansas*, 255.

<sup>203</sup> Dodge, "Aggressive Management of Abortion," 11. Oxytocic drugs are used to stimulate uterine contractions. See *Mosby's Medical Dictionary*, 1258.

have the money so that was kinda how we knew about it being illegal. Later on in medical school [at UAMS] of course what I really became exposed to was the number of women that [were] comin' into the emergency room with septic abortions and dying. In fact, it used to be the most common cause of death in women, was septic abortions.<sup>204</sup>

As this discussion of abortion further suggests, many women in Arkansas seeking reproductive control in the late 1940s and 1950s had very limited choices. Illegal abortion was not only often unaffordable for poor black and by extension poor white women, but also frequently posed a real risk of infection or even death.

In addition to treating patients, Eva Dodge also continued to educate students at the medical school. In 1956, a young African-American woman who would later remember Eva Dodge as a supportive advisor and professor, entered UAMS as a student. M. Joycelyn (Jones) Elders was not the first African-American student to enroll in the Arkansas medical school. In August 1948, Edith Irby Jones (1927- ) (no relation), a native of Hot Springs, Arkansas, was admitted. The University of Arkansas board of trustees had already decided to admit African-Americans to the graduate and professional schools. Edith Jones's admission attracted national press attention, and was noted as an example of southern racial moderation, though she was still legally subject to separate eating and restroom facilities at the medical school. In August 1948, *The New York Times* reported that:

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<sup>204</sup> Dr. M. Joycelyn Elders. interview by the author, 22 November 2005. See discussion of Dr. Elders below.

The University of Arkansas Medical School will admit a Negro girl student when the new term opens next month. She is Edith Mae Irby, 20 years old, of Hot Springs, Ark., a graduate of Knoxville (Tenn.) College. When asked if the entrance of Negroes would be continued as a policy of the medical school, [Vice President of the medical school] Dr. [H. Clay] Chenault said: 'In accordance with the policy of the university board of trustees, Negro applicants who are bona fide residents of Arkansas may be considered for entrance to the medical school.'<sup>205</sup>

Edith Jones graduated from the Arkansas medical school in 1952, and then practiced in her hometown of Hot Springs for a time. In 1959, she accepted a residency in internal medicine at Baylor Hospital in Houston, Texas. She established a private practice in inner city Houston in 1962.<sup>206</sup>

The future Dr. Elders, the oldest of eight children in a family of sharecroppers, was born Minnie Lee Jones on August 13, 1933 in Schaal (Howard County) in southwest Arkansas.<sup>207</sup> In 1948, she entered the historically black Philander Smith College (PSC) in Little Rock, and it was while she was a student there that she first became interested in medicine.<sup>208</sup> Interviewed in 2005, Elders remembered that:

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<sup>205</sup> *New York Times*, 24 August 1948, 26; Baird, *Medical Education in Arkansas*, 196-197.

<sup>206</sup> Baird, *Medical Education in Arkansas*, 211-212; National Library of Medicine "Dr. Edith Irby Jones," [internet]; available from [http://www.nlm.gov/changingthefaceofmedicine/physicians/biography\\_175.html](http://www.nlm.gov/changingthefaceofmedicine/physicians/biography_175.html). accessed 27 May 2007; *New York Times*, 24 August 1948, 26. Garland County is in central Arkansas. See Dougan, *Arkansas Odyssey*, 650.

<sup>207</sup> Joycelyn Elders and David Chanoff, *From Sharecropper's Daughter to Surgeon General of the United States of America* (New York: William Morrow and Company, Inc., 1996), 9.

<sup>208</sup> Elders, *From Sharecropper's Daughter*, 63.

I first became interested in medicine when I was a student at [PSC]. You see we lived in a very small community down in southwest Arkansas, Schaal, Arkansas. I tell everybody there are 98 people, 99 people in the whole community, 98 when I'm up here [in Little Rock]. You are talking about back in the [19]40s, we didn't have TV . . . nobody had TV back in the early [19]40s, we did have radio but it wasn't very good radio and we got a weekly newspaper. So consequently I had never seen a doctor, never known anything about a doctor, and you have to remember you can't be what you can't see.<sup>209</sup>

Edith Irby Jones inspired Elders to study medicine. Elders explained that:

When I was a sophomore at Philander Smith here in Little Rock. Dr. Edith Irby Jones . . . the first African American to attend the University of Arkansas Medical School. She happened to be a woman. She came to our school [PSC] to give a speech and I was just so enchanted by what this woman said. I thought she was the most beautiful woman I had ever seen. I just latched on to every word and she was in medical school at the time, and I thought from that day forward I wanted to be just like her. So, my whole life from that time on was really devoted to doing well in school, and I went into the army to use the GI Bill to go to medical school because my parents couldn't afford to pay. My whole being was geared toward going to medical school and being just like her- Edith Irby Jones. She was my inspiration, no question.<sup>210</sup>

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<sup>209</sup> Dr. M. Joycelyn Elders, interview by the author, 22 November 2005.

<sup>210</sup> Ibid.

Elders' memories speak to more than just her career inspiration. They further reveal the isolation of rural Arkansans and the lack of health care services (and by extension reliable contraceptive services) available to rural people, whether black or white.

At UAMS, Elders was the only African-American member of the student chapter of the American Medical Women's Association under advisor Eva Dodge.<sup>211</sup> Elders remembered that "I met her [Dodge] very early because she was head of the student medical women's association. She often had the meetings with us at her house. I thought she was really very much an advocate for women in medical school. She was our advisor for the student medical women's association, not just an advisor in name, but she literally held meetings at her house. I remember Christmas parties at her house for the women. I thought [it was a community of women medical students], I thought it was very helpful and very good."<sup>212</sup> Elders recalled that when she was a medical student, there were a few other women on staff at the medical school, including Dr. Katherine Dodd and Dr. Vida Gordon.<sup>213</sup> Many years later, in 1980, Dodge praised Elders' accomplishments. She noted "the women have proven to be pretty good students and they have proven to be pretty

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<sup>211</sup> The American Medical Women's Association (founded 1915) is an organization for women physicians and medical students dedicated to advancing women in the medical profession and improving women's health. See "AMWA: AMWA's Mission and History," [internet]; available from <http://www.amwa-doc.org/index.cfm>, accessed 28 May 2007. *The Caduceus 1957 and 1958: Yearbooks of the UA Medical School*, UAMS HRC, UAMS Library.

<sup>212</sup> Elders Interview, 22 November 2005.

<sup>213</sup> See notes on Dr. Dodd above. The details on Dr. Vida Gordon are sketchy. She joined the faculty at UAMS in 1944, and was associated with immunology/microbiology and pediatrics. See Baird, *Medical Education in Arkansas*, 417.

good residents and interns and proof of that is one of our black women doctors who is on the pediatric staff here [UAMS]. Yes, [Joycelyn Elders] has done a beautiful job.”<sup>214</sup>

There were other women (all white) students in the Arkansas medical school while Elders was there, but they were still far outnumbered by men. In the UAMS graduating class of 1958, the list of 85 shows only six recognizably female names. In the 1959 class, the list of 69 shows only five recognizably female names. In Elders’ graduating class of 1960, hers was the only recognizably female name, and there were two African-American men.<sup>215</sup> Recalling her years as a medical student, Elders said that she was primarily focused on the task at hand, which was succeeding in medical school. She recalled that:

I was so intent on getting through medical school. All my efforts were spent studying and trying to pass and trying to make sure that I did the very best that I could. I never even thought about it necessarily being a male-dominated field. I thought I’m a woman, I’m in the south, I’m African-American and so I was just determined to make it. That was the time during the Central High Crisis [1957] when I was in medical school . . . but all I was worrying about was passing.<sup>216</sup>

In her 1996 autobiography *From Sharecropper’s Daughter*, Elders, perhaps somewhat minimizing the realities of segregation, recalled that for the most part she did not feel

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<sup>214</sup> Dodge Interview, 16.

<sup>215</sup> *The Caduceus 1957 and 1958: Yearbooks*; Baird, *Medical Education in Arkansas*, 381-382.

<sup>216</sup> Elders Interview, 22 November 2005. The Central High reference is to the 1957 Little Rock Central High School desegregation crisis. See Ben F. Johnson, III, *Arkansas in Modern America, 1930-1999* (Fayetteville: University of Arkansas Press, 2000), 131-142.



isolated from other students while in medical school or treated differently by the professors.<sup>217</sup>

Elders specialized in pediatrics and became a pediatric endocrinologist. Explaining this decision, she wrote “At the time, I never bothered to analyze my attraction, except maybe that young patients added a notch of difficulty to diagnostic problems. But looking at it now, I can see there might have been more to it. After all, what had I done my entire young life from the age of four on but take care of children?”<sup>218</sup> She recalled caring for her younger siblings when they were injured or ill without the assistance of medical professionals.<sup>219</sup>

In terms of gender and the practice of medicine, Elders offered these observations. In 2005, she observed that:

Women I think will make better doctors. They are more nurturing, this is what they’ve done all their lives as mothers, as neighbors, as friends. This is what they tend to do, whereas men the idea is you need to go out and make money. Well, if you look at medicine as a moneymaker field, you’ve kinda missed the point.

Women go into medicine, I think, because they really want to be helpful; because they really want to cure sick people. I think they very seldom, if ever, go into it thinking about money.<sup>220</sup>

In Elders opinion then, traits traditionally gendered female, such as nurturing, were actually *an advantage* for women in the practice of medicine.

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<sup>217</sup> Elders, *From Sharecropper’s Daughter*, 90-91.

<sup>218</sup> *Ibid.*, 103.

<sup>219</sup> *Ibid.*

<sup>220</sup> Elders Interview, 22 November 2005.

Elders also developed very definite opinions regarding women's reproductive health that were shaped by her own personal experience. In the late 1980s, Elders's proposed policies regarding reproductive health became well publicized in Arkansas, but she herself grew up without any education or knowledge regarding sex or contraceptives.<sup>221</sup> She described her first encounters with contraceptive devices as "seeing without knowing." She remembered that:

When I think about the first time I ever really knew anything about birth control was when I saw my mother had some of the foams or jellies . . . [and] they were under a pillow in the cushion of a living room chair but the chair was [in] a side room. I was cleaning up or something and so that was my very first knowledge at all about them, and that was no knowledge that was just seeing. Then, I think the next thing I ever heard about birth control, we had to walk a long way to get to the bus station, I remember seeing a condom on the railroad tracks, and we thought that this condom was a ballon. You can see how out to lunch we were.<sup>222</sup>

In addition, she recalled that:

Probably in high school it [knowledge of sex] was the same as everybody else's and that was because we were all ignorant. We didn't know anything. We didn't even know the menstrual cycle, you know we didn't even know what it meant. In college, maybe a few people knew more than I did, but not many. Sex was not

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<sup>221</sup> Elders, *From Sharecropper's Daughter*, 234-265.

<sup>222</sup> Elders Interview, 22 November 2005.

something you talked about. Nobody talked about it. Only if somebody got pregnant or something drastic happened.<sup>223</sup>

Elders' lack of education and ignorance on the subject of sex was not unusual at the time, and this was true of both black and white women. In the 1950s and early 1960s, Kay Welch (b. 1946-) grew up in a tiny, rural, all-white cotton farming community in Randolph County in northeastern Arkansas and did not attend college. Though she was thirteen years younger than Elders, Welch's memories relating to health care, sex and contraception resemble those of Elders. As in Elders' case, professional medical care was rarely available. Regarding sex and contraception, Welch recalled that:

In such a small community, there were strict prohibitions against sex before marriage, for both girls and boys. My mother wouldn't hear of one of her daughters having sex before they were married. I had seen farm animals but I never connected that with people. I dated from the time I was thirteen, but, truthfully, I didn't think about having sex. The first time I ever used any sort of birth control was after I was married (in 1967), and then we used condoms. By this time I had heard of the [contraceptive] pill, but I was wary of its potential health effects.<sup>224</sup>

The potential for personal and familial "disgrace" from becoming pregnant without being married was very real and powerful, especially in small communities. At the same time, many young women (and men), especially the unmarried, had almost no knowledge

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<sup>223</sup> Ibid.

<sup>224</sup> Sandra Kay Welch, interview by the author, 5 April 2007. See also "Population by County 1950-1980," [internet]; available from [http://www.aiea.ualr.edu/census/other/ReYr3\\_1980.html](http://www.aiea.ualr.edu/census/other/ReYr3_1980.html), accessed 24 May 2007. The oral contraceptive pill became available in 1960. Gordon, *Moral Property*, 288.

of sex and contraception with which to make informed decisions in the first place. In Elders' case, it was only when she was in college that she began to learn about birth control.<sup>225</sup>

This was the case not just for women and men in Arkansas. In *Human Female* (1953), sex researcher Alfred Kinsey noted that the subjects in his study (all white men and women) also acquired only limited knowledge of sex early on. Kinsey explained that:

Although some persons insist that the sex education of the child should be undertaken only by the child's parents or religious mentors, not more than a few percent- perhaps not more than 5 percent- of all the subjects of the present study recalled that they had received anything more than the most incidental information from either of those sources. Most of the children had acquired their earliest information from other children.<sup>226</sup>

In his study of contraceptive practices among one hundred young white working-class couples in Cincinnati and Chicago in the 1940s and 1950s, sociologist Lee Rainwater found that, at the time of their marriages, most of the women had acquired either no or very little knowledge of sex or contraception. The men who had used condoms before marriage often saw them as a way to prevent venereal disease and shotgun marriages.<sup>227</sup>

Similarly, Faye Wattleton (b. 1943-) the first African-American woman director of the PPFA (1978-1992), recalled that "with most families in the Church of God [Wattleton's

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<sup>225</sup> Elders Interview, 22 November 2005.

<sup>226</sup> Kinsey, *Human Female*, 15-16.

<sup>227</sup> Lee Rainwater, *And the Poor Get Children: Sex, Contraception, and Family Planning in the Working Class* (Chicago: Quadrangle Books, 1960), 60-91, 189-190; D'Emilio and Freedman, *Intimate Matters*, 250.

mother was a Church of God minister], much of life, certainly on matters of sex, remained undiscussed.”<sup>228</sup>

Not surprisingly then, for many rural women in Arkansas in the 1940s, 1950s, and into the early 1960s, there were very few contraceptive options and few knew how and where to seek birth control information. Many women in Arkansas simply lacked access to doctors and health care, abortion was illegal and posed not only the risk of getting caught by the police, as well as danger to the health and life of women. Yet it was assumed that women should be responsible for the size of their families. Even if a woman went to a doctor for birth control advice, she had to be married to receive it legally. If she received ADC benefits, she might also face contempt from those who were charged with helping her. Examining the situation in Arkansas as it developed without an established system of birth control in public health, it has become even clearer why Hilda Cornish and her allies campaigned so vigorously for better access to birth control. Chapter Three will explore the question of birth control in Arkansas public health in the 1960s and investigate how 1960s feminists came to define access to birth control and abortion as “reproductive rights,” and the impact this had on the birth control movement.

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<sup>228</sup> Faye Wattleton, *Life on the Line* (New York: Ballantine Books, 1996), 14-15, 52-53.

CHAPTER 3 NOT WOMEN'S RIGHTS: BIRTH CONTROL AS POPULATION  
CONTROL IN ARKANSAS, 1964-1968

In the 1960s, an era when the problem of poverty in the United States became a focus of federal government policymaking, birth control advocates in Arkansas sought to push their cause forward by emphasizing access to birth control for poor women. Arkansas birth control advocates were influenced by the national perception that there was a problem of “overpopulation” as well as poverty. In the 1960s, even as second-wave feminism and calls for women’s reproductive rights began, the argument for access to birth control for poor women was based upon calls for “population control.”<sup>229</sup>

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<sup>229</sup> Major Arkansas second-wave feminist organizations, such as the Arkansas branch of the National Organization for Women, were founded in the early 1970s. See Michael B. Dougan, *Arkansas Odyssey: The Saga of Arkansas From Prehistoric Times to Present* (Little Rock: Rose Publishing Company, 1994), 619-620.

In the early 1960s, changes began to take place on the national level that impacted poor women's access to birth control and had an impact on poorer states, including Arkansas. In President John F. Kennedy's administration (1960-1963), persistent, structural poverty in the United States had begun to be "rediscovered." After President Kennedy's assassination in 1963, the new President Lyndon Baines Johnson (1908-1973) expanded the slain president's antipoverty efforts and made them his own. In 1964, Johnson declared an "unconditional war on poverty in America," and announced a reform program known as "The Great Society." The Office of Economic Opportunity (OEO), established by Congress in 1964 and headed by Sargent Shriver, was assigned the task of managing such Great Society programs as Community Action Programs (CAP), Head Start, and the Job Corps.<sup>230</sup>

The push for federally supported family planning programs had emerged after 1945. It drew support from people not primarily concerned with women's rights but with overpopulation as a threat to political, social and economic stability in the United States and abroad. During the Cold War years, population control advocates aimed to prevent the spread of communism by limiting rates of population growth in third world nations. In 1954, Hugh Moore's pamphlet *The Population Bomb* warned that "overpopulation" would produce conditions of hunger and turmoil that made societies ripe for revolution. Popular books also helped raise Americans' awareness of problems of overpopulation.

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<sup>230</sup> Lyndon B. Johnson, "State of the Union," *Vital Speeches of the Day* 30, no. 7 (January 15, 1964): 195, *Academic Search Premier*, EBSCOhost, accessed 6 March 2008; Bruce J. Schulman, *Lyndon B. Johnson and American Liberalism: A Brief Biography with Documents* (New York: St. Martin's Press, 1995), 174-177; Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York: Oxford University Press, 1999), 49-51.

Published in 1968, Stanford University biology professor Paul Ehrlich's bestselling book, *The Population Bomb*, took its title from Hugh Moore's 1954 publication and warned that future mass starvation and irreparable environmental destruction would result if world population growth was not controlled.<sup>231</sup>

In 1961, Planned Parenthood formed a new division known as Planned Parenthood-World Population (PP-WP), which worked to build public support for population control as a part of United States foreign and domestic policy.<sup>232</sup> In 1965, 1966, and 1967, President Johnson addressed world population growth as an issue in his State of the Union addresses. In 1965, Johnson indicated that he would "seek new ways to use our knowledge to help deal with the explosion in world population and the growing scarcity of world resources." In his 1966 State of the Union address, Johnson promised "to help countries trying to control population growth by increasing our research, and we will earmark funds to help their efforts." Again in 1967, Johnson insisted that "the really greatest challenge to the human family is the race between food supply and population increase. That race tonight is being lost. The time for rhetoric has passed. The time for concerted action is here."<sup>233</sup>

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<sup>231</sup> Critchlow, *Intended Consequences*, 54-56.

<sup>232</sup> Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana and Chicago: University of Illinois Press, 2002), 282.

<sup>233</sup> Lyndon B. Johnson, "State of the Union," *Vital Speeches of the Day* 31, no. 7 (January 15, 1965): 195, *Academic Search Premier*, EBSCOhost, accessed 20 August 2007; Lyndon B. Johnson, "State of the Union," *Vital Speeches of the Day* 32, no. 8 (February 1, 1966): 229, *Academic Search Premier*, EBSCOhost, accessed 25 October 2007; Lyndon B. Johnson, "State of the Union," *Vital Speeches of the Day* 33, no. 8 (February 1, 1967): 232, *Academic Search Premier*, EBSCOhost, accessed 6 March 2008.



Similarly, both Democrats and Republicans supported federally-funded family planning in domestic policy, as a solution to a perceived “welfare explosion” and the social disruption created by out-of-wedlock births, especially among poor urban blacks.<sup>234</sup> The numbers of people receiving public assistance rose in the 1960s, with much of the rise attributable to the growing numbers of people receiving ADC, which was amended to include two-parent families and renamed Aid to Families with Dependent Children (AFDC) in 1961.<sup>235</sup> Nationally, the number of people on AFDC rose from 3 million in 1960, to 4.3 million in 1965, and to 8.5 million in 1970. In Arkansas, the number of AFDC recipients rose from 26,450 in 1960, to 30,900 in 1965, and 73,300 in 1971.<sup>236</sup> Nationally, expenditures for AFDC rose from \$1,644,100 in 1965 to \$6,203,100 in 1971. In Arkansas, expenditures for AFDC rose from \$56,000 in 1965 to \$214,000 in 1971, but the average monthly AFDC payment in Arkansas was still less than the national average. In Arkansas, the average monthly AFDC payment was \$65.00 in 1965 and \$97.00 in 1971. Nationally, the average monthly AFDC payment was \$137.00 in 1965 and \$188.00 in 1971.<sup>237</sup> Accordingly, as part of the solution to what was

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<sup>234</sup> Critchlow, *Intended Consequences*, 51, 79; James T. Patterson, *America’s Struggle Against Poverty, 1900-1994* (Cambridge: Harvard University Press, 1994), 178.

<sup>235</sup> Patterson, *America’s Struggle*, 69, 171-178; Public assistance was divided into three categories including AFDC, aid to the blind and old age assistance (Social Security). A fourth category, aid to the permanently and totally disabled was added in 1950. See Frances Fox Piven and Richard A. Cloward, *Poor People’s Movements: Why they Succeed, How They Fail* (New York: Vintage Books, 1979), 266.

<sup>236</sup> Patterson, *America’s Struggle*, 171; *Statistical Abstract of the United States 1961* (Washington D.C.: Government Printing Office, 1961), 286; *Statistical Abstract of the United States 1972* (Washington D. C.: Government Printing Office, 1972), 300.

<sup>237</sup> *Statistical Abstract 1972*, 301-302. As explained in Chapter 2, the best way to understand changes in the cost of living is with the Consumer Price Index (CPI). The rate of change in prices rose from

defined as a “welfare problem,” President Johnson began federal funding for family planning projects as a part of his war on poverty. In 1966, the OEO provided guidelines for community-level funding for family planning. A portion of the 1967 Social Security Amendments required state welfare agencies to develop family planning programs and permitted federal grants to voluntary, nonprofit organizations such as Planned Parenthood.<sup>238</sup>

At the time, some federal policymakers argued that one of the sources of this “welfare explosion” was the “tangle of pathology” in poor urban black families described by assistant secretary of labor Daniel Patrick Moynihan (1927-2003) in his 1965 report *The Negro Family: the Case for National Action*, which became known as the *Moynihan Report*.<sup>239</sup> Moynihan discussed rates of non-white and white out-of-wedlock births and the number of black children receiving AFDC, reporting that:

Both white and black illegitimacy rates have been increasing . . . the number of illegitimate children per 1,000 live births increased by 11 among whites in the period 1940-63, but by 68 among nonwhites. At present, 14 percent of Negro children are receiving AFDC assistance, as against 2 percent of white children.

Eight percent of white children receive such assistance at some time, as against 56 percent of non-whites. The steady expansion of this welfare program [AFDC], as

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88.7 percent in 1960, to 94.5 percent in 1965, and to 116.3 percent in 1970. *Statistical Abstract of the United States 1985* (Washington D. C.: Government Printing Office, 1985), 475.

<sup>238</sup> Gordon, *Moral Property*, 282-284, 289; Critchlow, *Intended Consequences*, 3, 50-56, 79, 225.

<sup>239</sup> Patterson, *America's Struggle*, 178; Darryl M. Scott, *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996* (Chapel Hill: University of North Carolina Press, 1997), 151; Adam Climer, “Daniel Patrick Moynihan is Dead: Senator from Academia was 76,” *New York Times*, 27 March 2003, 1A.

of public assistance programs in general, can be taken as a measure of the steady disintegration of the Negro family structure.<sup>240</sup>

Between 1940 and 1967, the out-of-wedlock birth rate for non-whites was higher than that for whites, and increased from 35.6 in 1940, to 71.2 in 1950, and to 98.3 in 1960. By 1967, the non-white out-of-wedlock birth rate had dropped only slightly to 89.5. At the same time, between 1940 and 1967, the out-of-wedlock birth rate for whites also increased from 3.6 in 1940, to 6.1 in 1950, and from 9.2 in 1960, to 12.5 in 1967. By 1960, 20.3 percent of women on AFDC were not married to their children's father. In the same year, for the largest portion of families on AFDC, 65.4 percent, the status of the father was "absent."<sup>241</sup>

Moynihan argued that a matriarchal family structure was the cause of the "tangle of pathology" within the black community, and explained that if the state could improve the position of black males, young blacks would have proper role models and the need for state assistance would diminish.<sup>242</sup> The *Moynihan Report* provoked tremendous controversy and policy debate. African-American civil rights leaders, including Congress

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<sup>240</sup> Daniel Patrick Moynihan, "The Negro Family: The Case for National Action" in *The Moynihan Report and the Politics of Controversy*, Lee Rainwater and William L. Yancey (Cambridge: The M. I. T. Press, 1967), 8, 12.

<sup>241</sup> *Statistical Abstract 1972*, 51; Judith Sealander, *The Failed Century of the Child: Governing America's Young in the Twentieth Century* (Cambridge: Cambridge University Press, 2003), 110; Statement of Secretary of Health, Education and Welfare Abraham Ribicoff, "Temporary Unemployment Compensation and Aid to Dependent Children of Unemployed Parents," Hearings before the Committee on Ways and Means, House of Representatives, Eighty-Seventh Congress, First Session (Washington D. C.: Government Printing Office, 1961), 93-97.

<sup>242</sup> Moynihan, "The Negro Family," in *The Moynihan Report*, Rainwater and Yancey, 29-30, 47-48.

of Racial Equality (CORE) leader James Farmer (1920-1999), angrily denounced it. In December 1965, Farmer wrote:

As if living in the sewer, learning in the streets and working in the pantry weren't enough for millions of American Negroes, I now learn that we've caught "matriarchy," and "the tangle of Negro pathology" . . . a social plague recently diagnosed by Daniel Moynihan. In many ways, this [Moynihan] report . . . emerges in my mind as the most serious threat to the ultimate freedom of American Negroes to appear in print in recent memory.<sup>243</sup>

Despite the controversy, Moynihan's work became the basis of a speech given by President Johnson at Howard University, a traditionally African-American university in Washington D.C., in June 1965. In the speech, President Johnson declared, "perhaps most important . . . is the breakdown of the Negro family structure, [and] unless we work to strengthen the family, to create conditions under which most parents will stay together—all the rest: schools and playgrounds, public assistance and private concern, will never be enough to cut completely the circle of despair and deprivation."<sup>244</sup>

The reality was, however, that there were other reasons why rising numbers of people were receiving AFDC. AFDC's extension to two-parent families in 1961, and raises in AFDC eligibility income levels enacted in some wealthier northern states increased the number of people eligible for assistance. The continuing civil rights movement of the 1960s finally led to a series of court cases that successfully challenged

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<sup>243</sup> Rainwater and Yancey, *The Moynihan Report*, 409-411; Richard Severo, "James Farmer, Civil Rights Giant in the 50's and 60's, is Dead at 79," *New York Times*, 10 July 1999, 1A.

<sup>244</sup> Rainwater and Yancey, *The Moynihan Report*, 125, 130.

eligibility restrictions including absent father rules. Poor people themselves, many of them African-American women, stood up to demand recognition of their right to public assistance as members of organizations such as the National Welfare Rights Organization formed in 1966. Greater awareness of their rights under the law inspired more eligible families to apply for aid. According to historian James Patterson, “these forces resulted in a fantastic jump in the participation of eligible families in AFDC, from perhaps 33 percent in the early 1960s to more than 90 percent in 1971.”<sup>245</sup>

At the same time federal policymakers were calling for birth control as a part of “population control” and domestic welfare policy in the 1960s, American women launched a renewed feminist movement and made calls for “reproductive rights” a part of that movement. Reproductive rights, a term encompassing issues surrounding birth control, abortion and sterilization, emerged in the late 1960s as a key part of feminists’ insistence that women should be able to control their own bodies. Women claimed it was *their right* to decide to have children or not to have children.<sup>246</sup>

In her bestselling book *The Feminine Mystique* (1963), Betty Friedan (1921-2006) spoke primarily to the concerns of white, middle-class, educated women when she called

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<sup>245</sup> Patterson, *America’s Struggle*, 178-179; Jennifer Mittelstadt, *From Welfare to Workfare: the Unintended Consequences of Liberal Reform, 1945-1965* (Chapel Hill: University of North Carolina Press, 2005), 157-159; Piven and Cloward, *Poor People’s Movements*, 264-353; Frances Fox Piven and Richard A. Cloward, *Regulating the Poor: The Functions of Public Welfare* (New York: Pantheon Books, 1971), 322-323.

<sup>246</sup> John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 2<sup>nd</sup> ed. (Chicago: University of Chicago Press, 1997), 310-315; Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York: New York University Press, 2005), 165-166.

for American women to free themselves from their homes and 1950s domestic ideology through education and employment. By the time of the appearance of Friedan's book, elements of change were already present. In 1961, President Kennedy appointed a President's Commission on the Status of Women. Chaired by former first lady Eleanor Roosevelt (1884-1962), the President's Commission was assigned the task of reviewing progress in such areas as employment and political rights. Most importantly, the Presidential Commission collected data, received press coverage and inspired similar state women's commissions. Arkansas's first Governor's Women's Commission, inspired by the President's Commission on the Status of Women, was formed in 1964 under Democratic Governor Orval E. Faubus. Another Women's Commission was formed in 1968 under Republican Governor Winthrop Rockefeller. The Arkansas Women's Commission formed in 1971 under Democratic Governor Dale L. Bumpers (1971-1975) was the most active, especially regarding the Equal Rights Amendment.<sup>247</sup>

In another important development, Democratic U. S. Representative Howard W. Smith of Virginia, an ardent segregationist, proposed adding the word sex to Title VII of the pending 1964 civil rights bill in an effort to defeat it. As it was worded at the time, Title VII prohibited discrimination in employment on the basis of race, color, religion, or national origin. Smith hoped the addition of the word sex would give northern Democrats

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<sup>247</sup> Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America* (New York: Viking Penguin, 2000), 4-5, 64-67; Janine A. Parry, "What Women Wanted": Arkansas Women's Commissions and the ERA," *Arkansas Historical Quarterly* 59 (Autumn 2000): 265-298; Timothy B. Donovan, Willard B. Gatewood, Jr. and Jeannie M. Whayne, eds., *The Governors of Arkansas: Essays in Political Biography* (Fayetteville: University of Arkansas Press, 1995), 246-253. See discussion of the ERA below. See biographical details on Governor Winthrop Rockefeller below.

a reason to vote against the civil rights bill. *Feminine Mystique* author Betty Friedan, Democratic U. S. Representative Martha Griffiths (1912-2003) of Michigan, African-American lawyer, civil rights activist, Episcopal priest, and former member of the President's Women's Commission, Anna Pauline "Pauli" Murray (1910-1985) and dozens of women's organizations began lobbying immediately for passage of the bill. The civil rights bill, including the word "sex" in Title VII, passed to become the Civil Rights Act of 1964.<sup>248</sup>

The Equal Employment Opportunity Commission (EEOC), the agency created to handle complaints of race and sex discrimination under the Civil Rights Act of 1964, refused to take sex discrimination seriously. For example, in 1965, the EEOC ruled that sex-segregated "help-wanted" advertisements were legal. Meanwhile, Betty Friedan stayed in contact with a small network of women in the federal government as well as EEOC commissioner Richard Graham and Representative Martha Griffiths. Angered by the EEOC's unwillingness to take sex discrimination seriously, a group of women met in Betty Friedan's hotel room in Washington D.C. in 1966 to discuss forming a new women's organization. The National Organization for Women (NOW) was founded in October 1966, with Betty Friedan as its first president. In 1976, Betty Friedan remembered that NOW's Statement of Purpose was "adopted [in 1966] basically as I [Friedan] wrote it, with one exception. (As I wrote it, it also spelled out the right of the woman to choose, and to control her own childbearing, which meant access to birth

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<sup>248</sup> Rosen, *World Split Open*, 70-72; John T. McQuiston, "Ex-Rep. Smith Dies at Home in Virginia," *New York Times*, 4 October 1976, 24; Wolfgang Saxon, "Martha Griffiths, 91, Dies: Fighter for Women's Rights," *New York Times*, 25 April 2003, 11B; "Dr. Pauli Murray, Episcopal Priest," *New York Times*, 4 July 1985, 12A.

control and abortion- the others said that was too controversial.).”<sup>249</sup> The key portion of NOW’s Statement of Purpose explained that:

The purpose of NOW is to take action to bring women into full participation in the mainstream of American society now, exercising all the privileges and responsibilities thereof in truly equal partnership with men.<sup>250</sup>

Friedan and other NOW members aimed to eliminate legal sex discrimination and reasoned that economic independence would allow women to also make changes in their personal lives. Then, in the late 1960s, a younger generation of American women having reached young adulthood in the 1960s, emerged from the civil rights and New Left movements to continue to define second wave feminism. Through a process of consciousness-raising, these women shared their life experiences in interaction with men, and discovered that those experiences were shared by many other women. In the process these women realized that personal problems were political- that the quality of their lives was not biologically-determined but a product of their socialization. While the feminists of NOW sought inclusion of women in the mainstream, some of the younger, more radical feminists or women’s liberationists, called for rejection of the mainstream itself. An example of that “rejection of the mainstream” was the 1968 Miss America pageant protest in Atlantic City. Feminist protestors crowned a live sheep Miss America to protest women’s objectification, which, according to the feminist protestors, meant that women were judged like animals at a county fair. To protest beauty standards, protestors tossed

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<sup>249</sup> Rosen, *World Split Open*, 72-75; Betty Friedan, *It Changed My Life: Writings on the Women’s Movement* (New York: Random House, 1976), 79-84.

<sup>250</sup> Friedan, *It Changed My Life*, 87.



bras, girdles, high-heeled shoes and other items into a “freedom trashcan,” intending to burn the contents. Though no bras were actually burned, the label of women’s liberationists as “bra-burners” stuck.<sup>251</sup>

Believing that women’s bodies continued to be controlled by men through the medical profession, advertising, churches and schools, young feminists also demanded as part of “liberation” that women should have control over their own bodies. They developed a theory of reproductive rights. Some NOW members considered some of the young women’s liberationists’ actions shocking and detrimental to the movement. For example, NOW President Betty Friedan explained that she did not “agree with the message some were trying to push- that to be a liberated woman you had to make yourself ugly, to stop shaving under your arms, to stop wearing makeup.” In any case, *both* parts of the women’s movement were important. NOW provided one form of leadership and organization, the younger feminists provided radical critiques of American culture and created such services as rape crisis centers and battered women’s shelters. More recently, Stephanie Gilmore has shown in her study of the NOW Chapter in Memphis, Tennessee, that some NOW members also used the protest style of the radical feminists.<sup>252</sup>

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<sup>251</sup> Sara Evans, *Personal Politics: the Roots of Women’s Liberation in the Civil Rights Movement and the New Left* (New York: Vintage Books, 1979), 1-23, 212-232; Alice Echols, *Daring to Be Bad: Radical Feminism in America 1967-1975* (Minneapolis: University of Minnesota Press, 1989), 15, 93-94.

<sup>252</sup> Betty Friedan, *Life So Far: A Memoir* (New York: Simon and Schuster, 2000), 190; William H. Chafe, “The Road to Equality, 1962-Today,” in *No Small Courage: A History of Women in the United States*, ed., Nancy F. Cott, (New York: Oxford University Press, 2000), 535-553; Rosen, *World Split Open*, 181-186; Stephanie Gilmore, “The Dynamics of Second Wave Feminist Activism in Memphis, 1971-1982: Rethinking the Liberal/Radical Divide,” *NWSA Journal* 15 (Spring 2003), 95, 94-117.

Meanwhile, NOW began to change as its membership grew, and, accordingly, the organization enlarged its agenda. At their second national conference in 1967, NOW members included reproductive rights and the Equal Rights Amendment (ERA) in their organization's agenda. First proposed in 1923, the ERA specified that "equality of rights under the law shall not be denied or abridged by the United States or by any State on account of sex."<sup>253</sup> In addition, NOW's "Bill of Rights for Women" specified that:

The right of women to control their reproductive lives by removing from the penal code laws limiting access to contraceptive information and devices and by repealing penal laws governing abortion.<sup>254</sup>

In 1969, Betty Friedan assisted in the founding of the National Association for the Repeal of Abortion Laws (later renamed the National Abortion Rights Action League, NARAL), an activist group that worked for the repeal of illegal abortion laws.<sup>255</sup>

To be sure, the implications of this renewed feminist movement for reproductive rights were different for working-class women and African-American women. Labor historian Dorothy Sue Cobble has identified mid twentieth-century labor feminists who expressed a variant of feminism that put working-class women at its core. Labor feminists' calls for equal pay for comparable work, decent wages, and employer social supports for child bearing and child rearing sparked a reassessment of employment

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<sup>253</sup> Nancy Woloch, *Women and the American Experience: A Concise History* (New York: McGraw and Hill, 2002), 369; Cynthia Harrison, *On Account of Sex: The Politics of Women's Issues 1945-1968* (Berkeley: University of California Press, 1988), 205; Donald G. Mathews and Jane Sherron De Hart, *Sex, Gender, and the Politics of ERA: A State and the Nation* (New York: Oxford University Press, 1990), vii.

<sup>254</sup> Judith Hole and Ellen Levine, *Rebirth of Feminism* (New York: Quadrangle Books, 1971), 279.

<sup>255</sup> Friedan, *It Changed My Life*, 121-122.

practices. As noted in Chapter Two, many employers' practices of refusing to hire, or firing, pregnant women would make effective birth control important for *all* employed women.<sup>256</sup> While second wave feminism initially arose out of the concerns of middle-class white women, women of color, including African American women, expressed their own concerns about their status. African American women faced the "double burden" of racism and sexism. Betty Friedan's suggestion that women find a meaningful career had little resonance for many African American women who had, for years, worked to support their families inside and outside their homes. Expressing outrage in response to *The Moynihan Report*, African American women refuted the myth of "black matriarchy" and argued that they had gained authority in their families because black men could not find jobs in a racist society. Black women became welfare activists with the National

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<sup>256</sup> Dorothy Sue Cobble, *The Other Women's Movement: Workplace Justice and Social Rights in Modern America* (Princeton, New Jersey: Princeton University Press, 2004), 6, 127-130. The percentage of married women with children under eighteen in the labor force increased from 27.6 percent in 1960 to 32.3 percent in 1965, and 39.7 percent in 1970. American women continued to enter the paid labor force in the 1960s. In 1970, clerical work was still the largest occupational category for white women. Among white women in occupations in 1970, 17.1 percent were professionals, 37 percent were clerical workers, 8.1 percent were sales workers, and 2 percent were domestic servants. By 1970, more non-white women had entered clerical work. Among non-white women in occupations in 1970, 12.9 percent were professionals, 21.4 percent were clerical workers, 2.9 percent were sales workers and 16.6 percent were domestic servants. See United States Bureau of Labor Statistics, *Perspectives on Working Women: A Databook* (Washington D.C.: Government Printing Office, 1980), 36; Richard Sutch and Susan B. Carter, eds., *Historical Statistics of the United States: Earliest Times to Present Millennial Edition, Vol. II, Work and Welfare* (New York: Cambridge University Press, 2006), 138-139. For a review of the percentages of women in occupations in 1960, see Chapter 2. Labor feminists frequently opposed the ERA because they wanted to retain sex-based protective labor laws. Dating from the late nineteenth and early twentieth century, protective labor laws limited such things as the number of hours women (and children) could work in a day. See Kathryn Kish Sklar, *Florence Kelley and the Nation's Work: The Rise of Women's Political Culture, 1830-1900* (New Haven: Yale University Press, 1995), 256-260.

Welfare Rights Organization, and worked to address such issues as child care and medical care. Aileen Hernandez, an African-American woman, became the second president of NOW in 1970.<sup>257</sup>

Regarding the issue of reproductive rights, African-American women and other women of color had concerns stemming from their historic situation. Women of color and poor women often lacked access to abortion and contraception and had also too frequently been victims of racism and/or class-based coerced or forced fertility control. The 1973 case of African American teenaged sisters, Minnie Lee and Mary Alice Relf, who were sterilized without their knowledge or consent in a federally-funded health clinic in Montgomery, Alabama, was just one notorious example of such reproductive abuses. The federal government's involvement in family planning as a part of population control sparked cries of genocide especially among male black nationalists. The Nation of Islam adamantly opposed birth control as a white plot to decrease the black population. Some male activists called for larger black families as an answer to genocide.<sup>258</sup> Unlike

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<sup>257</sup> Rosen, *World Split Open*, 276-278, 282; Paula Giddings, *When and Where I Enter: The Impact of Black Women on Race and Sex in America* (New York: William Morrow and Company, Inc., 1984), 299.

<sup>258</sup> Angela Davis, *Women, Race, and Class* (New York: Vintage Books, 1983), 215-221; Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003), 3-4, 5-20; Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1997), 98-102; Loretta Ross, "African American Women and Abortion," in *Abortion Wars: A Half Century of Struggle, 1950-2000*, Rickie Solinger, ed. (Berkeley: University of California Press, 1998), 180-187; Jael Silliman, Marlene Gerber Fried, and Loretta Ross, *Undivided Rights: Women of Color Organize for Reproductive Justice* (Boston: South End Press, 2004), 49-58, 63-83; Marlene Gerber Fried, ed., *From Abortion to Reproductive Freedom: Transforming a Movement* (Boston: South End Press, 1990), 15-26, 139-143. Black nationalism, which stressed racial pride and self determination, had its origins in the activism of Jamaican born leader Marcus Garvey in the 1920s. In the 1960s, black nationalists stressed self-determination and rejected integration with white society.

some other African-American women, Mississippi sharecropper and civil rights activist Fanny Lou Hamer (1917-1977), who had wanted children but had been sterilized without her knowledge or consent in Mississippi in 1961, denounced abortion as murder and birth control as genocide. In a 1971 speech she said “The methods used to take human lives, such as abortion, the [birth control] pill, the ring [intrauterine contraceptive device], etc. amounts to genocide. I believe that legal abortion is legal murder and the use of pills and rings to prevent God’s will is a great sin.”<sup>259</sup>

On the other hand, civil rights leader Martin Luther King, Jr. (1929-1968) spoke out in support of family planning and received the Margaret Sanger Award for Human Rights in 1966. King argued that family planning was a “profoundly important ingredient” in African Americans’ improving their lives. African American women frequently disagreed with male black nationalists about the use of contraception as genocide. For example, African American writer and women’s rights activist, Toni Cade Bambara (1939-1995) countered African American men’s accusations of genocide by asking “What plans do you have for the care of me and the child?”<sup>260</sup> New York

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Founded in Detroit, Michigan in the 1930s, members of the Nation of Islam, usually known as Black Muslims, adhered to a form of Islam mixed with black nationalism. See Steven F. Lawson, *Running for Freedom: Civil Rights and Black Politics in America Since 1941*, 2d. ed. (McGraw and Hill Companies Inc., 1997), 113-126; Harvard Sitkoff, *The Struggle for Black Equality, 1954-1992*, rev. ed. (New York: Hill and Wang, 1993), 10, 118-119.

<sup>259</sup> Kay Mills, *This Little Light of Mine: The Life of Fannie Lou Hamer* (New York: Dutton, Penguin Books, Inc., 1993), 21, 274; Thomas A. Johnson, “Fannie Lou Hamer Dies; Left Farm to Lead Struggle for Civil Rights,” *New York Times*, 15 March 1977, 40. See discussion of IUDs below.

<sup>260</sup> Simone M. Caron, “Birth Control and the Black Community in the 1960s: Genocide or Power Politics?” *Journal of Social History* 31 (Spring 1998): 550, 545-562 ; Roberts, *Killing the Black Body*, 100;

Democratic congresswoman, Shirley Chisholm (1924-2005), the first African American woman to serve in the United States Congress (1968-1983), also fired back at African American male leaders who labeled birth control “genocide.” An eloquent feminist and supporter of abortion rights, Chisholm insisted in 1970 that:

For me to take the lead in abortion [law] repeal would be an even more serious step than for a white politician to do so, because there is a deep and angry suspicion among many blacks that even birth control clinics are a plot by the white power structure to keep down the numbers of blacks, and the opinion is even more strongly held by some in regard to legalizing abortions. But I do not know any black or Puerto Rican *women* [italics in the original] who feel that way. To label family planning and legal abortion programs “genocide” is male rhetoric, for male ears. It falls flat to female listeners, and to thoughtful male ones. Women know, and so do many men, that two or three children who are wanted, prepared for, and reared amid love and stability, and educated to the limit of their ability will mean more for the future of the black and brown races from which they come than any number of neglected, hungry, ill-housed, ill-clothed youngsters. Poor women of every race feel as I do I believe.<sup>261</sup>

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Abby Goodnough, “Toni Cade Bambara, A Writer and Documentary Maker, 56,” *New York Times*, 11 December 1995, 10D.

<sup>261</sup> Shirley Chisholm, *Unbought and Unbossed* (New York: Avon Books, 1970), 128; James Barron, “Shirley Chisholm, ‘Unbossed’ Pioneer in Congress, is Dead at 80,” *New York Times*, 3 January 2005, A1.

Most importantly then, for most black women, and by extension not a few white women, reproductive rights meant not just access to abortion and contraception on their own terms but also access to the economic means to care for healthy, wanted children.<sup>262</sup>

Arkansas began to experience second wave feminist activism in the late 1960s and early 1970s.<sup>263</sup> In the early 1960s, access to birth control remained an issue for many Arkansas women. In 1960, the state's median family income ranked next to last among the fifty states at \$3,184 in 1959 and \$6,271 in 1969. For comparison, the national median income was \$5,660 in 1959 and \$9,586 in 1969.<sup>264</sup> Arkansas' population was also still predominantly rural in 1960, though the state's population would be almost evenly divided between urban and rural by 1970.<sup>265</sup> Poor women in Arkansas could still encounter difficulties in making choices about when and if they would have children. Dr. Elders, who began teaching at UAMS in 1966, recalled that:

Poor people for the most part went to the health department clinics and then they had all these rules for family planning, which often meant that women couldn't

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<sup>262</sup> Nelson, *Women of Color*, 4.

<sup>263</sup> Gordon, *Moral Property*, 295-296; Janine A. Parry, "'What Women Wanted'": Arkansas Women's Commissions and the ERA," *Arkansas Historical Quarterly* 59 (Autumn 2000): 265-298; Anna M. Zajicek, Allyn Lord, and Lori Holyfield, "The Emergence and First Years of a Grassroots Women's Movement in Northwest Arkansas, 1970-1980," *Arkansas Historical Quarterly* 62 (Summer 2003): 151-181.

<sup>264</sup> *Statistical Abstract of the United States 1964* (Washington D. C.: Government Printing Office, 1964), 320-321, 329, 332.

<sup>265</sup> In 1960, Arkansas's population was 43 percent urban and 57 percent rural, and in 1970, the state's population was almost evenly divided between urban and rural, at about 50 percent each. Percentages calculated by the author using Richard Sutch and Susan B. Carter, eds., *Historical Statistics of the United States: Earliest Times to Present Millennial Edition, Vol. I, Population* (New York: Cambridge University Press, 2006), 188.

just go [to get birth control]. You had to have a pelvic exam and all that so it was hard to get an appointment to come in to get family planning often by the time they'd get an appointment and get there they were pregnant. We're talkin' married women then. Were talkin' about poor, usually not very well educated, very often minority women. Who were really denied access- they didn't have transportation to get there and if they did have transportation they didn't have transportation for two trips. They just didn't know [much about contraception]! And so the system was designed to keep them poor, ignorant and slaves!!<sup>266</sup>

Elders' observations come more into focus, as we begin to explore developments regarding the birth control movement in Arkansas in the 1960s.

Issues of poverty and birth control also began to be addressed with renewed energy in the early/mid 1960s, by women from the Little Rock community and male physicians at UAMS. In October 1964, state health department director Dr. J. T. Herron, and pediatrician Dr. Rex Ramsey, director of the Arkansas state health department's Maternal and Child Health Division, quietly initiated family planning as a part of public health in Arkansas. According to Ramsey, "the American Public Health Association declared population problems a major public health concern [in 1959], and this paved the way for our Maternal and Child Health Division to begin the Family Planning Program associated with a comprehensive medical care program in the local health

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<sup>266</sup> Dr. M. Joycelyn Elders, interview by the author, 22 November 2005.



departments.”<sup>267</sup> In a 1966 *Journal of the Arkansas Medical Society (JAMS)* article, Ramsey noted that the Arkansas Medical Society had “approved family planning in local health departments” in June 1964. Clinics could be formed upon request of county medical societies. By 1966, this program of family planning in public health had reached counties all over Arkansas. In his *JAMS* article, Ramsey explained that there were “37 counties [in Arkansas]. . . served by 30 Family Planning Clinics, in local health departments, [and that] three of these clinics are designated as regional clinics and take care of adjoining counties who do not have enough personnel to begin their own clinics.”<sup>268</sup>

Referring to the origin of public health provision of family planning in his 1966 *JAMS* article, Ramsey also briefly noted Hilda Cornish’s pioneering efforts for birth control services in Arkansas. As this new generation of men and women took up leadership in the birth control movement in Arkansas, Cornish herself passed away in November 1965. Her obituary, the same in the *Arkansas Democrat* and the *Arkansas Gazette*, noted her leadership in Arkansas Planned Parenthood as well as her other

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<sup>267</sup> R. C. Ramsey, “Family Planning in Arkansas,” *Journal of the Arkansas Medical Society* 63 (October 1966): 198-199; W. David Baird, *Medical Education in Arkansas 1879-1978* (Memphis: Memphis State University Press, 1979), 420, 433.

<sup>268</sup> Ramsey, “Family Planning,” 198-199. The thirty family planning clinics were located in counties in central, western, eastern, northwest, northeast, southwest and southeast Arkansas. A regional clinic in Washington County (northwest Arkansas) served neighboring Benton and Madison Counties. The regional clinic in Saline County (central Arkansas) served neighboring Hot Spring and Grant Counties. The regional clinic in Howard County (southwest Arkansas) served neighboring Sevier, Little River, Montgomery and Pike Counties. The proposed clinics, as of 1966, were to be located in Baxter, Stone, Searcy, Independence, Scott, and Polk Counties. Baxter, Searcy and Stone Counties are in the Ozark region of northern Arkansas. Independence County is in northeast Arkansas. Scott and Polk Counties are in western Arkansas. See Dougan, *Arkansas Odyssey*, xxxvi, 650.

activities in the community. They described her as “an early enthusiast of the birth control movement who spearheaded the program in Arkansas.” The papers reminded readers that “the Arkansas group of the National Planned Parenthood Federation was formed in 1930 and Mrs. Cornish headed its direction for more than 20 years.”<sup>269</sup>

Ramsey’s reference to Cornish’s work in 1966 was a testament to the importance of Cornish’s activism and leadership to the movement for birth control services in Arkansas.

In 1964, the Arkansas Medical Society approved birth control in public health, although they had rejected it previously in 1941, 1944, and 1950.<sup>270</sup> I have described how the national political climate became more favorable in the 1960s, shifting to one of action to address poverty, rising AFDC costs, births to unmarried mothers, and a perceived problem of overpopulation. Another very important development for birth control in Arkansas public health was physician interest in the intrauterine contraceptive device (IUD).

In 1963 and 1964, two obstetrician/gynecologists at UAMS were researching, with funding from the Population Council, the use of the IUD. Founded by John D. Rockefeller III in 1952, the Population Council funded population research, through grants to universities and other organizations. The doctors were UAMS ob/gyn department head Dr. Willis Brown and resident Dr. E. Stewart Allen. Allen had received his medical degree from UAMS in 1958 and replaced the retiring Eva Dodge as an

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<sup>269</sup> *Arkansas Gazette*, 20 November 1965; *Arkansas Democrat*, 20 November 1965.

<sup>270</sup> See my discussion of previous proposals for birth control in Arkansas public health in Chapter 1.

obstetrical consultant for the health department in December 1964.<sup>271</sup> In October 1964, Allen and Brown co-authored an article on the use of the IUD, which was published in the *JAMS*.<sup>272</sup> In his 1966 *JAMS* article, maternal health division director Ramsey credited Allen and Brown for paving the way for the introduction of the IUD option into Arkansas's public health clinics. In 1968, Ramsey also credited Eva Dodge with being "instrumental in our plans for this device [the IUD in Arkansas public health]."<sup>273</sup>

Allen served as director of the family planning program of the state health department. While the family planning clinics still would provide birth control information and devices only to married women, now (in 1964-1965) unmarried women could receive birth control advice- if they had already had children.<sup>274</sup> Concerns about the costs of public assistance, such as AFDC, existent nationally and in Arkansas may have influenced the decision to expand contraceptive advice for unmarried mothers in public health, rather than, for example, a willingness on the part of policymakers to allow all women, regardless of marital status or financial resources, access to contraceptives. As noted previously, the number of recipients and the expenditures for AFDC were rising in

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<sup>271</sup> Rex Ramsey to Margaret R. Hower, 31 January 1968, History of Public Health in Arkansas- Birth Control Records, box 6, folder 19, UAMS HRC, UAMS Library; James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York: Basic Books, Inc., 1978), 287; Critchlow, *Intended Consequences*, 19-29.

<sup>272</sup> E. Stewart Allen, M. D. and Willis E. Brown, M. D., "The Intrauterine Contraceptive Device," *Journal of the Arkansas Medical Society* 61 (October 1964): 141-143; Baird, *Medical Education in Arkansas*, 381.

<sup>273</sup> Ramsey, "Family Planning," 200; Rex Ramsey to Margaret R. Hower, 31 January 1968, History of Public Health in Arkansas- Birth Control Records, box 6, folder 19, UAMS HRC, UAMS Library.

<sup>274</sup> Ramsey, "Family Planning," 198-199; *Arkansas Democrat*, 18 April 1965.

Arkansas during the 1960s and into the early 1970s, as they were in the nation and politicians, including Arkansas Governor Orval Faubus, did not hesitate to attack AFDC for supposedly rewarding illegitimacy.

That said, it is also important to understand the thinking of individuals, whether they were women, doctors, population control advocates or others, concerning the use of the IUD. As historian Andrea Tone has noted, a growing number of women sought an alternative to oral contraceptives, either because of the birth control pill's side effects or for other reasons. As Tone states, women could not control "the disparity between their objectives and those of population control advocates, whose dollars drove IUD invention and distribution." Certainly, women might wish to select a contraceptive method based on their individual needs. Advocates of the IUD, however, too frequently identified these potential IUD users as a monolithic group of impoverished, irresponsible, too-prolific women. The Population Council was very active in IUD promotion in the 1960s, and the device became linked with birth control for the poor for many population control advocates. The plastic IUD, widely available after 1965, could be had cheaper than birth control pills. In addition, once inserted, the IUD did not require daily action (i.e. taking a pill every day) on the part of allegedly "unmotivated" poor users. As it turned out, however, there were also very serious health risks associated with IUD use.<sup>275</sup> But if we can set aside for a moment some of the health dangers we now know about IUDs, we can

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<sup>275</sup> Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001), 261-271. The Dalkon Shield IUD was first marketed in 1971, and its marketing is now seen as one of the most notable cases of criminal irresponsibility. Use of the Dalkon Shield proved dangerous or deadly for many women. See Tone, *Devices and Desires*, 271-283.

understand how women might have seen the IUD as an alternative to birth control pills in the 1960s.

In their 1964 *JAMS* article Allen and Brown did not specifically discuss “population control” or poor women as potential users of the IUD. At the same time, the Population Council’s funding of their research and Ramsey’s 1966 crediting of them (and Dr. Dodge) with paving the way for the IUD in Arkansas public health strongly implies that Allen and Brown had at least some interest in the IUD’s potential for poor users in Arkansas. Notably, Allen and Brown explained what they identified as the advantages of the IUD as a contraceptive. It was cheap, effective, reversible and less subject to human error than birth control pills. They noted that “this method of contraception [IUD] can be used in any female, nulliparous or multiparous who desires a method of contraception which is inexpensive, highly effective, and requires essentially no pre-coital action on her part.”<sup>276</sup> Allen and Brown noted that the Margulies spiral or Gynecoil was “the most popular and most readily available” IUD, and they explained that patients “should be shown the device [and] informed of the very slight side effects,” indicating that “minor symptoms such as slight bleeding and some pelvic pain” usually followed insertion of the device. Allen and Brown concluded that:

It is apparent that the intrauterine contraceptive device offers a completely reversible method of controlling reproduction. The combined acceptability and

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<sup>276</sup> Allen and Brown, “Intrauterine Contraceptive Device,” 142.

effectiveness of this method exceeds that of that of any contraceptive device in common use.<sup>277</sup>

For his part, in his 1966 *JAMS* article, Rex Ramsey opined that “the intra-uterine device adapts itself well to public health use. The motivation of the patients presents a problem with our family planning methods.”<sup>278</sup> By 1966, Ramsey also explained that Lippes loop “[had] been used most effectively” in Arkansas’s public health clinics.<sup>279</sup> Clearly, some male physicians at UAMS were interested in the potential of the IUD as a contraceptive, and viewed the IUD as an important part of public health in Arkansas. The physicians also expressed concern about patients’ motivation to use birth control. Ramsey’s viewpoint meshed easily with population control advocates’ views of poor women as too “irresponsible” and “unmotivated” to use contraception- views used to promote the use of the IUD. Most likely, as I have argued earlier, the reality was that most poor women simply lacked the knowledge and financial resources to make informed decisions about when and if they would become sexually active.

Meanwhile, in addition to male physicians at UAMS, a group of women in the Little Rock community began to involve themselves in the cause of birth control. In 1964, members of the Little Rock Branch of the American Association of University Women (LRAAUW) formed a committee called “The American Family in a Changing World” whose stated purpose was to study the relationship between population and poverty and its impact upon the family and society. Margaret R. Hower and Dorothy

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<sup>277</sup> *Ibid.*, 142-143. The Gynecoil and the Lippes loop were two of the most commercially successful IUDs. See Tone, *Devices and Desires*, 265.

<sup>278</sup> Ramsey, “Family Planning In Arkansas,” 201.

<sup>279</sup> *Ibid.*, 200.

Dempsey of Little Rock served as chair and co-chair for the study committee, which included Mrs. K. G. Hrishikesan, Mrs. J. D. Scott, Mrs. A. R. Whaley, and Mrs. Edwin Hawkins.<sup>280</sup>

In August 1964, Alan P. Bloebaum, the Planned Parenthood-World Population (PP-WP) southwest regional field consultant based in Austin, Texas, responded to a written inquiry from LRAAUW population and poverty committee chair Margaret R. Hower. Bloebaum inquired about whether the committee was interested in the eventual formation of a Planned Parenthood-affiliated facility in Little Rock or whether they wanted to receive information about Planned Parenthood's involvement in issues of population and poverty.<sup>281</sup> Hower's response to Bloebaum informed him of the existence of the LRAAUW Population and Poverty Study committee and stated that its members included both white and African-American women. Noting that the committee aimed to pursue a Planned Parenthood clinic later, Hower explained to Bloebaum that "we plan to have monthly meeting[s] studying population and poverty. We will have eight monthly meetings and plan to have representatives of professions interested in the population problem- ministers, social workers, business men, lawyers, legislators, newspaper men and negro leaders. We thought you could speak at one meeting."<sup>282</sup> Bloebaum responded that he would "be happy to take one of the eight meetings" and noted that "if you have a

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<sup>280</sup> "AAUW Branch Board 1964-65 Topic Report," AAUW Arkansas Division and Little Rock Branch Collection, box 1, folder 9, University of Arkansas Little Rock Archives, Ottenheimer Library, Little Rock, AR.

<sup>281</sup> Alan P. Bloebaum to Margaret R. Hower, 17 August 1964, History of Public Health in Arkansas-Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.

<sup>282</sup> Margaret Hower to Alan Bloebaum, 30 August 1964, History of Public Health in Arkansas-Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.

definite interest in the formation of a Planned Parenthood Center, I will be happy to return and assist you in planning specifically for this.”<sup>283</sup>

The LRAAUW committee held the series of meetings (open to the public) in 1964, featuring speakers in health, social work, religion, and Planned Parenthood. One speaker was Rabbi Ira E. Sanders (1894-1985), who had been a strong ally of Hilda Cornish in the birth control movement of the 1930s.<sup>284</sup> Dr. E. Stewart Allen, director of the state family planning program, and PP-WP field consultant Alan Bloebaum spoke at meetings held in December 1964. Referring to Bloebaum’s visit, the newspaper reported that:

Bloebaum discussed the procedures for organizing local groups or clinics with the PPA affiliation. There is none in Arkansas at present, [he] said, although there are 23 affiliates in the other four states comprising the PPA’s southwest region- Louisiana, Texas, New Mexico and Oklahoma. “We like to think in terms of “responsible parenthood.” Bloebaum said “We think the number of people in a family is not as important as the opportunities provided to children in families where opportunity is possible.”<sup>285</sup>

In October 1964, LRAAUW population and poverty committee chair Margaret Hower offered their group’s assistance within the new public health family planning

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<sup>283</sup> Alan Bloebaum to Margaret Hower, 11 September 1964, History of Public Health in Arkansas- Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.

<sup>284</sup> Marianne Leung, “‘Better Babies’: The Arkansas Birth Control Movement During the 1930s” (Ph.D. diss., University of Memphis, 1996), 37-38.

<sup>285</sup> Unidentified Newsclippings, December 1964, History of Public Health in Arkansas- Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.



program. In October 1964, Hower indicated to UAMS ob/gyn head Willis Brown that “we [LRAAUW committee] appreciate the time you gave us recently to explain your plan for an extensive program of birth control counseling,” and that “our organization is anxious to support your program of making available birth control information.”<sup>286</sup>

In late November 1964, Brown responded to Hower’s October letter offering LRAAUW support of birth control education and facilities. Brown outlined several ways in which the newly established family planning clinic services might be expanded, and suggested that LRAAUW member volunteers might provide assistance. According to Brown, expanded services might include birth control clinics held in the evenings for working women with children, finding a way of financially assisting UAMS birth control clinic patients unable to pay for the services (provision of IUD), and provision of clinic clerical assistance or patient counseling.<sup>287</sup>

Hower addressed her responding letter to Willis Brown, E. Stewart Allen, state health director J. T. Herron, and maternal division director Rex Ramsey. Hower indicated that AAUW women “may not raise money for civic projects, and [that] our members are mostly teachers who would not have time for volunteer work.” At the same time, Hower suggested the possibility of seeking the financial assistance of future Arkansas

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<sup>286</sup> Margaret Hower to Dr. Willis E. Brown, October 1964, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>287</sup> Willis Brown to Margaret Hower, 19 November 1964, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

Republican Governor Winthrop Rockefeller and his wife Jeannette for the birth control program.<sup>288</sup>

A grandson of Standard Oil founder John D. Rockefeller, Winthrop Rockefeller (1912-1973) moved to Arkansas in 1953. Attracted to the state's natural beauty and rural atmosphere after visiting an old army friend in Little Rock, Rockefeller purchased over 900 acres of land atop Petit Jean Mountain in Conway County where he established Winrock Farms and began raising purebred Santa Gertrudis cattle. Elected Arkansas's first Republican governor since 1874 in 1966, he was reelected in 1968 and served until 1971. Despite his brother John D. Rockefeller III's founding of the Population Council, Winthrop Rockefeller seemed to have had very little active involvement in birth control or population issues during his career, though he donated \$25.00 to the Birth Control Federation of America in 1939 and 1940. The governor's wife, Jeannette Edris Rockefeller (1918-1997), a native of Seattle, Washington, held a degree in psychology from Finch College in New York. In Arkansas, she worked on behalf of mental health and joined her husband in working for the construction of the Arkansas Arts Center. In earlier years, she had volunteered at Planned Parenthood in Seattle and retained interest in Planned Parenthood in both Seattle and New York. Though supportive of family planning in Arkansas, she does not appear to have been very active in birth control issues in the state. The couple divorced in 1971.<sup>289</sup>

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<sup>288</sup> Margaret Hower to Willis Brown, E. Stewart Allen, J. T. Herron and Rex Ramsey, 7 January 1965, History of Public Health in Arkansas- Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>289</sup> Williams, ed., *Arkansas Biography*, 245-246; Donovan et al, eds., *Governors of Arkansas*, 236-245; John L. Ward, *Winthrop Rockefeller, Philanthropist: A Life of Change* (Fayetteville: University of

Hower also asked Brown and state health director Herron to provide budget estimates for the projects such as evening clinics previously outlined by Dr. Brown in November 1964.<sup>290</sup> In response, Brown explained that, while he could not solicit funds for family planning projects, he would be available to assist in what ways he could.<sup>291</sup> In response to Hower's letter, health director Herron indicated that he would formulate a budget and that "we would certainly be interested in any help offered by private sources such as Mr. and Mrs. Winthrop Rockefeller."<sup>292</sup>

The federal antipoverty programs were another possible source of financial assistance. In February 1965, Dr. Calvin R. Ledbetter Jr. then a political science professor at the University of Arkansas at Little Rock (UALR) was appointed chair of the Pulaski County Health and Welfare Council-Division of Economic Opportunity (PCEO).<sup>293</sup> Noting Ledbetter's appointment, Margaret Hower explained to state health director

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Arkansas Press, 2004), 123-124; Cathy K. Urwin, *Agenda for Reform: Winthrop Rockefeller as Governor of Arkansas 1967-71* (Fayetteville: University of Arkansas Press, 1991); Jeannette E. Rockefeller to Margaret R. Hower, 2 August 1967, History of Public Health in Arkansas-Birth Control Records, box 6, folder 19, UAMS HRC, UAMS Library; Anne McMath, *First Ladies of Arkansas: Women of Their Times* (Little Rock: August House, 1989), 211-218; "Jeannette Edris Rockefeller, 79, Former First Lady of Arkansas," *New York Times*, 11 December 1997, 13B; "State's Former First Lady Jeannette Rockefeller dies at 79," *Arkansas Democrat-Gazette*, 10 December 1997, 1B.

<sup>290</sup> Margaret Hower to Willis Brown, E. Stewart Allen, J. T. Herron and Rex Ramsey, 7 January 1965, History of Public Health in Arkansas- Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>291</sup> Willis Brown to Margaret Hower, 12 January 1965, History of Public Health in Arkansas- Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>292</sup> J. T. Herron to Margaret Hower, 29 January 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>293</sup> Unidentified Newsclipping, February 1965, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

Herron that “I have written him [Ledbetter] a letter to ask him what steps we can take to present birth control as one of the projects of the anti-poverty program.”<sup>294</sup> In her letter to Herron, Hower continued:

[PCEO Secretary] Mr. [H. Bradford] Govan told me it would have to be limited to Pulaski County and a plan presented to them. Could the city health Departments- Little Rock and North Little Rock- be persuaded to have birth control clinics and apply for your help. Also could the medical center [UAMS] clinic be helped by the anti-poverty money? Why couldn't the same plan and budget be presented to the anti-poverty people, the Rockefellers and to civic leaders?<sup>295</sup>

In her letter to PCEO chair Calvin Ledbetter asking for help, Hower explained that the AAUW population and poverty group was “very anxious to have help from the anti-poverty program for family planning clinics in Pulaski County.” She also briefly outlined who was interested (Willis Brown, J. T. Herron, E. Stewart Allen and Rex Ramsey) and identified two specific initiatives, evening clinics and patient financial assistance as goals of the proposed expansion of the Arkansas family planning program.<sup>296</sup> Ledbetter replied that “the family planning clinics which you mentioned are

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<sup>294</sup> Margaret Hower to J. T. Herron, 15 February 1965, History of Public Health in Arkansas-Birth Control Records, box, 6, folder 2, UAMS HRC, UAMS Library.

<sup>295</sup> Ibid.

<sup>296</sup> Margaret Hower to Calvin R. Ledbetter, Jr., 15 February 1965, History of Public Health in Arkansas- Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

just the type of projects which will be suitable for the anti-poverty program,” and suggested that the interested doctors present their plans to the PCEO.<sup>297</sup>

Accordingly, Hower wrote to Allen and Brown, explaining that she had contacted PCEO chair Ledbetter, and asking the doctors to formulate and submit plans to the PCEO. Hower indicated to Allen that she hoped “you all [Allen and Brown] will turn in plans and a budget of the needs of the Medical Center birth control clinic.” Hower noted to Allen that “you mentioned in your talk [in December 1964] that the ideal clinic should include a doctor, nurse, social worker, and a secretary. Could you and Dr. Brown include a social worker in your plans and budget?”<sup>298</sup> Hower, after explaining Allen’s suggestion of a social worker, doctor, nurse and secretary, also asked Brown if he “could include a social worker in [his] plans and budget.”<sup>299</sup> Brown replied that “it sounds as though you have uncovered an interested and supporting group,” and indicated that he would “try to forward to you a suggested program and budget.”<sup>300</sup> Hower also wrote to Herron and Ramsey and asked them to submit plans/budgets to the PCEO.<sup>301</sup>

These efforts by Hower and the other interested parties on behalf of family planning in Pulaski County brought results. In October 1965, the Pulaski County Office

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<sup>297</sup> Calvin R. Ledbetter, Jr., to Margaret Hower, 17 February 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>298</sup> Margaret Hower to Willis Brown and E. Stewart Allen, 21 February 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>299</sup> Ibid.

<sup>300</sup> Willis Brown to Margaret Hower, 24 February 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

<sup>301</sup> Margaret Hower to J. T. Herron and Rex Ramsey, 1 March 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 2, UAMS HRC, UAMS Library.

of Economic Opportunity approved a proposed family planning program plan and budget of \$47,000, formed with the assistance of Brown, Ramsey, Herron, and Allen.<sup>302</sup> The grant proposal included a paid executive director, two full-time public health nurses, and a social worker and also included evening clinic services as part of expanded family planning services for low-income women. Margaret Hower then began a letter writing effort to engage and enlist the support of Arkansas's congressmen in Washington D.C. for the proposed family planning grant. The Pulaski County family planning grant would be sent to the OEO regional office in Austin, Texas and then to the main OEO office in Washington D.C. for final approval.<sup>303</sup>

In January 1966, Hower explained to then-aide to President Lyndon Johnson and former Arkansas congressman Brooks Hays that “you remember I hurriedly asked you at the A.A.U.W. luncheon if you could help push the Pulaski County family planning program through the Office of Economic Opportunity in Washington. . . . We certainly would appreciate any help you can give in speeding up its approval.”<sup>304</sup> Hays replied to Hower that he would do what he could.<sup>305</sup> As early as March 1965, Hower had asked

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<sup>302</sup> Margaret Hower to Brooks Hays, 9 January 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>303</sup> “Birth Control Grant Approved for Pulaski,” Unidentified Newsclipping, 9 April 1966, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>304</sup> Margaret Hower to Brooks Hays, 9 January 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library. Democrat Brooks Hays (1898-1981), known for his dedication to social reform and moderation on racial issues, was first elected to the House of Representatives in 1933. He served as a special assistant to President Johnson from 1965 to 1966. See Williams, ed., *Arkansas Biography*, 136-137.

<sup>305</sup> Brooks Hays to Margaret Hower, 14 January 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

Arkansas Democratic Representative Wilbur D. Mills, then the powerful longtime chairman of the House Ways and Means Committee, for his support and help with the proposed family planning program.<sup>306</sup> In response to Hower, Mills indicated that “I hope if you need my cooperation in any way in connection with your family planning project you will call on me.”<sup>307</sup> In January 1966, reminding Mills of his promise of support for the family planning program, Hower noted that “we certainly would appreciate any help you can give in speeding up its [the family planning grant’s] approval.”<sup>308</sup> In response to Hower, Mills indicated that he had contacted the Washington OEO and asked “that everything possible be done to speed up consideration of the application.”<sup>309</sup>

Similarly, in March 1966, Hower wrote to Arkansas Democratic Senator John L. McClellan<sup>310</sup> asking for his support in securing the approval of the family planning grant. In April 1966, McClellan responded that he had “contacted the Office of Economic Opportunity [Washington D.C.] in an effort to be of assistance in expediting the Pulaski

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<sup>306</sup> Margaret Hower to Wilbur D. Mills, 21 March 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library. Wilbur D. Mills (1909-1992), a Democrat, was first elected to the House of Representatives in 1939 and served until 1976. He served as chair of House Ways and Means Committee from 1958 until 1976. See Williams, ed., *Arkansas Biography*, 193-196.

<sup>307</sup> Wilbur D. Mills to Margaret Hower, 25 March 1965, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>308</sup> Margaret Hower to Wilbur D. Mills, 10 January 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>309</sup> Wilbur D. Mills to Margaret Hower, 17 January 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>310</sup> Democrat John L. McClellan (1896-1977) was first elected to the United States Senate in 1942, and served until his death in 1977. He became a leader in the Senate, serving as chairman of the Senate Committee on Appropriations. See Williams, ed., *Arkansas Biography*, 184-185.

County Family Planning Project Application.”<sup>311</sup> Ultimately, all these efforts were rewarded as the Pulaski family planning grant was approved April 8, 1966.

Representative Wilbur D. Mills wrote to Hower, “we are pleased to advise . . . this morning, of approval of the family planning program in which the AAUW is interested.” As approved the program would include an executive director, the public health nurses, social worker, and evening family planning clinics.<sup>312</sup>

More details of the grant’s approval appeared in the local newspapers. One newspaper reported that:

The Office of Economic Opportunity at Washington [D.C.] has authorized a \$39,369 grant to the Economic Opportunity Agency [EOA] of Pulaski County for a family planning project, according to Senator John L. McClellan and Representative Wilbur D. Mills. The grant will enable the Agency to expand services that are now being offered by the state health department, the University of Arkansas Medical Center, and the health departments of Little Rock, North Little Rock, and Pulaski County.<sup>313</sup>

The newspaper also reported that the family planning project’s medical director would be Dr. Allen. Allen’s work as a physician in private practice and as a state health department obstetrical and gynecological consultant were noted, as well as his research on the use of

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<sup>311</sup> John L. McClellan to Margaret Hower, 7 April 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>312</sup> Wilbur D. Mills to Margaret Hower, 8 April 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>313</sup> Unidentified Newsclipping, 9 April 1966, History Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.



the IUD. Allen indicated that the OEO grant would enable the Pulaski County EOA to “employ an executive director, two full-time public health nurses and a social worker, who will devote all of their time to a program aimed primarily at lower economic groups.”<sup>314</sup> The newspaper noted the projected addition of evening family planning clinic services at UAMS and acknowledged the LRAAUW and population and poverty committee chair Margaret Hower’s “instrumental” work on behalf of the grant. According to the newspaper, “Long-range plans call[ed] for studying the feasibility of a mobile health unit to carry [family planning] information and materials to rural areas, coupled, probably, with tests for the early discovery of cervical cancer.”<sup>315</sup> Calls for applicants for positions within the new Pulaski County family planning project also appeared in the newspaper. The Pulaski County EOA sought applicants for the positions of assistant director, registered nurse with public health experience, and licensed practical nurses. Applicants were instructed to send their applications to the Pulaski EOA.<sup>316</sup>

In 1966, the establishment of the OEO family planning clinic services proceeded.

The newspaper reported that:

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<sup>314</sup> Ibid.

<sup>315</sup> Ibid. In what seemed to be reference to the mobile unit, one newspaper (dated 1969) announced that “The Pulaski County Health Department’s family planning clinic at the Jacksonville Health Center’s mobile unit . . . will be open from 5 to 8 p.m. today.” Unidentified Newsclipping, 1969(?), History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library. The 1969 date appears to have been handwritten on the newsclipping later.

<sup>316</sup> Unidentified Newsclipping, 1966, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

Low-income families in Pulaski County soon will be able to participate in an extensive Family Planning Clinic sponsored by the Office of Economic Opportunity. For the past 18 months there has been a similar program conducted by the State Health Department but with the addition of the federal support the county will have a major increase in available service. According to Dr. Stewart Allen, coordinator of both the state and the Economic Opportunity project, funds are expected arrive “any day” and the clinic will go into operation almost immediately after receipt of the money.<sup>317</sup>

The newspaper also reported that in addition to serving patients, the clinic’s aims were to learn more about the “background of family planning problems” and “bring the anti-poverty service into the homes of the low-income.” According to the paper, the licensed practical nurses were to be hired from within the low-income community and “home visits [would] be conducted to explain the clinic and its purpose.”<sup>318</sup>

In May 1966, the OEO-funded Pulaski family planning clinic opened. The newspaper announced that:

One of only five birth control information centers and clinics in the country operating with Office of Economic Opportunity funds now is open in Little Rock. The Family Planning Program of Pulaski County has offices at 10<sup>th</sup> and Ringo Streets, and conducts an evening clinic each Thursday at the University Medical

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<sup>317</sup> Unidentified Newsclipping, 1966, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>318</sup> Ibid.

Center. [Program director] Dr. [E. Stewart] Allen said the center operates as an extension of the family planning program of the University Medical Center and that every aspect of the program is available without charge to medically indigent persons in Pulaski County.<sup>319</sup>

The five-member staff of the OEO clinic included African-American assistant director Willie D. Hamilton, registered nurse Holly Gillespie, a licensed practical nurse, and a secretary. Allen indicated that family planning literature and information was available at the administrative office and contraceptives were dispensed at the evening clinic. Allen told the newspaper that the clinic also received assistance from off-duty medical center personnel and that patients “hear about the [family planning] center chiefly by word of mouth now, but a mailing campaign is planned.”<sup>320</sup>

By early 1967, the newspaper reported that there were four Pulaski EOA family planning clinics in operation, providing contraceptive advice and birth control pills, IUDs, and diaphragms free to patients. Patients qualified for the services by having an annual family income of \$3,000 or less. Services were available to married women and unmarried women with children. Women under age 21 also had to be married to receive services. Three clinics were held in Little Rock and one in nearby Scott, Arkansas,

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<sup>319</sup> Unidentified Newsclipping, May 1966, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>320</sup> Unidentified Newsclippings, May 1966, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library. Then in his early thirties, Willie D. Hamilton was a graduate of Philander Smith College in Little Rock and a former high school math teacher. Unidentified Newsclipping, 1969, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

located only five miles from Little Rock. The clinics were held from 7 p.m. to 9 p.m. in Little Rock on Mondays in a local housing project, and Tuesdays and Thursdays at UAMS.<sup>321</sup> The Scott clinic was established in 1967, as was a fifth Pulaski EOA family planning clinic, held at a YMCA in North Little Rock.<sup>322</sup> According to assistant director Hamilton, the Scott clinic began because “many mothers who need the services of family planning have found it too difficult to commute to Little Rock for services, examination, and treatment.” Hamilton noted that “they [patients] can’t afford the transportation costs. The average income for unskilled workers- and that’s what many of their husbands are- is between \$1,500 and \$2,000 per year.”<sup>323</sup> Hamilton’s observations reinforce Dr. Elders 2005 recollections about poor women’s travel difficulties when they sought to obtain family planning services. Even for those with access to a car or truck, that vehicle might not necessarily be available when needed.<sup>324</sup>

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<sup>321</sup> Unidentified Newsclipping, (?) March 1967, and *Arkansas Democrat*, 2 March 1967, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>322</sup> *Ibid.*

<sup>323</sup> Unidentified Newsclipping, March (?) 1967, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>324</sup> Arkansas’s total population was 1,791,000 in 1960, 1,948,000 in 1965 and 1,923,000 in 1970. In 1960, there were only 708,000 motor vehicle registrations in Arkansas. The number of vehicle registrations in the state was 914,000 in 1965 and 1,043,000 in 1970. See *Statistical Abstract of the United States 1965* (Washington D. C.: Government Printing Office, 1965), 11; *Statistical Abstract of the United States 1970* (Washington D. C.: Government Printing Office, 1970), 12; *Statistical Abstract of the United States 1972* (Washington D. C.: Government Printing Office, 1972), 12; *Statistical Abstract of the United States 1974* (Washington D. C.: Government Printing Office, 1974), 558. Motor vehicles referred to automobiles, trucks and buses and registrations included publicly, privately and commercially-owned vehicles. See *Statistical Abstract 1974*, 558.

For his part, medical director Allen told the paper that “we estimated that we would have from 160 to 180 patients a month at our clinics, when we started them. But, as it turned out, that was a conservative estimate. Our present patient load is 450 a month.”<sup>325</sup> In addition to the family planning services, the Pulaski EOA program was cooperating with the UAMS maternal and infant care program to provide follow-up examinations for new mothers. Screening for venereal disease and pap smears had also become part of the Pulaski EOA services.<sup>326</sup> In 1967, the *Arkansas Democrat* reported that the Pulaski EOA family planning program had “provided birth control information and contraceptives to over 3,000 women in poverty neighborhoods in the county,” and repeated that the clinics served about 450 patients monthly. The *Democrat* reported that eight resident physicians from UAMS served the clinics on a rotating basis, and that patients were provided with the contraceptive of their choice. According to the paper “about 60 percent of the women request[ed] pills and the rest want[ed] IUDs.”<sup>327</sup>

In 1969, an article about the Pulaski EOA family planning program was featured in *The Family Planner*, a publication from Syntex pharmaceuticals company. The article opened by comparing maternal and child health conditions in certain Arkansas counties with those in the east central African country of Uganda. Entitled “Little Rock Family

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<sup>325</sup> Unidentified Newsclipping, (?) March 1967, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>326</sup> Ibid. The Pap Smear was (and is) used to detect cervical cancer. See *Mosby's Medical, Nursing, and Allied Health Dictionary*, 6<sup>th</sup> ed. (Mosby Inc. A Harcourt Health Services Company, 2002), 595.

<sup>327</sup> *Arkansas Democrat*, 2 March 1967, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

Planning vs. “Little Uganda” Maternal, Child Health: Family Planning in a Cotton Patch,” the article began:

The counties surrounding the Arkansas capital and urban center of Little Rock are a maternal and child health microcosm of Uganda: paranatal mortality- 40.9 per 1,000 births- is identical to Uganda’s: the premature rate- 14 per cent- is double the U. S. average; the positive Pap Smear rate – 14 per 1,000- is nearly triple the U. S. rate; and one in eight GC cultures reveals asymptomatic gonorrhea.<sup>328</sup>

The *Family Planner* article briefly noted the introduction of birth control in Arkansas public health in 1964 and Stewart Allen’s research on the IUD. In describing the Pulaski EOA family planning program the article briefly mentioned the Scott family planning clinic and discussed the Star City (Lincoln County) family planning clinic.<sup>329</sup> Lincoln County was “one of three counties where there [were] no physicians to deliver babies.” Little Rock physicians, including Allen, volunteered at the Star City family planning clinic, located about 100 miles from Little Rock. Allen told the *Family Planner* that he had just returned from his bi-weekly trip to Star City. According to Allen “that morning alone he had seen a patient with 22 children [and] another on his Star City patient list that morning was a 13 year-old girl whose three children waited for her in the clinic’s playroom.”<sup>330</sup> The *Family Planner* continued:

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<sup>328</sup> “Little Rock Family Planning VS. “Little Uganda” Maternal, Child Health: Family Planning in a Cotton Patch,” *The Family Planner* 2 (July 1969): 4, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>329</sup> Lincoln County is southeast of Pulaski County. See Dougan, *Arkansas Odyssey*, 650.

<sup>330</sup> “Little Rock Family Planning,” 4.

Star City is in the heart of Arkansas' cotton country, where resident seasonal field workers earn about \$80 per month. Babies are "born" by licensed granny midwives at a fixed rate of \$35 per baby. In Lincoln County [population 15,000] there are 16 midwives. But there are no midwives in Little Rock's Pulaski County, where the maternal health and family planning horizon is brightened by two rays of hope: Arkansas's only OEO-funded family planning program and the University Medical Center- Arkansas's only ability-to-pay hospital.<sup>331</sup>

The article continued to describe the operation of the Pulaski EOA family planning program. A Pulaski EOA registered nurse counseled poor postpartum patients at UAMS about family planning, cancer screening, and sex education. Nurse administrator Holly Gillespie told *The Family Planner*, "it's no assembly line operation, the largest group seen at a time is a four-bed ward so we can talk with- not lecture- patients."<sup>332</sup> Postpartum patients could make an appointment at the UAMS family planning clinic. If patients missed the appointment one of the program's licensed practical nurses could contact them either by phone, mail, or personal visit. Licensed practical nurses might return to visit patients from the UAMS family planning clinic and counsel them not only about family planning but also about other EOA programs. Holly Gillespie insisted that "at the clinic, as on the postpartum floor, patients are treated with dignity. Clinics never last more than two hours, and if a patient load creates more than a 30-minute wait, we add either another physician or another clinic."<sup>333</sup>

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<sup>331</sup> Ibid.

<sup>332</sup> Ibid.

<sup>333</sup> Ibid., 4-5.

Clearly, the Pulaski EOA family planning program had become well established by 1969. Of course, one aspect that is missing is the experience of the patients themselves. Some insight into the patients' experience with family planning in Arkansas public health can be gained from Juanita D. Sandford's book *Poverty in the Land of Opportunity* (1978). Sandford, a sociology professor at Henderson State University in Arkadelphia, Arkansas (Clark County), taught an undergraduate course in the fall of 1969 entitled "Sociology of the Disadvantaged." The course was described as "a study designed to help the student understand the culture and social environment of the disadvantaged and the cycle of poverty."<sup>334</sup> As part of the course, students were to study poverty "in the field." According to Sandford, this meant that:

They [students] were to visit it [poverty], smell it, see it, hear it, and feel it. They were told how to have these experiences: by crossing the tracks, visiting the ghetto, hitchhiking across the cotton field to the sharecropper's shack, visiting the rooms of the disadvantaged in the public schools, sitting in the outpatient waiting rooms at the Med Center, standing behind the person shopping with food stamps

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<sup>334</sup> Juanita D. Sandford, *Poverty in the Land of Opportunity* (Little Rock: Rose Publishing Company, 1978), I-iv, 98-106. A native of Kansas, Juanita M. Dadisman Sandford (1926- ) received a masters' degree in sociology from Baylor University in Texas in 1948. She began teaching at Henderson State in 1968, where she was also coordinator of its women's studies program. See also "Sandford Sends HSU Sociology Students Out to See Poverty for Themselves," *The Southern Standard* (Arkadelphia, Arkansas), 23 July 1981, pg. 11. "Land of Opportunity" was formerly Arkansas's state motto. Clark County is in southwest Arkansas, and Arkadelphia is the county seat. See Dougan, *Arkansas Odyssey*, 638,650.



in the grocery store, and even by subjecting themselves to the rigors of a welfare diet for three weeks.<sup>335</sup>

The students' work became part of Sandford's book. Sandford's students studied poverty in counties mostly in southern, eastern and central Arkansas.<sup>336</sup>

Chapter Seven, "Family Planning," of Sandford's *Poverty* began with the following account:

Living in a three-room shack was a family which consisted of a man, 71 years old, who had been a sharecropper all his life, his fifth wife, about 40 years of age, and 16 children, six of whom were under school age. The old man claimed to have over 50 children. The wife appeared to be sick; the newest baby was only five weeks old.<sup>337</sup>

Following that introduction, Sandford offered her own brief analysis of the situation of Arkansas's poor women and the availability of family planning services. She explained that "one of the primary criticisms against the poor by members of the middle-class is that they have too many children. They are also condemned for their seeming indifference to the use of birth control or their ignorance of contraception." According to Sandford, "many people in the lower socio-economic class do lack knowledge and sophistication about contraception," but the costs kept the majority of poor people from

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<sup>335</sup> Sandford, *Poverty*, I-ii.

<sup>336</sup> *Ibid.*, iv. Counties included Scott, Montgomery, Pike, Howard, Sevier, Little River, Miller, Hempstead, Nevada, Clark, Hot Spring, Garland, Saline, White, Pulaski, Grant, Jefferson, Dallas, Cleveland, Bradley, Union, Ashley, Chicot, Arkansas, Phillips, Lee, St. Francis, Mississippi, and Poinsett. Given the number of counties studied, it seems that Sandford probably taught the poverty course more than one semester.

<sup>337</sup> Sandford, *Poverty*, 98.

using birth control. In Sandford's analysis, sex was for more than just reproduction, regardless of people's social class, and that many poor women reported that childbearing was the only creative thing they had ever done in their lives. In addition, according to Sandford, many of those poor women (and not unlike many women generally) had been socialized to believe that childbearing was their primary function in life and their source of fulfillment as women. Having noted these factors, Sandford acknowledged that state and private agencies provided women with contraceptives and free prenatal care, but that "these services do not extend to many who need them." According to Sandford, some women lacked knowledge that the family planning clinic services were available and that other women "refuse[d] to take advantage of them [clinic services] because of discourteous, or inhumane treatment or the patronizing attitudes of some of the staff people of the agencies."<sup>338</sup>

Sandford's assessment suggests some public family planning clinic staff treated patients disrespectfully. Her discussion in *Poverty* offers a viewpoint different from those of the volunteers, doctors and nurses directly working in Arkansas's family planning clinics. Following Sandford's introduction, Chapter Seven contained one of Sandford's Henderson State sociology student's reports of her work. The anonymous female student reported her observations at an Arkansas public health family planning clinic. The student's report also offered an outsider's account of the operation of an Arkansas family planning clinic.<sup>339</sup>

The student began by describing the family planning clinic's schedule. She wrote:

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<sup>338</sup> Ibid., 98-99.

<sup>339</sup> Ibid., 99-100.

This clinic, which serves a very large area, is held in the Public Health Center twice a month on the second and fourth Fridays. The patients are taken on a first come, first serve basis, the County Health Nurse serves as the only nurse for the clinic. The doctors of the town donate their time and rotate their services. Even if the patients come early, they won't necessarily get to see the doctor because if anything important happens to come up at the office, then the doctor leaves and the patients must wait for another two weeks.<sup>340</sup>

Clearly, the patients' needs did not count as something important to this physician. According to the student's report, this clinic also treated pregnant women who could not afford to have a doctor deliver their baby and infants (up to three months old). In the case of the pregnant women "the doctor examin[ed] [them] and the doctor decid[ed] whether a midwife [could] safely deliver the baby." The student then described how the clinic was conducted, noting that the "clinic was supposed to begin at 12:30 but it was actually 2:30 [p.m.] when it began. There were five patients waiting."<sup>341</sup> According to the student,

The doctor finally arrived at 3:45 and wondered what I was doing there. After I explained, he started telling me about the different methods of birth control.

While this was very helpful to me, several patients were waiting for him and he seemed completely unconcerned about them.<sup>342</sup>

The student reported that she was allowed to stay in the room while the doctor examined the patients, and that "they [the doctor and nurse] did not ask her [the patient] if she

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<sup>340</sup> Ibid., 100.

<sup>341</sup> Ibid.

<sup>342</sup> Ibid., 102.

mindful if I stayed in the room.” According to the student, the doctor “seemed completely oblivious to the fact that there was a woman, a person with feelings, on the table, [and] when the doctor discovered that she had gonorrhea, he said ‘Good God! Look at this.’” The student reported that, while examining another patient, “again the doctor made comments about the patient as if she were not even there. The doctor said, ‘I wonder how many kids she’s had. God, she’s split from one end to the other.’”<sup>343</sup>

The student concluded:

I noticed several things that I attributed to the fact that these women were black and poverty-stricken and that the clinic was free.

1. There was no effort to let the women know how long they would have to be at the clinic. Most of them wasted their entire afternoon waiting.
2. There was no sense of privacy. The women were given no explanation of my presence and they were not asked if it was all right for me to be there.
3. The doctor made no attempt to be on time. He also treated the women very roughly and did not seem to realize that these women had feelings. They were treated rudely.<sup>344</sup>

Her report clearly suggested why poor women might have been unwilling to visit the public family planning clinics. In this particular example, the patients were black, but white women sought assistance at the clinics also. Most importantly, this example suggests how poor women were vulnerable to disrespectful treatment from those who were in positions to help them.

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<sup>343</sup> Ibid., 102-103.

<sup>344</sup> Ibid., 103-104.

Meanwhile, Margaret Hower and the LRAAUW population and poverty committee actively supported the cause of family planning and population control in other ways, in addition to working for the Pulaski EOA family planning grant. Hower wrote to President Johnson and congressmen in support of family planning and population control. Recall that President Johnson called for measures to address world population growth, in several State of the Union addresses between 1965 and 1967. In a January 1965 letter to President Johnson, LRAAUW committee chair Margaret Hower wrote that “we [LRAAUW population and poverty Committee] want to congratulate you on your anti-poverty program and for speaking out in your State of the Union address on the need to work on the population explosion.” In a January 1966 letter to President Johnson Margaret Hower wrote:

We [LRAAUW Committee] want to urge you to make a strong appeal for population control in your State of the Union message. Population control should be an essential part of the anti-poverty and foreign-aid programs.<sup>345</sup>

In March 1966, Hower also wrote to Democratic Senator Ernest Gruening (1887-1974) of Alaska<sup>346</sup>, an early supporter of Margaret Sanger, announcing her organization’s support

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<sup>345</sup> Margaret Hower to President Lyndon B. Johnson, 18 January 1965 and 11 January 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>346</sup> A Harvard trained physician (M. D. 1912), Gruening never practiced medicine but instead began as career as a newspaper editor. In 1921, Gruening and his wife Dorothy served as delegates to the first American Birth Control Conference. In 1934, President Franklin D. Roosevelt appointed him to head the newly created Division of Territories and Island Possessions, a division which administered the then territories of Alaska, Puerto Rico, Hawaii, and the Virgin Islands. He served as Alaska’s governor from 1939 to 1953, and led the campaign for Alaska’s statehood. He was elected to the Senate in 1956, and

for Gruening's proposed federal legislation relating to population and family planning.<sup>347</sup> Hower also attended Planned Parenthood conferences. In May 1966, Hower and Dorothy Dempsey of the LRAAUW population and poverty committee attended a national PP-WP conference in Washington D. C. After the conference, Hower praised the conference's focus on population control. In June 1966, Hower explained to PP-WP southwest regional director Alan Bloebaum that:

You do not know how much it meant to me to be invited to the National Family Planning Conference in Washington D. C. It was a marvelous conference and it did my soul good to see and hear so many important people who are working so hard on population control.<sup>348</sup>

By May 1967, Margaret Hower reported in letter to Bloebaum that five LRAAUW members were volunteering in the evening family planning clinics assisting in registering and counseling women clients. Also in May 1967, Margaret Hower agreed to serve on the PP-WP Southwest Regional Council's Information and Education (IE) Committee. IE Committee members represented each state in the southwest region, followed activity in the state legislatures that might impact Planned Parenthood and

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served until 1968. Critchlow, *Intended Consequences*, 37, 73-74; "Gruening Takes Office: Is Sworn as Director of New Division of Territories," *New York Times*, 17 August 1934, 3; John T. McQuiston, "Ex-Senator Ernest Gruening, 87, Dies," *New York Times*, 27 June 1974, 48.

<sup>347</sup> Margaret Hower to Senator Ernest Gruening, 21 March 1966; "Copy of Senate Bill 1676, April 1, 1965," History of Public Health in Arkansas-Birth Control Records, box 6, folder 17, UAMS HRC, UAMS Library.

<sup>348</sup> Margaret R. Hower to Alan P. Bloebaum, 29 May 1967; Margaret Hower to Alan P. Bloebaum, 9 June 1966, History of Public Health in Arkansas-Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.

reported to the regional director (Bloebaum).<sup>349</sup> In early March 1968, PP-WP southwest region held its annual meeting in Austin, Texas. At the meeting, Margaret Hower spoke about the development of the birth control/family planning movement in Arkansas in a panel discussion on the need for population control.<sup>350</sup> In a draft of her speech for the panel, Hower, also drawing on Rex Ramsey's 1966 *JAMS* article, began by crediting Hilda Cornish for laying the groundwork for family planning in Arkansas. Hower wrote "There has been no opposition to family planning clinics in Arkansas probably due to the work of Mrs. Ed. Cornish- a friend of Margaret Sanger- in birth control in the 1930s in Little Rock especially."<sup>351</sup> She explained the inclusion of birth control in Arkansas public health in 1964 and reported that, as of early 1968, there were forty-three county public health birth control clinics in Arkansas. She noted the establishment of the Pulaski EOA family planning program and the establishment of another EOA family planning clinic in Mississippi County in 1967. She explained the role of the LRAAUW Population and Poverty Committee in obtaining the OEO grant for the Pulaski EOA family planning program. She ended her speech by emphasizing the government's role in ending poverty through population control. She insisted that:

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<sup>349</sup> Margaret Hower to Edward Tenison, 7 May 1967, History of Public Health in Arkansas-Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.

<sup>350</sup> "Program for the Southwest Region PP-WP Meeting, March 3-5, 1968," History of Public Health in Arkansas-Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.

<sup>351</sup> "Margaret Hower: Draft of Speech for Southwest Region Meeting 1968," and Margaret Hower to Rex Ramsey, 28 January 1968, History of Public Health in Arkansas-Birth Control Records, box 6, folders 18 and 19, UAMS HRC, UAMS Library. See also R. C. Ramsey, "Family Planning in Arkansas," *Journal of the Arkansas Medical Society* 63 (October 1966): 198-201.

The government is waking up to the need on their part for action. It is their responsibility to see that lower income women receive free contraceptives. No program of the government has greater importance in eliminating poverty and its many problems in this generation and future generations than programs of population control.<sup>352</sup>

Clearly, Margaret Hower and the LRAAUW committee continued their active support for family planning under the slogan of “population control” as a part of state and national government antipoverty policy. Hower and her allies did not base their arguments for family planning on second wave feminist claims that women had reproductive rights. On some level, that can be interpreted as a strategy. In order to gain support from powerful congressmen and funds from national agencies, Arkansas’s birth control advocates of the 1960s argued for family planning as an antipoverty and population control measure.

Poor women (and men) should have been able to receive health care, including reproductive health care in the 1960s, period. But that was only an ideal. By examining the experiences of poor women with Arkansas family planning clinics, we have seen there were many obstacles to obtaining reliable contraceptive advice, lack of transportation, or means of communication, or even disrespectful treatment from health care professionals. Furthermore, into the 1960s, men and women birth control advocates in Arkansas argued for family planning on the basis of popular calls for population control rather than women’s individual rights. Poor women in Arkansas still faced serious

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<sup>352</sup> “Margaret Hower: Draft of Speech for Southwest Region Meeting 1968,” History of Public Health in Arkansas-Birth Control Records, box 6, folder 18, UAMS HRC, UAMS Library.



constraints on their choices about when and if they would have children. As we enter the 1970s in the next chapter, we can expand the discussion of the relationship of feminist calls for reproductive rights to the birth control movement in Arkansas.

## CHAPTER 4 FROM POPULATION CONTROL TO REPRODUCTIVE RIGHTS 1969-1980

In Chapter Three, I explained how Arkansas birth control advocates in the 1960s, continued to emphasize poor women's access to birth control, basing their arguments upon popular calls for "population control" or an antipoverty measure, rather than upon second wave feminists' notions of "reproductive rights." The 1970s saw the rise of feminist calls for reproductive rights in Arkansas. That feminist redefinition of birth control and abortion as rights changed the nature of the debate over birth control as a part of health policy.

In the 1960s, federally-funded family planning had become a part of both foreign and domestic policy in the United States. Republican Richard M. Nixon (1913-1994) had been elected to the presidency in 1968 by promising to restore law and order in the nation, end the Vietnam War, and reform the nation's welfare system. As the 1970s began, concerns about the state of the nation's welfare system, especially the growth of Aid to Families with Dependent Children (AFDC), had not faded. Nationally, the number of people receiving AFDC rose from 8.5 million in 1970 to 11 million in 1972. The number of AFDC recipients dipped slightly to 10.8 million in 1973, but rose again to 11.4 million in 1975. At the national level, expenditures for AFDC increased from \$6,203,100 in 1971 to \$7,917,000 in 1974. In Arkansas too, the number of AFDC recipients rose

from 73,300 in 1971 to 80,000 in 1972 and to 108,600 in 1975. Expenditures for AFDC in the state rose from \$214,000 in 1971 to \$500,000 in 1975.<sup>353</sup>

Declaring that “our states and cities find themselves sinking in a welfare quagmire, as caseloads increase [and] costs escalate,” President Nixon proposed the Family Assistance Plan (FAP) to reform welfare in 1969.<sup>354</sup> In the same year, the president announced his support for federally funded family planning services to address population growth abroad and the growing number of low income women on welfare at home. In a July 1969 message to the Congress, the president referred to the “population problem” and declared that all American women, regardless of income level, should have access to family planning services. Nixon explained that:

Most informed observers . . . agree that population growth is among the most important issues we face. I address myself to the population problem in this message, first to its international dimensions and then to its domestic implications. It is in the developing nations of the world that the population is growing most rapidly today. As we increase our population and family planning efforts abroad, we also call upon other nations to enlarge their programs in this area. It is clear that domestic family planning services supported by the federal

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<sup>353</sup> William H. Chafe, *The Unfinished Journey: America Since World War II* (New York: Oxford University Press, 1995), 376; *Statistical Abstract of the United States 1974* (Washington D. C.: Government Printing Office, 1974), 297-300; *Statistical Abstract of the United States 1980* (Washington D. C.: Government Printing Office, 1980), 354-356.

<sup>354</sup> Richard M. Nixon, “Address to the Nation on Domestic Programs,” *Weekly Compilation of Presidential Documents* 5 (August 11, 1969): 1105-1106; Vincent J. and Vee Burke, *Nixon’s Good Deed: Welfare Reform* (New York: Columbia University Press, 1974), 1-4.

government should be expanded and better integrated. Most of an estimated five million low income women of child-bearing age in this country do not now have adequate access to family planning assistance. It is my view that no American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of adequate family planning services within the next five years to all those who want them but cannot afford them.<sup>355</sup>

In his message, Nixon proposed the creation of a Commission on Population Growth and the American Future (created in 1969) and announced plans to establish a separate unit within the Department of Health, Education and Welfare (HEW) to coordinate all family planning activities. Passed in 1970, the Family Planning Services and Population Research Act established the National Center for Population and Family Planning within HEW and Title X. Amended to the Public Health Services Act, Title X provided federal funding for family planning services, prioritizing low income families.<sup>356</sup>

As explained in Chapter Three, family planning services had expanded in Arkansas during the 1960s through the inclusion of such services in public health departments and the establishment of the Economic Opportunity Agency (EOA) clinics

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<sup>355</sup> Message from the President of the United States Relative to Population Growth, "Family Planning and Population Research 1970," Hearings before the Subcommittee on Health of the Committee on Labor and Public Welfare, Senate, Ninety-First Congress, First and Second Sessions (Washington D. C.: Government Printing Office, 1970), 110-118.

<sup>356</sup> "Family Planning and Population Research 1970," 2-19; Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York: Oxford University Press, 1999), 91.

in Pulaski County. In the late 1960s and early 1970s, local birth control advocates and antipoverty leaders sought still further expansion of family planning services in Arkansas and worked to publicize the existing ones. In 1968, Margaret Hower of the Little Rock Branch of the American Association of University Women (LRAAUW), who had so actively supported family planning projects as a means to address poverty during the 1960s, served on the Occupational Health, Safety and Health Related Fields Committee of Arkansas Governor Winthrop Rockefeller's Commission on the Status of Women (GCSW). Named to the Governor's Commission in early February 1968, Willie Oates (1918- ) of Little Rock, also a member of the LRAAUW, chaired the health committee.<sup>357</sup>

The GCSW health committee planned to address family planning as part of its work. Acknowledging the existence of the family planning programs of the state health department and the Pulaski EOA, the committee planned "educational work and publicity of these [health department and Pulaski EOA family planning] services."<sup>358</sup> According to this plan, articles about both family planning programs were to be included in the *Arkansas Gazette* and the *Arkansas Democrat*, and television interviews with state health department maternal health division director Dr. Rex Ramsey and Pulaski EOA family planning project director Dr. E. Stewart Allen were planned. Additionally, a short article about the need for family planning along with the clinic schedules had been mailed to

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<sup>357</sup> *Arkansas Gazette*, 9 February 1968; "Governor's Commission on the Status of Women: Occupational Health, Safety, and Health Related Fields Committee: Family Planning Project," November 1968, History of Public Health in Arkansas-Birth Control Records, box 6, folder 19, UAMS HRC, UAMS Library.

<sup>358</sup> "Governor's Commission Health Committee," November 1968, History of Public Health in Arkansas-Birth Control Records, box 6, folder 19, UAMS HRC, UAMS Library.

newspapers in towns where the clinics were located. Health department and EOA clinic schedules had also been mailed to the state welfare department and the state Office of Economic Opportunity (OEO). Calling for expansion of the state health department family planning services, the GCSW health committee insisted that:

One of the best ways to alleviate poverty and reduce infant mortality is through family planning. Planning one's family is a basic human right, without it many families will not have the fundamental rights of adequate nourishment, health care, housing and education. All of society suffers when population is not controlled. Government agencies have found that family planning is the most practical way to combat poverty and prevent infant mortality. Your appropriations for family planning will save the state a great deal more in other areas. We strongly advocate your [legislators'] help in this vital program of the State Health Department.<sup>359</sup>

The health committee members articulated a justification for family planning on the basis of addressing poverty and population control rather than feminist calls for women's reproductive rights. The health committee also recommended that the group should carefully study any proposed legislation broadening the legal basis for abortions. In the long run, however, the health committee's plans for family planning apparently had little time for implementation and did not make a significant impact. The Rockefeller GCSW ended with the end of Rockefeller's last term as governor (1968-1971). Surviving evidence suggests that later developments in Arkansas family planning programs and

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<sup>359</sup> Ibid.

abortion law reform were not connected with the work of this committee. The significance of this lies in that the Rockefeller GCSW health committee- at least originally intended to address family planning and even issued an apparent early call for abortion law reform in Arkansas.<sup>360</sup>

The results of a survey conducted by the Planned Parenthood-World Population (PP-WP) Center for Family Planning Program Development published in 1971 also indicated that family planning services for poor women in Arkansas were still inadequate. The PP-WP Center's survey, conducted under contract with the national OEO, assessed the state of family planning services in the United States in 1969. Noting the PP-WP Center's survey results in 1970, one Arkansas newspaper reported that:

Only about 5 percent of Arkansas's poor women received subsidized family planning services at the end of 1969, according to a [PP-WP Center] survey. There are 106,454 poor women in the state according the Center's report, and only 5,216 received family planning services. Eighty percent of Arkansas's service was provided by health departments. Of the 53 health departments reporting personal health services, 49 reported delivering family planning services to 4,161 medically indigent women. The remaining 1,055 women were served by

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<sup>360</sup> "Governor's Commission Health Committee," November 1968, History of Public Health in Arkansas-Birth Control Records, box 6, folder 19, UAMS HRC, UAMS Library; Janine A. Parry, "'What Women Wanted'": Arkansas Women's Commissions and the ERA," *Arkansas Historical Quarterly* 59 (Autumn 2000): 267.

the OEO. The Center reported that Arkansas was one of 14 states in which 90 percent or more of the family planning needs remained unmet in 1969.<sup>361</sup>

State OEO director William Walker appeared to incorporate the PP-WP Center survey results for Arkansas in his explanation of the goals of an OEO planning grant. In 1970, the Arkansas OEO received a \$58,740 OEO planning grant “to develop a statewide plan for the improvement of family planning services.”<sup>362</sup> Walker explained that:

About five per cent of the state’s indigent population is taking advantage of the family planning services of Community Action Programs, local health departments and hospitals. It could be the hours the services are available, or transportation problems or the dissemination of information, but the only way to be sure why more people are not taking advantage of the services is to study the situation.<sup>363</sup>

There was another possible explanation for underuse of the services, though it was unlikely that Walker would have wanted to acknowledge it publicly. As we saw in Chapter Three, some women experienced callous and unprofessional treatment at Arkansas family planning clinics, which hardly encouraged clinic use.

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<sup>361</sup> Joy G. Dryfoos, et al., “Eighteen Months Later: Family Planning Services in the United States, 1969: A Family Planning Perspectives Special Feature,” *Family Planning Perspectives* 3 (April 1971): 29-44; Unidentified Newsclipping, 1970, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>362</sup> Unidentified Newsclipping, 1970, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>363</sup> Ibid.



Reporting on the recommendations resulting from the OEO planning grant, the *Arkansas Gazette* announced in May 1971 that:

A rural-urban statewide family planning program will be recommended to the national Office of Economic Opportunity next week and \$1.6 million will be requested to fund the program for 18 months. If the program is funded it will serve medically indigent women in the childbearing years who wish family-planning services and cannot afford private medical care. From January 1, 1972 to December 31, 1972, the program in Pulaski County and two planning development districts in the Northwest and Southeast will be developed.<sup>364</sup>

Jane C. Browne, a former administrator of Planned Parenthood programs in Minnesota, Illinois, and New York who had headed the planning efforts for Arkansas under the OEO grant, explained that “there [were] good local facilities at Pine Bluff and Fayetteville so the [family planning] program could be implemented easily in those areas, and that the Pulaski County Economic Opportunity Agency [had] been doing excellent work in Little Rock.” According to the recommendations, the goal was to have the family planning program “cover the state by 1975.”<sup>365</sup> The *Gazette* reported that the grant proposal to be submitted to the OEO indicated that “high fertility is a severe problem among the poor in Arkansas which intensifies and prolongs poverty in both urban and rural areas, and in most welfare cases perpetuates dependency.”<sup>366</sup>

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<sup>364</sup> *Arkansas Gazette*, 16 May 1971.

<sup>365</sup> *Ibid.*

<sup>366</sup> *Ibid.*

In late June 1971, the state received a \$365,993 OEO grant. While substantially less than the amount originally requested, the grant led to the formation of the Arkansas Family Planning Council (AFPC) in 1971. Headed by Willie D. Hamilton, the former assistant director of the Pulaski EOA Family Planning program from 1966 to 1969, the AFPC would function to “coordinate family planning efforts in the state.” Other members of the AFPC were Dr. Willis E. Brown’s successor as head of the UAMS obstetrics and gynecology department, Dr. David L. Barclay, health department director J. T. Herron, and officials from the state OEO.<sup>367</sup> The newspaper reported that “the state Health Department, the University of Arkansas Medical Center and the state Community Action Program Director’s Association, signed a letter of intent agreeing to coordinate all their family planning efforts through the Family Planning Council.”<sup>368</sup>

While state public health and federally funded family planning services had become established in the 1960s, birth control activists and antipoverty leaders in Arkansas still struggled with the question of how to reach more of the intended clients (poor women) as the 1970s began. One result of this ongoing struggle was the establishment of the AFPC.

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<sup>367</sup> Margaret Reynolds Hower, “History of the Arkansas Family Planning Council,” History of Public Health in Arkansas-Birth Control Records, box 6, folder 1, UAMS HRC, UAMS Library; Unidentified Newsclippings, 1971, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library; W. David Baird, *Medical Education in Arkansas 1879-1978* (Memphis: Memphis State University Press, 1979), 284, 406. Willis E. Brown died in January 1969. See *Arkansas Gazette*, 9 January 1969. See my discussion of Willie Hamilton in Chapter 3.

<sup>368</sup> Unidentified Newsclipping, 1971, History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

At the federal level, in 1972, Congress amended the Social Security Act “to provide federal reimbursement for 90 percent of all expenditures attributable to the ‘furnishing of family planning services and supplies.’”<sup>369</sup> The new amendments required states to provide reimbursements for family planning services under Medicaid and to “provide promptly” family planning services to current, past and potential welfare recipients desirous of such services. In addition, the amendments required states to provide family planning services to sexually active minors and unmarried persons by January 1, 1974 or face a 1 percent penalty on their federal share of AFDC.<sup>370</sup>

In Arkansas, Democratic Governor Dale L. Bumpers (1925-) signed into law the Arkansas Family Planning Act (AFPA) in March 1973. The AFPA stated that:

It shall be the legislative declaration of the [Arkansas] General Assembly that: continuing population growth either causes or aggravates many social, economic and environmental problems, both in this state and in the nation. It shall be the policy of this state that all medically acceptable contraceptive procedures, supplies, and information shall be available through legally recognized channels to each and every person desirous of the same regardless of sex, race, age, income, number of children, marital status, citizenship or motive.<sup>371</sup>

While the Arkansas health department family planning clinics had begun offering birth control information to unmarried women with children as early as 1964, the AFPA’s

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<sup>369</sup> Jeannie Rosoff, “The Future of Federal Support for Family Planning Services and Population Research,” *Family Planning Perspectives* 5 (Winter 1973): 11.

<sup>370</sup> Rosoff, “The Future of Federal Support,” 11; Critchlow, *Intended Consequences*, 173.

<sup>371</sup> *Acts of Arkansas* (1973), 779-780.

statement that no age, marital status, income or number of children restrictions would apply suggested that it was formulated to comply with the requirements imposed by the federal Social Security Amendments of 1972. At the same time, however, the AFPA also contained a “refusal clause,” probably intended as an exemption for those with religious beliefs opposing contraception, stating that “nothing herein shall prohibit a physician, pharmacist, or any other authorized para-medical personnel from refusing to furnish any contraceptive procedures, supplies or information.”<sup>372</sup> Any woman might receive contraceptive advice, but there was still the chance that medical professionals might refuse to give it.

At the annual meeting of the Arkansas Medical Society in 1974, E. Stewart Allen, representing the AFPC, explained that:

The Arkansas Family Planning Council is the coordinating agency, and the principal Department of Health, Education and Welfare grantee, for [family] planning activities in Arkansas. Clinical services are principally, but not exclusively provided by the [state] Health Department.<sup>373</sup>

In reference to the work of the AFPC, Allen reported that:

Of the 102,466 medically indigent women considered to be in need of subsidized family planning services, as of November 30, 1973, 33,055 had been registered in the program, and 27,090 had received service in the last year. The number served has been increasing [and] present funding is \$1,700,000 federal money, with 10%

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<sup>372</sup> Ibid., 780.

<sup>373</sup> E. Stewart Allen, “Arkansas Family Planning Council,” *Journal of the Arkansas Medical Society* 70 (March 1974): 385.

in kind local contribution. During the coming year, additional money is expected to come from Title IV-A for outreach and Title XIX (Medicaid) [the 1972 Social Security Amendments] for medical services, and full coverage of all areas is planned. Voluntary birth control as a means of limiting families to desired size has been widely accepted in this state with no observable opposition. This is expected to relieve the poverty cycle [and] new legislation permits service to minors.<sup>374</sup>

The “new legislation” Allen referred to in his 1974 report was almost certainly the 1973 AFPA. As evidenced by the passage for the AFPA and Allen’s report on the work of the AFPC, birth control continued to be a part of the antipoverty agenda in Arkansas in the early 1970s.

At the same time, Arkansas was also impacted by national developments regarding the legal status of abortion. As early as the mid 1950s, some physicians had called for reform of the nation’s late-nineteenth-century illegal abortion laws. At a national Planned Parenthood conference held in 1955, physicians called for abortion law reform to clarify the indications for therapeutic abortions- the abortions that doctors determined medically necessary. Physician calls for abortion law reform inspired action on the part of the American Law Institute (ALI), which was a national organization of judges, lawyers, and law professors charged with “modernizing” American law. In 1959, the ALI proposed a model abortion law as part of its Model Penal Code. The ALI’s law, in addition to saving the woman’s life, allowed physicians, with the written concurrence

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<sup>374</sup> Ibid.

of two other doctors, to perform abortions when the “continuation of pregnancy would gravely impair the [woman’s] mental or physical health,” when pregnancies resulted from rape or incest, or in cases of fetal deformity.<sup>375</sup>

Before the Rockefeller GCSW health committee’s reference to the legal status of abortion in Arkansas in 1968, Dr. Fred O. Henker, a professor of psychiatry at UAMS, discussed the legality of certain therapeutic abortions in a *Journal of the Arkansas Medical Society (JAMS)* article published in 1961. By the 1960s, women with unwanted pregnancies had learned that they might be able to obtain a therapeutic abortion if they found the right psychiatrist and spoke of their intentions to harm themselves (i.e. commit suicide) or harm the developing fetus.<sup>376</sup> Henker questioned the legality of therapeutic abortions performed for psychiatric reasons under Arkansas law, noting that:

Concerning the lawful justification for abortion in most states, Arkansas included, it is not lawful except to preserve that life of the woman which is construed to mean from the anticipation of death from natural causes unless the development of the fetus is destroyed, Here threat by the mother to harm herself or the unborn

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<sup>375</sup> Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 219-221; Judith Hole and Ellen Levine, *Rebirth of Feminism* (New York: Quadrangle Books, 1971), 282-283.

<sup>376</sup> Fred O. Henker III, M. D., “Abortion and Sterilization from Psychiatric and Medico-Legal Viewpoints,” *Journal of the Arkansas Medical Society* 57 (February 1961): 368-373; Baird, *Medical Education in Arkansas*, 419; Reagan, *When Abortion was a Crime*, 201-202.

child because of psychiatric conditions probably does not present the necessity for operation.<sup>377</sup>

With regard to therapeutic abortions, Henker advised physicians that:

When a therapeutic abortion is to be performed, a physician should obtain the usual surgery consent from the patient and her husband, next of kin, or guardian, and then he should have written consultation reports from two other reputable physicians indicating the procedure is necessary to preserve the life of the mother.

In a case of this kind the usual meticulous care must be used to avoid complications, as much as prosecution for abortions arises out of complications, especially those resulting in the death of the mother.<sup>378</sup>

Noting changes that had occurred in European and Asian abortion laws, Henker acknowledged that “there may be a trend toward more lenient handling of medically and psychiatrically indicated abortion.”<sup>379</sup>

In fact, some states proceeded to reform their existing abortion laws based upon the ALI’s physician-inspired model. In 1967, Colorado became the first state to reform its

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<sup>377</sup> Henker, “Abortion and Sterilization,” 369. As explained throughout this study, Arkansas’s abortion law, which dated from 1875, made it illegal “to administer or prescribe any medicine or drugs to any woman with child, with intent to produce an abortion” and made exceptions only for abortions performed by a physician for the purpose of saving the mother’s life. See *Arkansas Statutes 1947 Annotated*, secs. 41-301-2 (1948), 14-16.

<sup>378</sup> Henker, “Abortion and Sterilization,” 370.

<sup>379</sup> *Ibid.*, 371. With regard to the legal status of sterilization in Arkansas and other states, Henker noted that there were “few legal restrictions on” the procedure if “proper consent” was obtained. In 1971, Arkansas law recognized the right of competent adults to consent to sterilization procedures. See Arkansas Bar Association, *Arkansas Versus Law Online Database*, secs. 20-49-102-203-302-304 (1971), [internet]: available from <http://www.arkbar.com/> Accessed 15 October 2008.

abortion law. Between 1967 and 1970, eleven other states, including Arkansas, did the same. In 1968, the Arkansas Legislative Council (ALC) began the process of revising Arkansas's abortion law. The ALC, the state Senate and House joint committee which recommended legislative programs, asked the Arkansas Medical Society for its recommendations regarding revision of the state's abortion law. Eugene R. Warren of Little Rock, an attorney for the Arkansas Medical Society and the state medical board, helped prepare a bill to revise the state's abortion law that was to be submitted to the 1969 Arkansas General Assembly. The Arkansas Medical Society supported but did not sponsor the abortion bill. Based upon the ALI's model, Arkansas's proposed bill would allow abortions when the pregnancy would threaten the woman's health or life, when the child could expect to be born with serious physical or mental defects, or when the pregnancy resulted from rape or incest. Three physicians not engaged in joint private practice had to provide written certification of the legal justification for the abortion. Additional requirements included the abortion-seeking woman's residency in the state for four months and performance of the abortion in a licensed and accredited hospital. Eugene Warren explained that "[the state medical board] was very much in favor of this legislation because it feels it will better control illegal abortions." UAMS obstetrics and gynecology department head Willis Brown told the newspaper that only North Carolina, Colorado and California had recently liberalized their abortion laws but that the laws of other states were "far more liberal than we [Arkansas] are now." According to Brown,



“numerous professional medical groups had endorsed a liberalization of abortion laws.”<sup>380</sup>

In early February 1969, the Arkansas House of Representatives passed the abortion bill (House Bill 189) by a vote of 75 to 10. Eugene Warren spoke to the Arkansas House before the vote. The *Arkansas Gazette* reported that:

Warren said that H[ouse] B[ill] 189 followed the provisions of a model abortion bill that had been approved by the American Medical Association and the Arkansas Medical Society and the state Medical Board. He [Warren] said it was not an “easy abortion” law, [and] that the existing law was so vague that physicians were afraid to perform abortions under any circumstances, forcing even those who legitimately needed them to turn to illegal abortionists.<sup>381</sup>

The *Gazette* reported that “after Warren’s talk [Representative Lloyd C.] McCuiston [of West Memphis] called for the vote and there was no debate on the bill itself.”<sup>382</sup> A few days later the Arkansas Senate passed the abortion bill by a vote of 29 to 2. According to the *Gazette* “the bill was expected to be somewhat controversial but it passed in both houses after a brief explanation by the sponsors.”<sup>383</sup> Arkansas’s Act 61 of 1969 specified that:

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<sup>380</sup> Hole and Levine, *Rebirth of Feminism*, 284; Diane D. Blair and Jay Barth, *Arkansas Politics and Government*, 2<sup>nd</sup> ed. (Lincoln: University of Nebraska Press, 2005), 186-189; Unidentified Newsclipping, 1968-1969(?), History of Public Health in Arkansas-Birth Control Records, box 6, not in a folder, UAMS HRC, UAMS Library.

<sup>381</sup> *Arkansas Gazette*, 6 February 1969.

<sup>382</sup> *Ibid.*

<sup>383</sup> *Arkansas Gazette*, 13 February 1969.

It shall not be unlawful to advise, procure, or cause the miscarriage of a pregnant woman or an abortion when the same is performed by a doctor of medicine licensed to practice medicine in Arkansas by the Arkansas State Medical Board, if he can reasonably establish that: There is substantial risk that the continuance of the pregnancy would threaten the life or gravely impair the health of the said woman, or there is substantial risk that the child would be born with grave physical or mental defect, or the pregnancy resulted from rape or incest which was reported to the Prosecuting Attorney, or his deputy within seven (7) days after the alleged rape or incestuous act. Before any legal abortion shall be performed by a doctor of medicine there must be filed with the [licensed and accredited] hospital where said abortion is to be performed the certificate of three doctors of medicine not engaged jointly in private practice, one of whom shall be the person performing the abortion, which certificate shall state that said doctors of medicine have examined said woman and certify in writing the circumstances which they believe justify abortion.<sup>384</sup>

Act 61 also required the pregnant woman's written consent for the abortion and residency in the state for four months, and specified that no physician would be required to perform abortions or penalized for refusing to do so. Essentially, the revisions clarified and specified the conditions under which physicians could legally perform abortions. At the time, the all-white and overwhelmingly Democratic state legislature had only four

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<sup>384</sup> *Acts of Arkansas* (1969), 178-179.

women members.<sup>385</sup> While it seems as if the abortion bill would have sparked more controversy, in 1969, Arkansas legislators were primarily recognizing the needs of mostly male physicians as some other states had done and retained stringent controls such as the four months residency requirement. The bitterly divisive controversy surrounding abortion that we know today began to develop after the United States Supreme Court decision of *Roe v. Wade* (1973), which legalized first trimester abortion.

How did the 1969 revisions to Arkansas's abortion law affect women's access to abortion in the state? In May 1970, under the headline "Abortions Few in State; High Costs Are Blamed" the *Arkansas Gazette* reported that:

He [Arkansas Medical Society attorney Eugene Warren] had tried to learn something about the application of the [1969] law by talking with physicians [but] found them "disinclined to talk." Those who did indicated that there were "very

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<sup>385</sup> Ibid.; Blair and Barth, *Arkansas Politics and Government*, 186-191. The four women were Senator Dorathy Allen of Brinkley, Representative Vada Sheid of Mountain Home, Representative Bernice Kizer of Fort Smith and Representative Gladys Martin Oglesby of Stamps. See *Arkansas Gazette*, 9 February 1968. The biographical details on these women proved very difficult to find. Sheid (1916-2008), a Democrat, was a furniture store owner in Mountain Home. Sheid served in the Arkansas House (1967-1976) and in the state Senate (1977-1984). Kizer served in the House from 1959 to 1973. Gladys M. Oglesby (1903-1998), a Democrat, had been a journalist in Stamps. See *Arkansas Democrat-Gazette*, 29 May 2008 and 11 February 1998. Male legislators were not always happy with women's participation in the political process. In 1963. Paul Van Dalsem, a state legislator from Perry County, unhappy with the Arkansas Division of the AAUW members' lobbying activities on behalf of election reform, told the all-male Little Rock optimist club that "We don't have any of the university women in Perry County, but I'll tell what we do up there when one of our women starts poking around in something she doesn't know anything about. We get her an extra milk cow. If that don't work, we give her a little more garden to tend to. And then if that's not enough, we get her pregnant and keep her barefoot." See Robert Thompson, "Barefoot and Pregnant: The Education of Paul Van Dalsem," *Arkansas Historical Quarterly* 57 (Winter 1998): 392, 377-407.

few legal abortions being performed in Arkansas,” mainly because of the high cost that the law’s conditions imposed- hospitalization and consultation with three physicians. “The general feeling among physicians I talked to, Warren said, is that abortions were being performed outside the state because it is much easier.”<sup>386</sup>

While some physicians, perhaps still concerned about their professional reputations, were reluctant to discuss the application of Arkansas’s 1969 abortion law, other physicians indicated that the law hardly made abortion easily accessible in the state. Two years later, in May 1972, the *Gazette* reported that ‘there were 637 legal abortions performed in Arkansas in 1971, according to state Health Department statistics, and 178 legal abortions were performed in Arkansas through March this year [1972].’ According to the *Gazette*, between 1971 and March 1972, a total of 705 legal abortions were performed “because of danger to the mental health of the mother.” According to Arkansas health department statistics, 198 married, 411 single, 5 separated and 23 divorced/widowed women obtained legal abortions in 1971. During the first three months of 1972, 113 single, 55 married, and 9 divorced/separated women had legal abortions. Most of the women who had the legal abortions were white.<sup>387</sup> In 1972, some physicians, including E. Stewart Allen, again indicated that many women chose to go out of state for abortions for reasons of easier access and less expense. The *Gazette* reported:

Dr. Max McGinnis, and Dr. E. Stewart Allen, Little Rock gynecologists, estimated that 80 percent of the women they see who want abortions go out of state for them. Dr. Allen said that there was no waiting period in New York, but

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<sup>386</sup> *Arkansas Gazette*, 7 May 1970.

<sup>387</sup> *Arkansas Gazette*, 6 May 1972.

there was often a wait to get into a Little Rock hospital. Drs. Allen and McGinnis said the cost of abortion in Arkansas could be reduced considerably if an overnight hospital stay, which both said generally was not necessary, was not required.<sup>388</sup>

In February 1973, the *Gazette* reported that a total of 793 legal abortions were performed in Arkansas in 1972. According to Arkansas Health Department statistics, most women in Arkansas who obtained legal abortions in 1971 and 1972 were between the ages of 15 and 19, between 5 and 8 weeks pregnant, white and single. In 1972, only 80 of the 793 legal abortions were performed on nonwhite women.<sup>389</sup> Why did more white women obtain abortions than women of color? First, the state's population was predominantly white in 1970.<sup>390</sup> Secondly, I would suggest this was because more white than women of color had regular access to medical care.

In a 1973 *JAMS* article entitled "Abortion Applicants in Arkansas" UAMS psychiatry professor Fred Henker discussed the characteristics of 300 women who applied for therapeutic abortions at UAMS between May 1, 1970 and June 30, 1971. Henker collected information relating to applicants' personalities, psychiatric and obstetrical health histories, ages, races, residency, education, religion, occupations, and marital status. Henker reported that the applicants were mostly young single women between the ages of 13 and 25, with the largest number, 131, of the applicants between

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<sup>388</sup> Ibid.

<sup>389</sup> *Arkansas Gazette*, 17 February 1973.

<sup>390</sup> *Statistical Abstract of the United States 1974* (Washington D. C.: 1974), 29. In 1970, Arkansas's total white population was 1,565,915, and the total black (and other races) population was 357,380.

17 and 21 years of age. The largest number, 274, of the women were white, 23 were black, and 3 were Asian. The majority, 273 of the applicants, identified themselves as Protestants.<sup>391</sup> Explaining that applicants' attitudes toward their pregnancies were classified under the categories of inexpedience, self-depreciation and aversion, Henker reported that:

By far, the most frequently encountered, 248 [applicants] was inexpedience. This was manifested as interference with education or work of self or partner, financial or effort burden of another child, entrapment- either having to marry or increased difficulty getting out of a marriage, [or] possibility of a deformed baby or physical damage to self. Self-depreciation, occurring in 167, was manifested most frequently by guilt over pregnancy out-of-wedlock. Aversive attitudes were less frequent [involving] dislike of babies and children and repugnance toward body changes in pregnancy.<sup>392</sup>

Henker did not report on whether any of the applicants were actually granted therapeutic abortions. His diagnosis that most of the women did not have psychiatric conditions caused by pregnancy suggests that many were not. The health department statistics and Henker's analysis reveal that the majority of those women who sought or obtained legal abortions were young, white and single and suggests the power of the stigma still attached to unmarried pregnancy. Before the *Roe* decision, the revisions to Arkansas's abortion law may have slightly improved access to legal abortions for some

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<sup>391</sup> Fred O. Henker III, M. D., "Abortion Applicants in Arkansas," *Journal of the Arkansas Medical Society* 69 (March 1973): 293-295.

<sup>392</sup> *Ibid.*, 295.

but not all women, especially women of color or those lacking sufficient financial resources. But women in Arkansas still had to satisfy the conditions imposed by the law in order to obtain legal abortions. They could not simply choose to have an abortion, without proving that they had what legal and medical professionals determined was a valid reason.

As we have just seen, Arkansas was among those states that undertook reforms of their abortion laws based upon the ALI's model in the late 1960s. Abortion law reforms like those undertaken in Arkansas did not satisfy the demands of second wave feminists. In the late 1960s and early 1970s, feminists declared that access to contraceptives and legal abortion were women's "reproductive rights" and began to call for abortion law *repeal* which meant something very different from abortion law reform as it had been defined by legal and medical professionals. Lucinda "Cindy" Cisler, founder of New Yorkers for Abortion Law Repeal, clearly distinguished abortion law reform from abortion law repeal. In 1969, Cisler insisted that:

Proposals for "reform" are based on the notion that abortions must be regulated, meted out to deserving women under an elaborate set of rules designed to provide "safeguards against abuse." At least the old laws require only the simple, if vague, test of danger to life, whereas the new bills make it quite clear that a woman's own decision is meaningless without the "right" reasons, the concurrence of her family, and the approval of a bunch of strange medical men. Repeal is based on the quaint idea of *justice* [italics in the original]: that abortion is a woman's right and that no one can veto her decision and compel her to bear a child against her

will. It is this rationale that the new women's movement has done so much to bring to the fore.<sup>393</sup>

Similarly, former National Organization for Women (NOW) President Betty Friedan remembered that at the 1969 founding meeting of the National Association for the Repeal of Abortion Laws (NARAL), she had insisted that “ [the NARAL] had to recognize that it [was] a *woman's* inalienable human and civil right to control her own body and reproductive process, according to the dictates of her own conscience, where, whether and how many times to bear a child and therefore to have unlimited, safe, legal medical access to all forms of birth control and abortion.”<sup>394</sup>

Reproductive rights and ratification of the proposed Equal Rights Amendment (ERA) became two of the most important issues American feminists pursued in the 1970s. In Arkansas also, feminists began to organize and become more active in the early 1970s. Formed under Governor Dale Bumpers in May 1971, a new Governor's Commission on the Status of Women (GCSW) began its work. Chaired by Diane Divers (then Kincaid) Blair (1938-2000), a political science professor at the University of Arkansas in Fayetteville (UAF) and Democratic Party activist, the commission was “charged with investigating the role of women in Arkansas, with emphasis on employment practices, wages and working conditions, education, vocational training and

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<sup>393</sup> Robin Morgan, ed., *Sisterhood is Powerful: An Anthology of Writings from the Women's Liberation Movement* (New York: Random House, 1970), 276; Alice Echols, *Daring to Be Bad: Radical Feminism in America 1967-1975* (Minneapolis: University of Minnesota Press, 1989), 168.

<sup>394</sup> Betty Friedan, *Life So Far* (New York: Simon and Schuster, 2000), 214.



guidance, and the legal and political rights of women.”<sup>395</sup> Under Blair’s leadership, the GCSW tried to steer a moderate feminist course. Chosen in an effort to make the commission representative of Arkansas women’s experiences, commission members shunned the media label “bra burners.” Members included professionals, students, retirees, politicians, civil rights activists and housewives. Three of the female members of the state legislature, state Senator Dorathy Allen, and state Representatives Vada Sheid and Bernice Kizer, were members of the GCSW. Dr. Joycelyn Elders was one of eight African American members of the commission.<sup>396</sup>

As part of their goal of raising Arkansas women’s awareness about their status, the Bumpers GCSW undertook a study of the legal status of women in Arkansas. In December 1971, the GCSW legal task force which had worked in cooperation with the legal committee of the Arkansas Women’s Rights Center, another feminist organization, revealed the results of their research on women’s legal status in the state. The project’s director, Little Rock lawyer Virginia Tackett, noted discriminatory state laws pertaining to rape, jury service, and labor. In reference to the state’s 1969 abortion law, Tackett told the *Arkansas Gazette* that:

This modification [referring to the 1969 revisions ] of the old abortion law is inadequate to reach the majority of cases in which an abortion is desired and socially desirable, such as the pregnant woman’s unwillingness to give birth and

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<sup>395</sup> Parry, “What Women Wanted,” 266-271; *Arkansas Gazette*, 19 June 1971. As noted in Chapter 3, the ERA stated that “equality of rights under the law shall not be denied or abridged by the United States or any State on account of sex.” See Donald G. Mathews and Jane Sherron DeHart, *Sex, Gender, and the Politics of ERA: A State and the Nation* (New York: Oxford University Press, 1990), viii.

<sup>396</sup> *Arkansas Gazette*, 19 June 1971. See notes on Sheid, Kizer and Allen above.

rear a child outside of marriage, in poverty (or) by adoptive parents or in the interest of a smaller family.<sup>397</sup>

In 1968, the Rockefeller GCSW Health Committee had called for abortion law reform which many feminists rejected. Just a few years later, while not issuing a clear call for abortion law repeal, Tackett suggested that women themselves should have greater freedom to decide about the need for abortion. Also in December 1971, the Arkansas Women's Rights Center, which had assisted in the GCSW legal study, announced that the organization had formed "a pregnancy and abortion counseling service designed to spell out the options available to [married or single] women."<sup>398</sup> Formed in 1970, to "further the cause of women's liberation" the Center had engaged in consciousness-raising activities. In December 1971, the Center commented on the difficulty and expense of obtaining a legal abortion in Arkansas under the 1969 law. The *Arkansas Gazette* reported that:

In Arkansas, the Center said, it is difficult to obtain an abortion unless there is a physical danger to the mother. The legal provision for abortion based on emotional problems requires concurrence of two psychiatrists and a gynecologist, plus two days' hospitalization- all of which the Center said could entail about \$600 expense.<sup>399</sup>

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<sup>397</sup> *Arkansas Gazette*, 12 December 1971; Parry, "What Women Wanted," 273.

<sup>398</sup> *Arkansas Gazette*, 15 December 1971.

<sup>399</sup> *Ibid.*

As a solution to these difficulties, the Center offered assistance in making arrangements for women to fly to New York or California to utilize those states' less restrictive abortion laws. The *Gazette* reported that:

The counselors know of two reputable New York City clinics that perform abortions for \$150 on those pregnant 11 weeks or less, and they say that it is possible to fly to New York, have the operation and return the same day – all at about half the cost of a legal Arkansas abortion. And New York has no residency requirement.<sup>400</sup>

Acknowledging that prevention was preferable to abortion the Center provided “data on various birth control methods and human physiology.” Finally, the *Gazette* announced that:

The Center is open now only from 10 a.m. to 4 p.m. each Saturday. Counseling appointments may be arranged at other times, and the counselors invite calls from women throughout the state where, they feel, the need for this kind of service may be greater, and resources more limited, than in the Little Rock area.<sup>401</sup>

Feminist activity in Arkansas was not limited to the GCSW or the Women's Rights Center. In the 1970s, a grassroots women's movement emerged in northwest Arkansas, particularly in the university town of Fayetteville. As early as 1969, local women began to form consciousness-raising groups. In late 1972, with funds from the UAF Associated Student Government, the UAF Association of Women Students (AWS) established a Women's Center to function as a space where women from the campus and

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<sup>400</sup> Ibid.

<sup>401</sup> Ibid.

the Fayetteville community could meet and relate to each other. In 1973, the Women's Center expanded to include a number of collectives, one of which, the Women's Health Collective (WHC), provided information about pregnancy problems, adoption, birth control and abortion.<sup>402</sup>

Between 1970 and 1973, the AWS and other university offices sponsored Women's Symposia which included nationally known speakers and sorority discussions about the ERA, rape and abortion. In November 1970, former NOW member Ti-Grace Atkinson, founder of the radical feminist group known as The Feminists, spoke at the UAF Women's Symposium. Atkinson spoke about the founding of NOW and how "disagreements on issues and polices ha[d] led to fragmentation of women's organizations." Explaining that she had "become radicalized because of the abortion issue," Atkinson told the audience that "I became radicalized when people [others in the women's movement] started backing off," They all agreed it was a woman's right, but why wouldn't they say so publicly?" Following her address, Atkinson held a meeting for women only and commented that: We're losing two women a day to butchers [unsafe illegal abortionists] and noted that male oppression of females was the oldest and largest form of repression in history." In attendance at the 1971 symposium, Joycelyn Elders spoke not about reproductive rights but about the need for better day care services for working mothers.<sup>403</sup>

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<sup>402</sup> Anna M. Zajicek, Allyn Lord and Lori Holyfield, "The Emergence and First Years of a Grassroots Women's Movement in Northwest Arkansas, 1970-1980," *Arkansas Historical Quarterly* 62 (Summer 2003): 153-181.

<sup>403</sup> Zajicek, et al, "Grassroots Women's Movement," 165-166; *Arkansas Gazette*, 13 November 1970; Echols, *Daring to Be Bad*, 167-168, 388.

The UAF symposium evolved into Women's Week which took place from 1974 to 1978. In January 1974, the *Arkansas Gazette* reported:

Governor [Dale] Bumpers has declared Monday through February 3 as "Women's Week" in the state to coincide with a series of 32 programs at the University of Arkansas, including a speech by Robin Morgan, editor of "Sisterhood is Powerful." Monday's programs include discussions of women in politics and government and how the law affects women [and] discussions of women's health, birth control, human sexuality, health careers and "Psychology of Women; Anatomy, Destiny and Freudian Nightmares- Is Anatomy Destiny?" are scheduled for Tuesday.<sup>404</sup>

As part of the 1974 program, Dr. Louise Kraemer, a UAF professor of zoology, held a seminar on human sexuality, which included a discussion of birth control methods.

Kraemer "urged women to consult their doctors about what effects the [birth control] Pill might have on their bodies . . . because it was hormone therapy." As part of her speech, Robin Morgan noted that among areas of greatest concern to radical feminists "one [was] that women should have control over their own bodies."<sup>405</sup>

As evidenced by the activities of the Bumpers GCSW and the Arkansas Women's Rights Center as well as the activities at the UAF campus, birth control and abortion were included as a part of Arkansas feminists' agendas. Simultaneously, birth control remained a part of antipoverty efforts in Arkansas as demonstrated by the establishment of the Arkansas Family Planning Council in 1971. While Arkansas's abortion law of 1969

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<sup>404</sup> Zajicek, et al, 'Grassroots Women's Movement,' 165-166; *Arkansas Gazette*, 27 January 1974.

<sup>405</sup> *Arkansas Gazette*, 3 February 1974.

legalized abortion in the state if certain conditions were met, those changes occurred not because of the demands of feminists but because of the demands of physicians.

At the time the Arkansas Women's Rights Center was established in 1970, obtaining an abortion in Arkansas was still governed by the 1969 law. Three years later, on January 22, 1973, the United States Supreme Court handed down its decision in *Roe v. Wade*, which not only invalidated the remaining nineteenth-century state abortion laws, but also revised state abortion laws like that of Arkansas. The *Roe* case, argued before the Supreme Court by Texas attorney Sarah R. Weddington (1945- ), involved the then single and pregnant Norma McCorvey. McCorvey, then identified as Jane Roe, sought to obtain a legal abortion in Texas, a state which had not undertaken ALI-based revision of its nineteenth-century abortion law. The accompanying *Doe v. Bolton* case involved a challenge to Georgia's revised abortion law.<sup>406</sup>

The Supreme Court ruled that the Texas and Georgia statutes were unconstitutional on the grounds that they violated a woman's right of privacy. Writing the opinion for the majority, Justice Harry A. Blackmun (1908-1999) based the right of privacy upon the due process clause of the Fourteenth Amendment to the United States Constitution and explained the division of pregnancy into trimesters. During the first trimester, before the fetus became viable (able to survive outside the mother's womb), only the woman and her physician needed to agree to an abortion. During the second and third trimesters when the fetus became viable, the state had the authority to more strictly

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<sup>406</sup> Sarah R. Weddington, *A Question of Choice* (New York: Penguin Books, 1992), 35-175.

regulate abortions as long as those regulations did not harm the woman's health.<sup>407</sup>

Justice Blackmun wrote:

The right of privacy, whether it be founded in the Fourteenth Amendment's concept of personal liberty and restrictions upon state action, as we feel it is, or . . . in the Ninth Amendment's reservation of rights to the people, is broad enough to encompass a woman's decision whether or not to terminate her pregnancy. For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician. For the stage subsequent to approximately the end of the first trimester, the State . . . may regulate the abortion procedure in ways that are reasonably related to maternal health. For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life may regulate, and even proscribe, abortion.<sup>408</sup>

On January 23, 1973 the *Arkansas Gazette*, under the front page headline "Most State Laws Against Abortion Are Struck Down," announced that:

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<sup>407</sup> *Roe v. Wade* (1973). The Fourteenth Amendment states that "No state shall make or enforce any law, which shall abridge the privileges or immunities of [U.S. citizens]; nor shall any State deprive any person of life, liberty, or property, without due process of law." U. S. Constitution, amend. 14, sec. 1.

<sup>408</sup> *Roe v. Wade* (1973). The Ninth Amendment states that "the enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people." U. S. Constitution, amend. 9.

The Supreme Court Monday overruled all state laws that prohibit or restrict a woman's right to obtain an abortion during her first three months of pregnancy.

The [Supreme Court's] vote was 7 to 2.<sup>409</sup>

The *Gazette* reported that the *Roe* decision “apparently will, in effect, void in part the application of the [1969] Arkansas law,” and noted that “the Arkansas law does not limit abortions to any given period of the pregnancy, but it does stipulate certain conditions which must be met before an abortion legally may be performed.” In response to the *Roe* decision, GCSW chair Diane Blair commented that “public opinion polls have shown this is a decision for a woman or a woman and her husband to make not the states.”<sup>410</sup> In June 1973 at its second annual convention, the Arkansas Women's Political Caucus, whose members had lobbied the Arkansas legislature for ratification of the ERA, announced its support for the *Roe* decision. The Women's Caucus resolved “that freedom of [the abortion] decision must lie with the individual and moved to oppose efforts by any group to overturn or nullify by constitutional amendment or other means the recent landmark decision by the United States Supreme Court.”<sup>411</sup>

The Arkansas Women's Caucus was correct to acknowledge that there were those who actively opposed the *Roe* decision. In the early 1970s, American conservative voters, both men and women, began to organize as part of the New Right, motivated by their horror and anger at what they saw as the assaults of the 1960s on the basic institutions of the family, the church, patriotism and sexual morality. The New Right drew strength

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<sup>409</sup> *Arkansas Gazette*, 23 January 1973.

<sup>410</sup> *Ibid.*

<sup>411</sup> *Arkansas Gazette*, 17 June 1973.



from opponents of feminism, the *Roe* decision, the gains of the civil rights movement and abolition of prayer in schools. Beginning in 1972, activist Phyllis Schlafly (1924-) turned New Right anti-feminism into a powerful political movement, especially through her STOP-ERA campaign. The growth of evangelical Christianity in the 1970s strengthened the New Right, as strong religious commitment could be correlated with opposition to the ERA and abortion. The Moral Majority, founded by the Reverend Jerry Falwell, sought to mobilize the faithful to “fight the pornography, obscenity, vulgarity and profanity that under the guise of sex education . . . pervades the literature [in the public schools].” Combining politics and religion, New Right evangelical leaders aimed to mobilize support for political candidates who would fight against abortion, the ERA, and homosexuality and seek to restore school prayer. Labeling the Democrats as the political party that took the “liberal” stance on these issues, New Right conservatives, including opponents of legal abortion, affiliated themselves with the Republican Party.<sup>412</sup>

Organizations expressly for opponents of abortion were also formed. While Catholics were very much a part of the American “right to life” movement as it called itself, the evangelical Christian revival of the 1970s contributed to an influx of Protestants, who soon outnumbered Catholics in the movement. Organized in 1973, the National Right to Life Committee (NRTL) became a key organization for opponents of abortion through the formation of chapters in the states. Proclaiming that the fetus had a “right to life” from the moment of conception, NRTL members insisted that fetuses were “unborn children” and labeled abortion “murder,” characterizing women who sought

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<sup>412</sup> Chafe, *The Unfinished Journey*, 461-463.

abortion. One of the first priorities of abortion opponents was to secure the passage of an amendment to the United States Constitution (known as a Human Life Amendment) to protect the “right to life” of the fetus from the moment of conception. In November 1973, the first edition of the NRTL newsletter noted that “we must work for passage of a Constitutional Human Life Amendment in Congress.” By the early 1980s, however, right to life activists had not been successful in achieving passage of a Human Life Amendment. Changing strategy, right to life leaders sought to overturn *Roe* by securing the appointment of anti-abortion federal judges to the Supreme Court and imposing restrictions upon legal abortion through mandatory waiting periods, biased “counseling” of pregnant women, and bans on specific abortion procedures.<sup>413</sup>

At the same time, opponents of abortion in the United States Congress sought to end federal funding for abortions through Medicaid, the federal medical insurance program for low income patients. In 1976, Republican Representative Henry J. Hyde (1924-2007) of Illinois introduced a measure to an appropriations bill to ban federal funding for abortions for any reason. As finally passed, the Hyde Amendment of 1976 banned federal funding for abortions except in cases where abortions were performed to save the woman’s life. While growing division over the abortion issue between Democrats and Republicans began to weaken bipartisan support for federal family planning policy, the post-*Roe* reaction against legalized abortion did not signal an end to federally funded family planning. In fact, between 1973 and 1975 federal appropriations

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<sup>413</sup> Chafe, *The Unfinished Journey*, 461-462; Rickie Solinger, ed., *Abortion Wars: A Half Century of Struggle, 1950-2000* (Berkeley: University of California Press, 1998), 79-81.

for family planning clinic programs actually rose from \$136.9 million to \$159.7 million. After 1976, federal family planning funds continued to increase under Democratic President Jimmy Carter, himself an evangelical Christian, who supported such increases in the belief that better family planning would help reduce the number of abortions.<sup>414</sup>

It was New Right social conservatives, including opponents of abortion, as well as corporate elites that helped elect Republican Ronald Reagan (1911-2004) president in 1980. Reagan enthusiastically embraced the New Right positions on abortion, school prayer and other issues and promised budget reduction, deregulation and tax cuts. Opposed to the programs that were legacies of the Great Society, Reagan drastically reduced food stamp benefits and AFDC funds and reduced the benefits of families receiving welfare. By the time Reagan assumed the presidency in 1981, the “population control” scare, which had provided the impetus for federal funding for family planning programs in the 1960s, had faded as many came to the realization that the predicted dire consequences of overpopulation had failed to materialize. As part of his effort to reduce the budget, Reagan also cut federal funds for family planning, drastically reducing Title X funding in 1981. True to the New Right social agenda, at the same time, the Department of Health and Human Services (formerly Health, Education and Welfare) issued regulations which banned Title X-supported family planning clinics from providing any information about abortion.<sup>415</sup>

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<sup>414</sup> Critchlow, *Intended Consequences*, 175, 202-207; Faye Wattleton, *Life on the Line* (New York: Ballantine Books, 1996), 203; Phillips Cutright and Frederick S. Jaffe, “Short-Term Benefits and Costs of U.S. Family Planning Programs, 1970-1975,” *Family Planning Perspectives* 9 (March/April 1977): 80.

<sup>415</sup> Chafe, *The Unfinished Journey*, 468-473; Critchlow, *Intended Consequences*, 207.

What did these national developments mean for family planning policy and abortion in Arkansas? Federally funded family planning remained an important part of public health in Arkansas in the 1970s. The Arkansas Family Planning Council continued to coordinate family planning services for poor women and men in the state with the help of federal funds. In February 1976, the *Arkansas Gazette* reported that:

In 1975, the [Arkansas Family Planning] Council and the Health Department received \$2.5 million from H[ealth] E[ducation] and W[elfare] for the family planning program. Of the 38,500 persons reached in 1975, about 70 per cent were given oral contraceptives, about 15 percent were given intra-uterine devices, about 5 per cent were given contraceptive foams, about 1 percent were given diaphragms, about 2 percent were given condoms, and another 2 percent decided to use the rhythm method. The Health Department also said that 885 women received tubal ligations and 115 men received vasectomies in 1975. All birth control devices are distributed free.<sup>416</sup>

While not reporting on the amount of federal funds received, the maternal and child health division of the state health department reported in 1978 that “obstetrical and/or family planning services were extended to 129,636 women during Fiscal Year 1976-1977.”<sup>417</sup>

After *Roe*, women in Arkansas sought legal abortions. Before passage of the Hyde Amendment in 1976, some of those abortions were funded through Medicaid. In 1977,

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<sup>416</sup> *Arkansas Gazette*, 5 February 1976.

<sup>417</sup> “Report of the Division of Maternal and Child Health,” *Journal of the Arkansas Medical Society* 74 (March 1978): 436.

the *Arkansas Gazette* reported that “the Medicaid program paid for 26.6 percent of the abortions performed in Arkansas,” and that “there were 1,860 abortions performed in Arkansas during the fiscal year ended June 30, according to state Health Department statistics. Of that number, 439 or 26.6 percent were paid for under the Medicaid program.”<sup>418</sup>

After passage of the Hyde Amendment, however, it was announced in 1977 that the “state of Arkansas [had] stopped paying for elective abortions for Medicaid recipients because the Health, Education and Welfare Department has cut off federal funding for them.”<sup>419</sup> Despite the Hyde Amendment’s denial of access to abortion for poor women, the number of legal abortions in Arkansas rose from 1,694 in 1974, to 3,286 in 1976, and to 6,100 in 1979. Much like in the days before *Roe*, the majority of women in Arkansas who sought legal abortions were unmarried, as is shown by the percentages in Table 1. The percentages in Table 2 show that, consistent with the *Roe* decision, the majority of the legal abortions performed in Arkansas were performed on women pregnant 12 weeks or less. Statistics from 1978 and 1979 in Table 3 reveal that, as in the days before *Roe*, the majority of women in Arkansas who obtained abortions were white.<sup>420</sup>

**Table 1. Percent of Legal Abortions: Unmarried and Married Women**

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<sup>418</sup> *Arkansas Gazette*, 26 August 1977.

<sup>419</sup> *Ibid.*

<sup>420</sup> *Statistical Abstract of the United States 1976* (Washington D.C.: Government Printing Office, 1976), 58-59; *Statistical Abstract of the United States 1978* (Washington D.C.: Government Printing Office, 1978), 65-68; *Statistical Abstract of the United States 1980* (Washington D.C.: Government Printing Office, 1980), 62-71; *Statistical Abstract of the United States 1982* (Washington D.C.: Government Printing Office, 1982), 66-70.

Year	Unmarried	Married
1974	69.2%	30.8%
1976	72.9%	27.1%
1979	73.7%	25.9%

**Table 2. Percent of Legal Abortions: Length of Gestation**

Year	12 Weeks or Less	13 Weeks or More
1974	94.8%	5.2%
1976	87.2%	12.8%
1979	92.2%	7.0%

**Table 3. Percent of Legal Abortions: White and Nonwhite**

Year	White	Nonwhite
1978	76.9%	22.0%
1979	78.9%	21.1%

Again, I would suggest that the larger number of white women who obtained legal abortions reflected that the majority of the state's population was white and that more white than women of color had access to regular medical care.<sup>421</sup>

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<sup>421</sup> *Statistical Abstract of the United States 1981* (Washington D.C.: Government Printing Office, 1981), 32. In 1980, Arkansas's total white population was 1,890,000 and the state's total black population was 373,000.

While some women sought legal abortions in Arkansas, the state was beginning to feel the rise of New Right conservatism as those arguing for the right to life of the fetus made their presence felt as early as 1975. The Arkansas Right to Life was formed sometime in the mid-1970s. Following the *Roe* decision, Arkansas Medical Society attorney Eugene Warren drafted a bill, which if passed by the state legislature, would have replaced Arkansas's old 1969 abortion law. In February 1975, the bill was debated in the Arkansas House of Representatives. The *Arkansas Gazette* reported that:

Warren said Arkansas now had no abortion law [as a result of *Roe*]. The bill would authorize the [state] Medical Board to set rules governing abortions. The bill says that in the first trimester of pregnancy, the abortion decision must be left to the medical judgment of the woman's physician. For abortions after the first trimester, the Board would adopt regulations "that are reasonably related to maternal health and consistent with good medical procedures. [The bill] provides that no person could be required to participate in . . . the termination of pregnancy."<sup>422</sup>

In 1975, the discussion of the abortion bill contrasted sharply with the discussion of the abortion law revision in 1969. Abortion opponents actively participated in the debate over the bill. Little Rock lawyer Charles Baker said that "I appeal to you as human beings. I ask for the life of thousands of unborn." Little Rock psychiatrist Rosemary Brandt insisted that "a mother had the right to control her own body, but not at the expense of another human life. We can now demonstrate that life does begin at

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<sup>422</sup> *Arkansas Gazette*, 25 February 1975.

conception.” The *Gazette* reported that “opponents of the bill filled one side of the House galleries. Some carried signs reading ‘Adopt, Don’t Kill,’ and ‘Give Me Your Child.’”<sup>423</sup>

Ultimately, Warren’s bill was sent back to House committee, which then referred it to the Arkansas Legislative Council for further study between legislative sessions.

Clearly, barely two years after *Roe*, abortion opponents were already organized and vocal in Arkansas. It is notable that no feminist supporters of women’s right to legal abortion were present at the debate. Significantly, the same 1975 Arkansas legislature proved itself no friend of feminists when it did not ratify the ERA in March 1975.<sup>424</sup> Two years later, in February 1977, the Arkansas House and Senate adopted a resolution “petitioning the [U.S.] Congress to call a constitutional convention to propose an amendment prohibiting abortions.” Again, abortion opponents were present and abortion supporters were not.

The *Arkansas Gazette* reported that:

About 65 “right-to-life” advocates were in the galleries carrying signs supporting the resolution. Their muffled applause could be heard in the chamber several times as Representative Frank J. Wilems [a Roman Catholic] of Paris, the sponsor spoke. The Arkansas Right to Life Committee had a long-stem red rose placed on the desk of each member before the session began.<sup>425</sup>

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<sup>423</sup> Ibid.

<sup>424</sup> Parry, “What Women Wanted,” 288. The Bumpers and Pryor GCSW actively supported ratification of the ERA by the state legislature. Opponents of the ERA, both women and men, emerged in Arkansas as well. In 1975, GCSW member and former commission chair Diane Blair, a supporter of the ERA, debated Phyllis Schlafly before a joint session of the Arkansas General Assembly. The ERA ended in defeat in 1982, and Arkansas was among the fifteen states that did not ratify the amendment. See Parry, “What Women Wanted,” 273-298.

<sup>425</sup> *Arkansas Gazette*, 11 and 18 February 1977.



While antiabortionists in Arkansas began to argue for the rights of the fetus in the late 1970s, feminists in Arkansas reaffirmed women's rights to legal abortions and birth control. In 1977, members of the GCSW formed under Democratic Governor David H. Pryor (1934- ) and other women's groups organized a women's conference known as "Arkansas Women: Accomplishments, Realities, Expectations" (AWARE). In the closing session of the conference, the majority of attendees resolved to support women's rights to legal abortions and improved availability of birth control information and devices. On January 22, 1979, abortion opponents held their first March for Life in Little Rock to protest *Roe*. Supporters of abortion rights countered the marchers. The *Arkansas Gazette* noted that "a handful of counter demonstrators awaited the 'prolife' march on the Capitol grounds holding or wearing signs with slogans such as 'My body, my choice,' or 'We support a woman's right to choose,' but there were no incidents between the two groups."<sup>426</sup> Clearly, by the 1970s Arkansas had begun to experience stirrings of New Right activism with regard to abortion.

By the early 1980s, the Reagan administration's cuts in federal funding for family planning began to be felt in Arkansas. In 1981, Arkansas Family Planning Council director Willie Hamilton told the *Arkansas Gazette* that "the action [cuts in federal funding] means that 19 family planning agencies in the state that receive funds through the Council will lose between 15 and 30 percent of their funding."<sup>427</sup> By December 1981,

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<sup>426</sup> *Arkansas Gazette*, 22 January 1979. David H. Pryor was governor of Arkansas from 1975 to 1979. See Timothy P. Donovan, Willard B. Gatewood, Jr., and Jeannie M. Wayne, eds. *The Governors of Arkansas: Essays in Political Biography*, 2<sup>nd</sup> ed. (Fayetteville: University of Arkansas Press, 1995), 254-260.

<sup>427</sup> *Arkansas Gazette*, 18 September 1981.

it had been determined that Arkansas's share of federal family planning funds in the amount of \$1,643,000 would be divided between the state health department and the AFPC. According to the *Arkansas Gazette*, AFPC director Hamilton "said that the Council could cooperate with the Health Department in offering family planning services."<sup>428</sup>

The Arkansas Health department and the AFPC still sought to provide low income women with birth control information, but the 1980s signaled a new era for birth control and abortion in Arkansas. The health department and the AFPC now faced a federal government determined to cut government social programs and openly hostile to women's reproductive rights. Another development was a focus on the issue of teenage pregnancy in the nation and in Arkansas.

In the 1980s, births to teenagers were perceived to be increasing though they were actually declining. For example, nationally, the percentage of births to teenage mothers declined from 15.6 percent in 1980, to 12.7 percent in 1985, and 12.6 percent in 1986.<sup>429</sup> Despite the decline, the ascendancy of New Right politics in the 1980s intensified focus on teenage pregnancy as a problem. This concern over teen pregnancy derived from the same New Right social conservative values expressed in the antiabortion movement.

Members of the New Right, many of them conservative Christians, shared traditional,

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<sup>428</sup> *Arkansas Gazette*, 31 December 1981.

<sup>429</sup> Rosalind Pollack Petchesky, *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom*, Rev. ed. (Boston: Northeastern University Press, 1990), 210-211; Gordon, *Moral Property*, 347-348; Kristen Luker, *Dubious Conceptions: The Politics of Teenage Pregnancy* (Cambridge: Harvard University Press, 1996), 1-14; *Statistical Abstract of the United States 1988* (Washington D. C.: Government Printing Office, 1987), 63; *Statistical Abstract of the United States 1990* (Washington D. C.: Government Printing Office, 1990), 67.

conservative views of the family and sexuality. Emphasizing the importance of the patriarchal family and parental authority, conservatives resented any perceived government intrusion into the family sphere. In the view of social conservatives, sex should be confined within marriage and engaged in only for the purpose of procreation, not pleasure. In this way, the key issue in the antiabortion movement became non-procreative sex, not, as opponents of abortion claimed, fetal life. Right to life advocates blamed legalized abortion, availability of contraceptives and sex education for encouraging sex outside of marriage, especially among teenagers.<sup>430</sup>

As I have noted, the antiabortion movement was a part of the backlash against the second wave feminist movement. The New Right's concern with sex and teenagers was a part of their reaction against feminist assertions of women's independence from men. Feminists insisted that that independence included the ability to control their own reproductive capacity. John Willke, president of the National Right to Life Committee, insisted that legal abortion threatened the fetus *and* male control over the family. Willke claimed that pro-choice women "do violence to marriage by helping to remove the right of the husband to protect the life of the child he has fathered in his wife's womb." As part of their supposedly pro-family agenda, right to life activists and other New Right social conservatives insisted that sexuality should be "rechannel[ed] into patriarchally legitimate forms, those that reinforce heterosexual marriage and motherhood." Tinged

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<sup>430</sup> Petchesky, *Abortion and Woman's Choice*, 210-211, 262-263; Rebecca E. Klatch, *Women of the New Right* (Philadelphia: Temple University Press, 1987), 22-23, 90-91, 210-211; Ronald E. Story and Bruce Laurie, *The Rise of Conservatism in America: A Brief History with Documents* (Boston: Bedford/St. Martins, 2008), 1-32.

with misogyny, the New Right social agenda, reaffirmed men's perceived right to control women and children.<sup>431</sup>

In the 1980s, Arkansas's percentage of births to teenage mothers was high, second only to that of Mississippi. In Arkansas, the percentage of births to teenage mothers was 21.6 percent in 1980, 19.2 percent in 1985 and 19.0 percent in 1986.<sup>432</sup> In 1987, newly appointed state health director Dr. Joycelyn Elders, in an attempt to address teen pregnancy in Arkansas, proposed that high school-based medical clinics be allowed to offer pregnancy counseling and distribute condoms. Arkansas's New Right social conservatives reacted. In 1996, Elders recalled her surprise at the immediacy and nature of the reaction to her proposal for contraceptives in school-based clinics. Elders remembered that:

The day after that press conference the health department phones started ringing, and they never stopped. Mail began to pour in by the sackful. This was 1987. I never in my life expected that contraception would be such a hot-button issue. I thought there would probably be some argument about distributing condoms. But we were only going to do it for teenagers who had their parent's permission to use the school clinic's pregnancy counseling services. What kind of war did that have to start?<sup>433</sup>

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<sup>431</sup> Petchesky, *Abortion and Woman's Choice*, 263-264; Susan Faludi, *Backlash: The Undeclared War Against American Women*, 2<sup>nd</sup> ed. (New York: Three Rivers Press, 2006), 412-415.

<sup>432</sup> *Statistical Abstract 1988*, 63; *Statistical Abstract 1990*, 67.

<sup>433</sup> M. Joycelyn Elders and David Chanoff, *From Sharecropper's Daughter to Surgeon General of the United States of America* (New York: William Morrow and Company Inc., 1996), 243-244.

Recalling the content of some of the letters she received in response to her proposal, she noted that:

Reading those letters, I found out for the first time in my life that I was an atheist-or, at least, so I was being told. Many of the writers also believed I had no morals or that I was in favor of homosexuality. Others accused me of wanting to teach their little children how to perform sex acts. Some said I was a babykiller. At that point I had never so much as mentioned the word abortion.<sup>434</sup>

Ultimately, that kind of reactionary response did not prevent the establishment of some school-based health clinics in Arkansas.<sup>435</sup> Most importantly, Elders experience with the school-based clinics illustrates how New Right antiabortion politics had, by the 1980s, changed the nature of the debate over contraceptives as a part of health policy in Arkansas.

At the end of the 1960s and into the early 1970s, birth control advocates in Arkansas continued to argue for birth control as a part of the antipoverty and population control agenda. Simultaneously, as in other parts of the United States, second wave feminists in Arkansas began to assert a redefinition of birth control and abortion as women's reproductive rights. In 1969, abortion, under certain medically-determined conditions was finally legalized in Arkansas and generated little controversy. The *Roe v. Wade* decision of 1973 legalized first trimester abortion in the United States but also inspired the organization of abortion opponents. This opposition to abortion was a part of the rise of New Right conservatism in the United States in the 1970s. Most importantly,

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<sup>434</sup> Elders, *From Sharecropper's Daughter*, 244.

<sup>435</sup> *Ibid.*, 265-272.

by the 1980s in Arkansas, proposals for birth control as a part of health policy that would once have generated little controversy provoked attacks from antiabortionists and other New Right conservatives. Finally, this Arkansas example illustrates the fragile nature of support for women's access to reproductive control- whether in the form of birth control or abortion. When birth control was offered as antipoverty measure it generated little controversy, but when women began to demand access to reproduction control on their own terms it changed the nature of the response.

## CONCLUSION

It is hard for us today to imagine the Arkansas legislature passing a revision to the state's abortion law in 1969 and not generating controversy. According to the Institute for Women's Policy Research (IWPR), a Washington D. C.-based research organization dedicated to "informing the debate on public policy measures of critical importance to women and their families," Arkansas ranked as one of the worst states for women in 2004. Arkansas ranked forty-seventh overall out of the 50 states and the District of Columbia based upon categories such as health, employment and earnings, social and economic autonomy, and, notably, reproductive rights. The IWPR's health category includes such measures as women's mortality from certain diseases, and social and economic autonomy encompasses women's access to health care and educational attainment.

For its reproductive rights category, the IWPR utilized information from the National Abortion and Reproductive Rights Action League (NARAL). Formerly the National Abortion Rights Action League, NARAL changed its name in 1994 to reflect its focus on reproductive rights as a whole, not just on abortion rights.<sup>436</sup>

The IWPR evaluated a state based upon the existence of restrictions on women's access to abortion services, such as mandatory consent laws and waiting periods, availability of public funding for abortions, whether the state's governor and legislature were pro-choice, and the existence of state laws requiring health insurance coverage for contraceptives. Mandatory consent and notification laws require minors (young women under 18) to obtain the consent of one or both parents before a physician can perform an abortion or to notify one or both parents of their decision to have an abortion. Waiting period restrictions mandate that physicians cannot perform abortions until a certain number of hours after notifying women of their options in addressing their pregnancies. With regard to public funding, the IWPR evaluates according to whether a state provides public funding for abortions under any circumstances if women are income eligible. The

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<sup>436</sup> Institute for Women's Policy Research, *The Status of Women in the States 2004* (Washington D. C.: The Institute for Women's Policy Research, 2004), 62-65, [internet]: available from <http://www.iwpr.org/States2004/PDFS/National/pdf> Accessed 14 January 2009; Institute for Women's Policy Research, Fact Sheet: The Status of Women in Arkansas, 2004: Highlights, [internet]: available from <http://www.iwpr.org/states/allstates.htm> Accessed 14 January 2009; Institute for Women's Policy Research, Fact Sheet: The Best and Worst States for Women in 2004. [internet]: available from <http://www.iwpr.org/States2004/SWS2004/national.htm> Accessed 14 January 2009; Rickie Solinger, ed., *Abortion Wars: A Half Century of Struggle, 1950-2000* (Berkeley: University of California Press, 1998), 199.



IWPR considers governors and legislatures pro-choice if they oppose restrictions on abortion rights and anti-choice if they support restrictions on abortion rights.<sup>437</sup>

In 2004, according to the IWPR, Arkansas ranked forty-first in the nation in the categories of reproductive rights and health, forty-sixth in the nation in employment and earnings, and fiftieth in the nation in social and economic autonomy.<sup>438</sup> It is disturbing but not necessarily surprising that the state earns such a poor ranking from the IWPR with regard to reproductive rights. In 2004, then Arkansas Republican Governor Mike Huckabee (1996-2007), a Baptist minister, was anti-choice. Beginning during the 1980s and continuing into the 1990s and 2000s, Arkansas's state legislature, like many other state legislatures, began to pass new laws imposing restrictions upon who could obtain abortions and under what conditions. In 1988, Arkansas added an amendment to its state constitution proclaiming that "[Arkansas's] policy is to protect the life of every unborn child from conception until birth, to the extent permitted by the Federal Constitution." The Arkansas constitution also specifies that no public funds are to be used for abortions except when abortions are performed to save women's lives, though this prohibition on public funds does not extend to contraceptives.<sup>439</sup> Revision to Arkansas's abortion law, in

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<sup>437</sup> Institute for Women's Policy Research, *The Status of Women in the States 2004*, 63-64.

<sup>438</sup> Institute for Women's Policy Research, Fact Sheet: The Status of Women in Arkansas, 2004: Highlights, Chart 1.

<sup>439</sup> Arkansas.Gov, Constitution of the State of Arkansas of 1874, [internet]: available from <http://www.sos.arkansas.gov/ar-constitution/arcamend68/arcamend68.htm> Accessed 1 February 2009; National Abortion and Reproductive Rights Action League, Arkansas Political Info. and Laws in Brief, [internet]: [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/state-profiles/arkansas.html](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/state-profiles/arkansas.html) Accessed 20 January 2009.

the 1980s, also reflected an effort to limit teenage girls' access to abortion services.

Passed in 1989, Arkansas's mandatory consent law states that:

The person who performs the abortion [upon a minor] or his or her agent shall obtain or be provided with the written consent from either parent or legal guardian. The written consent shall include . . . a statement from the parent or legal guardian that he or she is aware that the minor desires an abortion and that he or she does consent to the abortion.<sup>440</sup>

Passed in 2001, Arkansas's Woman's Right to Know Act co-opts the language of the women's movement to impose a kind of "waiting period" upon women seeking abortions. The law states that "no abortion shall be performed in this state except with the [abortion-seeking woman's] voluntary and informed consent." According to the law, voluntary and informed consent means that, prior to performing abortions, physicians or their agents must inform women of the medical risks associated with the particular abortion procedure to be used and in carrying a fetus to term, the probable fetal gestational age at the time of the abortion, and that no one can force them to have an abortion. As part of "informed consent," physicians must also inform women of the "possible availability" of medical assistance benefits for prenatal care, childbirth, and neonatal care, and that fathers are legally liable to assist in the support of the child.<sup>441</sup>

Arkansas laws also ban so-called partial birth abortions and require physicians who use ultrasound equipment in the performance of abortions to inform women that they have

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<sup>440</sup> Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 20-16-803 (1989), [internet]: available from <http://www.arkbar.com> Accessed 21 January 2009.

<sup>441</sup> Arkansas Bar Association, Arkansas VesusLaw Online Database, secs. 20-16-903 (2001), [internet]: available from <http://www.arkbar.com> Accessed 21 January 2009.

the right to view the ultrasound image of their unborn child before the abortion is performed.<sup>442</sup> Such laws are clearly biased and intended to discourage women from seeking abortions.

Since the IWPR's report in 2004, the state of women's reproductive rights in Arkansas has changed relatively little. The NARAL issues "report cards" on the state of women's reproductive rights in the nation and the individual states, assigning traditional letter grades of "A", "B", "C", "D", or "F" to each state and the nation. As of 2009, the nation receives a grade of "D-" from the NARAL, and Arkansas receives a grade of "F."<sup>443</sup> Since 2004, Arkansas has imposed more restrictions on abortion. Passed in 2005, Arkansas's "Unborn Child Pain Awareness and Prevention Act" requires physicians performing abortions "on an unborn child whose probable gestational age is twenty (20) weeks or more," to inform, at least twenty-four hours before performing an abortion, "the pregnant female" that she has the right to review state-provided materials containing "information on pain in relation to the unborn child."<sup>444</sup> Since 1983, any facilities in Arkansas, whose "primary function" is to provide abortions have been required to obtain

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<sup>442</sup> Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 20-16-202, 5-61-202-203 (1997) (2003), [internet]: available from <http://www.arkbar.com> Accessed 21 January 2009.

<sup>443</sup> National Abortion and Reproductive Rights Action League, 2009 Report Card on Women's Reproductive Rights, [internet]: available from [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/introduction/whodecides2009reportcard.pdf](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/introduction/whodecides2009reportcard.pdf) Accessed 1 February 2009.

<sup>444</sup> Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 20-16-1103 (2005), [internet]: available from <http://www.arkbar.com> Accessed 21 January 2009. Gestational age is defined as the fetus's age calculated from the first day of the pregnant woman's last menstrual period.

“abortion facility” licenses. Currently, abortion providers must pay a \$1000 fee to obtain the license and a prohibitive \$1,000 fee to renew it each year.<sup>445</sup>

With all these legal restrictions, it is probably not surprising that, as of 2005, 97 percent of Arkansas counties had no abortion provider. The number of abortions in Arkansas dropped from 6,200 in 1980 to 5,400 in 1985, and rose slightly to 7,000 in 1992. By 2000, the number of abortions in Arkansas had dropped again to 6,000.<sup>446</sup> In 2008, the Guttmacher Institute (GI), a New York City-based sexual and reproductive health policy research center, reported that “in Arkansas, 52,064 of the 567,064 women [aged 15-44] became pregnant in 2005, [and] 75% of these pregnancies resulted in live births and 9% resulted in induced abortions.” The GI also reported that only 4,710 women obtained abortions in Arkansas in 2005. Recognizing that variations in contraceptive use affects the need for abortions and that some women can go outside the state for abortions, these statistics still suggest that Arkansas’s restrictions on abortion have discouraged women from seeking them. Another important factor that affects

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<sup>445</sup>National Abortion and Reproductive Rights Action League, Arkansas Political Info. and Laws in Brief: Targeted Regulation of Abortion Providers, [internet]: [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/state-profiles/arkansas.html](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/state-profiles/arkansas.html) Accessed 20 January 2009.

<sup>446</sup>Alan Guttmacher Institute, State Facts About Abortion: Arkansas, [internet]: available from <http://www.statehealthfacts.org> Accessed 10 February 2009; *Statistical Abstract of the United States 1984* (Washington D. C.: Government Printing Office, 1984), 68; *Statistical Abstract of the United States 1990* (Washington D. C.: Government Printing Office, 1990), 72; *Statistical Abstract of the United States 1994* (Washington D. C.: Government Printing Office, 1994), 86; *Statistical Abstract of the United States 2004* (Washington D. C.: Government Printing Office, 2004), 71.

women seeking abortions today is the fear of harassment and violence from abortion opponents.<sup>447</sup>

Notably, this declining number of abortions is not unique to Arkansas. Since 1990, the number of abortions in the United States has, for the most part, declined. In 1990 there were 1,609,000 abortions in the U.S., 1,359,000 abortions in 1995 and 1,313,000 abortions in 2000. According to the GI, “6.3 million of the 62 million American women [aged 15-44] became pregnant in 2005, [and] 66% of these pregnancies resulted in live births and 19% in abortions [15% ended in miscarriage].” The GI also reported that 87 percent of counties in the U.S. had no abortion provider in 2005.<sup>448</sup>

Contraceptives can eliminate the need for abortion in the first place. But conservative lawmakers have co-opted the language of “choice” and “consent” to also limit access to contraceptives. The Arkansas Family Planning Act (AFPA), originally passed in 1973, still exists, but reflecting the decline of the 1950s and 1960s era “population control” agenda, the AFPA of today no longer contains its original reference to population growth. The AFPA still states that medical professionals can refuse to provide contraceptive procedures or advice based upon religious or conscientious objection.<sup>449</sup> As of 2009, the NARAL identifies three Arkansas laws pertaining to insurance coverage, emergency contraception and low-income women’s access to contraceptives that it labels “Pro-Choice Laws.” Passed in 2005, Arkansas’s Equity in

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<sup>447</sup> Alan Guttmacher Institute, State Facts About Abortion: Arkansas; Solinger, ed., *Abortion Wars*, 73-74.

<sup>448</sup> *Statistical Abstract 2004*, 70; Alan Guttmacher Institute, State Facts About Abortion: Arkansas.

<sup>449</sup> Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 20-16-304 (1973), available from <http://www.arkbar.com> Accessed 21 January 2009.

Prescription Insurance and Contraceptive Coverage Act states that “every health benefit policy approved . . . on or after August 12, 2005, that provides coverage for prescription drugs . . . shall provide coverage for prescribed drugs or devices approved by the United States Food and Drug Administration for use as a contraceptive.” However, Arkansas’s Contraceptive Coverage Act specifically states that “nothing in this subchapter shall be construed to require any insurance company to provide coverage for an abortion, an abortifacient, or any [FDA approved] emergency contraception.”<sup>450</sup> Emergency contraception, also often referred to as the “morning after pill,” has been available in the United States since the late 1990s. Emergency contraception contains a higher dose of the hormones found in birth control pills and is used to prevent, not terminate, pregnancy when taken within twenty-four hours after unprotected sex.<sup>451</sup>

While Arkansas law does not require insurance coverage for emergency contraception, in 2007, the state enacted a law that requires that sexual assault survivors be provided with information about emergency contraception in hospital emergency rooms. More specifically, the Arkansas law states that “all [licensed] health care facilities [that] provide emergency care to sexual assault survivors shall amend their evidence-

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<sup>450</sup> National Abortion and Reproductive Rights Action League, Arkansas Political Info. and Laws in Brief: Contraceptive Equity, Emergency Contraception, Low-Income Women’s Access to Family Planning, [internet]: [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/state-profiles/arkansas.html](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/state-profiles/arkansas.html) Accessed 20 January 2009; Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 23-79-1103 (2005), [internet]: available from <http://www.arkbar.com> Accessed 21 January 2009.

<sup>451</sup> United States Food and Drug Administration, FDA Approves Over-the-Counter Access for Plan B for Women 18 and Older; Prescription Remains Required for Those 17 and Under, August 24, 2006, [internet]: available from <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01436.html> Accessed 21 January 2009.

collection protocols for the treatment of sexual assault victims to include informing the survivor in a timely manner of the availability of emergency contraception.” Once again, however, this law contains a clause that allows health care professionals who oppose contraception on moral or religious grounds, to refuse to provide emergency contraceptive information to women who have been sexually assaulted.<sup>452</sup>

What about low-income women’s access to contraceptives in Arkansas? Under the Social Security Act, Section 1115 authorizes the federal Health and Human Services secretary to “approve projects that test policy innovations likely to further the objectives of the Medicaid program.” In September 1997, Arkansas implemented a family planning waiver under Section 1115. Arkansas’s family planning waiver allows the state to cover family planning services for all women of childbearing age [otherwise ineligible for state and federal health care programs] with incomes at or below 200% of the federal poverty level.” Those who are covered under the waiver are not required to pay premiums or co-payments for covered services. Covered services include contraceptives, contraceptive education and counseling, voluntary sterilization, office visits, and family planning-related laboratory and radiology procedures.<sup>453</sup>

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<sup>452</sup> Arkansas Bar Association, Arkansas VersusLaw Online Database, secs. 20-13-1401-1403 (2007), [internet]: available from <http://www.arkbar.com> Accessed 21 January 2009.

<sup>453</sup> United States Department of Health and Human Services, Medicaid State Waiver Program Demonstration Projects Section 1115, [internet]: available from [http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGL/01\\_Overview.html](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGL/01_Overview.html) Accessed 16 February 2009; National Abortion and Reproductive Rights Action League, Arkansas Political Info. and Laws in Brief: Low-Income Women’s Access to Family Planning, [internet]: [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/state-profiles/arkansas.html](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/state-profiles/arkansas.html) Accessed 20 January 2009.

In the larger sense, this case study of Arkansas calls on us to think about how women's bodies are used for political purposes, whether populations were targeted for controlling as they were in the past or current attempts by some to limit women's control over their reproductive capacity through restricting access to abortion. This Arkansas example thus speaks to the power of New Right antifeminist backlash and the way that today's post *Roe v. Wade* (1973) anti abortion activists had been able, in a relatively short time, to redefine abortion as murder. In terms of reproductive choice, the current wave of restrictions only makes it more difficult for women without financial resources to exercise control over their own bodies. This Arkansas example suggests that we need to reflect on the meaning of a legal right to privacy. Reproductive choice is inextricably linked with women's right to privacy. Women's decisions, though poor women, as we have seen, frequently find their choices limited, about whether or not to become pregnant or continue a pregnancy is, foremost, a very personal and private matter. Fuller recognition of a legal right to privacy, would mean that women, especially poor women, could make reproductive choices with less fear of excessive or coercive intrusion by policymakers, lawmakers, or opponents of abortion. Clearly, women in Arkansas and the nation, of all races and classes, must continue to struggle for reproductive autonomy.



## BIBLIOGRAPHY

### Primary Sources

- American Association of University Women Arkansas Division and Little Rock Branch Collection, 1917-Present. University of Arkansas Little Rock Archives, Ottenheimer Library, Little Rock, Arkansas.
- American Association of University Women Fayetteville Branch Papers, 1923-1984. University of Arkansas Fayetteville Archives and Special Collections, Mullins Library, Fayetteville, Arkansas.
- The Caduceus 1953, 1957 and 1958: Yearbooks of the UA Medical School.* University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, Arkansas.
- Eva F. Dodge Papers, 1916-1981. University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, Arkansas.
- Eva F. Dodge Biographical File. University of Arkansas Little Rock Archives, Ottenheimer Library, Little Rock, Arkansas.
- History of Public Health in Arkansas-Birth Control Records. University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, Arkansas.
- Katz, Esther, et al., eds. *The Margaret Sanger Papers [Microform]: Documents from the Sophia Smith Collection and College Archives, Smith College (Series 2).* Subseries 1 Correspondence, 83 Reels. Bethesda, Maryland: University Publications of America, 1994.
- Katz, Esther, et al. eds. *The Margaret Sanger Papers Microfilm Edition: Smith College Collections.* Bethesda, Maryland: University Publications of America, 1996.

National Organization for Women: Arkansas Chapter and Northwest Arkansas Chapter Records, 1978-1998. University of Arkansas Fayetteville Archives and Special Collections, Mullins Library, Fayetteville, Arkansas.

Records of Applications to the Basic Sciences and Healing Arts Board: State of Arkansas, 1929-1977. University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, Arkansas.

*University of Arkansas School of Medicine Bulletins, 1940-1980.* University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, Arkansas.

#### Newspapers

*Arkansas Gazette* (Little Rock, AR). 1940-1991.

*Arkansas Democrat-Gazette* (Little Rock, AR). 1991-2008.

*New York Times*. 1930-2008.

*Northwest Arkansas Times* (Fayetteville, AR). 17 April 1993.

*The Southern Standard* (Arkadelphia, AR). 23 July 1981.

#### Interviews

Dodge, Eva F. Interview by Edwina Walls Mann, 3 June 1980. Transcript. University of Arkansas for Medical Sciences Historical Research Center, University of Arkansas for Medical Sciences Library, Little Rock, Arkansas.

Elders, M. Joycelyn. Interview by the author. 22 November 2005. Tape recording in possession of the author.

Welch, Sandra Kay. Interview by the author. 5 April 2007. Transcript in possession of the author.

#### Census Records

*Statistical Abstracts of the United States, 1951-2005.* Washington D. C.: Government Printing Office, 1951-2004.

Sutch, Richard and Susan B. Carter, eds. *Historical Statistics of the United States: Earliest Times to the Present Millennial Edition, Vol. 1, Population.* New York:

Cambridge University Press, 2006.

Sutch, Richard and Susan B. Carter, eds. *Historical Statistics of the United States: Earliest Times to Present Millennial Edition, Vol. II, Work and Welfare*. New York: Cambridge University Press, 2006.

United States Bureau of the Census. *Thirteenth Census of the United States 1910, Vol. 2, Population, Reports by States Alabama-Montana*. Washington D. C.: Government Printing Office, 1913. Reprint, New York: Norman Ross Publishing Company, Inc., 1999.

United States Bureau of the Census. *Fourteenth Census of the United States 1920, Vol. 3, Population Composition and Characteristics*. Washington D. C.: Government Printing Office, 1922. Reprint, New York: Norman Ross Publishing Company, Inc., 2000.

United States Bureau of the Census. *Sixteenth Census of the United States 1940, Vol. III, Population, The Labor Force, Part 2 Alabama-Indiana*. Washington D. C.: Government Printing Office, 1943.

United State Bureau of the Census. *Census of Population: 1950, Vol. II, Characteristics of the Population, Part 4 Arkansas*. Washington D. C.: Government Printing Office, 1952.

United States Bureau of the Census. *1950 Census of Agriculture: Counties and State Economic Areas, Vol. 1, Part 23 Arkansas*. Washington D. C.: Government Printing Office, 1952.

United States Bureau of Labor Statistics. *Perspectives on Working Women: A Databook*. Washington D. C., Government Printing Office, 1980.

#### Laws and Legal Records

*Acts of Arkansas, 1875-1973*.

*Arkansas Reports, 1885-1933*.

*Arkansas Statutes 1947 Annotated*. Indianapolis, Indiana: Bobbs-Merrill, 1947-1987.

Mansfield, W. W. *A Digest of the Statutes of Arkansas 1884, Part II*. Little Rock: Mitchell and Bettis, Steam and Book and Job Printers, 1884. Reprint, Book Lab, Inc., 1997.

Pope, Walter L. *Digest of the Statutes of Arkansas 1937, Vol. 1*. Helms Printing Company, 1937.

## Internet Sources

- Alan Guttmacher Institute. "State Facts About Abortion: Arkansas." [internet] <http://www.statehealthfacts.org>. accessed 10 February 2009.
- Altrusa International, Inc. "History of Altrusa." [internet] <http://www.altrusa.com/General/history.asp>. accessed 24 May 2007.
- American Medical Women's Association. "AMWA's Mission and History." [internet] <http://www.amwa-doc.org/index.cfm>. accessed 28 May 2007.
- Arkansas Bar Association. Arkansas Versuslaw Online Database. [internet] <http://www.arkbar.com/>. accessed 31 March 2009.
- Arkansas.Gov. "Constitution of the State of Arkansas 1874." [internet] <http://www.sos.arkansas.gov/ar-constitution/arcamend68/arcamend68.htm>. accessed 1 February 2009.
- Census Data Center, Institute for Economic Advancement, College of Business Administration, University of Arkansas Little Rock. "Population by County 1910-1940." [internet] [http://www.aiea.ualr.edu/census/other/ReYr2\\_1940.html](http://www.aiea.ualr.edu/census/other/ReYr2_1940.html) accessed 24 July 2006.
- Census Data Center, Institute for Economic Advancement, College of Business Administration, University of Arkansas Little Rock. "Population by County 1950-1980." [internet] [http://www.aiea.ualr.edu/census/other?ReYr3\\_1980.html](http://www.aiea.ualr.edu/census/other?ReYr3_1980.html) accessed 24 July 2006.
- Encyclopedia Britannica Online*. [internet] <http://search.eb.com.spot.lib.auburn.edu>. accessed 28 January 2009.
- Institute for Women's Policy Research. *The Status of Women in the States 2004* (Washington D. C.: The Institute for Women's Policy Research, 2004). [internet] <http://www.iwpr.org/States2004/PDFS/National/pdf>. Accessed 14 January 2009.
- Institute for Women's Policy Research. "Fact Sheet: The Status of Women in Arkansas, 2004: Highlights." [internet] <http://www.iwpr.org/states/allstates.htm>. accessed 14 January 2009.
- Institute for Women's Policy Research. "Fact Sheet: The Best and Worst States for Women in 2004." [internet] <http://www.iwpr.org/States2004/SWS2004/national.htm>. accessed 14 January 2009.

National Abortion and Reproductive Rights Action League. "Arkansas Political Info. and Laws in Brief." [internet] [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/state-profiles/Arkansas.html](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/state-profiles/Arkansas.html). accessed 20 January 2009.

National Abortion and Reproductive Rights Action League. "2009 Report Card on Women's Reproductive Rights." [internet] [http://www.prochoiceamerica.org/choice-action-center/in\\_your\\_state/who-decides/introduction/whodecides2009reportcard.pdf](http://www.prochoiceamerica.org/choice-action-center/in_your_state/who-decides/introduction/whodecides2009reportcard.pdf). accessed 1 February 2009.

National Library of Medicine. "Dr. Edith Irby Jones." [internet] [http://www.nlm.gov/changingthefaceofmedicine/physicians/biography\\_175.html](http://www.nlm.gov/changingthefaceofmedicine/physicians/biography_175.html). accessed 27 May 2007.

*Oxford Reference Online Premium*. [internet] <http://www.oxfordreference.com.spot.lib.auburn.edu/views/GLOBAL.html>. accessed 23 April 2009.

United States Food and Drug Administration. "FDA Approves Over-the-Counter Access for Plan B for Women 18 and Older; Prescription Remains Required for Those 17 and Under, August 24, 2006." [internet] <http://www.fda.gov/bbs/topics/NEWS/2006?NEW01436.html>. accessed 21 January 2009.

United States Department of Health and Human Services. "Medicaid State Waiver Program Demonstration Projects Section 1115." [internet] [http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/01\\_Overview.html](http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/01_Overview.html).

University of Arkansas for Medical Sciences. "A Brief History of UAMS." [internet] <http://www.uams.edu/chancellor/history.asp>. accessed 31 March 2009.

University of Arkansas Pine Bluff. "General Information about UAPB." [internet] <http://www.uapb.edu/admissions/about.uapb.htm>. accessed 5 December 2006.

#### Secondary Sources

Allen, E. Stewart and Willis E. Brown. "The Intrauterine Contraceptive Device." *Journal of the Arkansas Medical Society* 61 (October 1964): 141-143.

Bailey, Beth L. *From Front Porch to Backseat: Courtship in Twentieth-Century America*. Baltimore: The Johns Hopkins University Press, 1988.

Bailey, Kenneth K. *Southern White Protestantism in the Twentieth Century*. New York:

- Harper and Row, 1964.
- Baird, W. David. *Medical Education in Arkansas, 1879-1978*. Memphis: Memphis State University Press, 1979.
- Bartley, Numan V. *The New South, 1945-1980*. Baton Rouge: Louisiana State University Press, 1995.
- Beardsley, Edward H. *A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth Century South*. Knoxville: University of Tennessee Press, 1987.
- Bell, Winifred. *Aid to Dependent Children*. New York: Columbia University Press, 1965.
- Berkowitz, Edward D. *America's Welfare State: From Roosevelt to Reagan*. Baltimore and London: The Johns Hopkins University Press, 1991.
- Berkowitz, Edward D. and Kim McQuaid. *Creating the Welfare State: The Political Economy of 20<sup>th</sup> Century Reform*. Rev. ed. Lawrence, Kansas: University of Kansas Press, 1992.
- Black's Medical Dictionary*. 40<sup>th</sup> ed. London: A and C Publisher's Limited, 2002.
- Blair, Diane D. and Jay Barth. *Arkansas Politics and Government*. 2<sup>nd</sup>. ed. Lincoln: University of Nebraska Press, 2005.
- Blanchard, Dallas A. *The Anti-Abortion Movement and the Rise of the Religious Right*. New York: Twayne Publishers, 1994.
- Brinkley, Alan. *American History: A Survey Volume II*. 12<sup>th</sup> ed. New York: McGraw and Hill, 2007.
- Brodie, Janet Farrell. *Contraception and Abortion in 19<sup>th</sup> Century America*. Ithaca: Cornell University Press, 1994.
- Burke, Vincent J. and Vee Burke. *Nixon's Good Deed: Welfare Reform*. New York: Columbia University Press, 1974.

- Caron, Simon M. "Birth Control and the Black Community in the 1960s: Genocide or Power Politics?." *Journal of Social History* (Spring 1998): 545-562.
- Chafe, William H. *The American Woman: Her Changing Social, Economic, and Political Roles, 1920-1970*. New York: Oxford University Press, 1972.
- Chafe, William H. *The Unfinished Journey: America Since World War II*. New York: Oxford University Press, 1995.
- Chesler, Ellen. *Woman of Valor: Margaret Sanger and the Birth Control Movement in America*. New York: Simon and Schuster, 1992.
- Chisholm, Shirley. *Unbought and Unbossed*. Boston: Houghton Mifflin Company, 1970.
- Cobble, Dorothy Sue. *The Other Women's Movement: Workplace Justice and Social Rights in Modern America*. Princeton: Princeton University Press, 2004.
- Cott, Nancy F., ed. *No Small Courage: A History of Women in the United States*. New York: Oxford University Press, 2000.
- Critchlow, Donald T. *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America*. New York: Oxford University Press, 1999.
- Cutright, Phillips and Frederick S. Jaffe. "Short-Term Benefits and Costs of United States Family Planning Programs, 1970-1975." *Family Planning Perspectives* 9 (March/April 1977): 77-80.
- D'Emilio, John and Estelle B. Freedman. *Intimate Matters: A History of Sexuality in America*. 2<sup>nd</sup> ed. Chicago: University of Chicago Press, 1997.
- Davis, Angela. *Women, Race and Class*. New York: Vintage Books, 1983.
- DeHart, Jane Sherron and Donald G. Mathews. *Sex, Gender, and the Politics of ERA: A State and the Nation*. New York: Oxford University Press, 1990.
- Dodge, Eva F. and Thomas T. Frost. "Relation Between Blood Plasma Proteins and Toxemias of Pregnancy." *Journal of the American Medical Association* 3 (November 1938): 1898-1902.
- Dodge, Eva F and Burton F. Austin. "The Development and Progress of the Maternity Clinic Program in Alabama." *Southern Medical Journal* 33 (May 1940): 537-546.
- Dodge, Eva F. "Postcoital Secretion Absorbed by Tampons Without Dislodging Diaphragm." *Southern Medical Journal* 40 (September 1947): 786.

- Donovan, Timothy P., Willard B. Gatewood, Jr., and Jeannie M. Whayne, eds. *The Governors of Arkansas: Essays in Political Biography*. Fayetteville: University of Arkansas Press, 1995.
- Dorr, Gregory M. "Defective or Disabled?: Race, Medicine, and Eugenics in Progressive Era Virginia and Alabama." *Journal of the Gilded Age and Progressive Era* 5 (October 2006): 359-392.
- Dorr, Gregory M. *Segregation's Science: Eugenics and Society in Virginia*. Charlottesville: University of Virginia Press, 2008.
- Dougan, Michael B. *Arkansas Odyssey: The Saga of Arkansas from Prehistoric Times to Present*. Little Rock: Rose Publishing Company, Inc., 1994.
- Dryfoos, Joy G., et al. "Eighteen Months Later: Family Planning Services in the United States, 1969: A Family Planning Perspectives Special Feature." *Family Planning Perspectives* 3 (April 1971): 29-44.
- Dubois, Ellen Carol and Vicki L. Ruiz, eds. *Unequal Sisters: A Multicultural Reader in US Women's History*. New York and London: Routledge, Chapman and Hall, Inc., 1990.
- Duffy, John. *The Sanitarians: A History of American Public Health*. Urbana and Chicago: University of Illinois Press, 1990.
- Echols, Alice. *Daring to be Bad: Radical Feminism in America, 1967-1975*. Minneapolis: University of Minnesota Press, 1989.
- Elders, Joycelyn M. and David Chanoff. *From Sharecropper's Daughter to Surgeon General of the United States of America*. New York: William Morrow and Company, 1996.
- Evans, Sara. *Personal Politics: The Roots of the Women's Liberation Movement in the Civil Rights Movement and the New Left*. New York: Alfred A. Knopf, 1979.
- Ezekiel, Judith. *Feminism in the Heartland*. Columbus: The Ohio State University Press, 2002.
- Faludi, Susan. *Backlash: The Undeclared War Against American Women*. 2<sup>nd</sup> ed. New York: Three Rivers Press, 2006.
- Family Planning Perspectives*. 1969-1992.



- Feldstein, Ruth. *Motherhood in Black and White: Race and Sex in American Liberalism, 1930-1965*. Ithaca: Cornell University Press, 2000.
- Freeman, Jo. *The Politics of Women's Liberation: A Case Study of an Emerging Social Movement and the New Left*. New York: Alfred A. Knopf, 1979.
- Fried, Marlene Gerber, ed. *From Abortion to Reproductive Freedom: Transforming a Movement*. Boston: South End Press, 1990.
- Friedan, Betty. *It Changed My Life: Writings from the Women's Movement*. New York: Random House, 1976.
- Friedan, Betty. *Life So Far: A Memoir*. New York: Simon and Schuster, 2000.
- Giddings, Paula. *When and Where I Enter: The Impact of Black Women on Race and Sex in America*. New York: William Morrow and Company, 1984.
- Gilmore, Glenda Elizabeth. *Who Were the Progressives?*. Boston and New York: Bedford/St. Martin's, 2002.
- Gilmore, Stephanie. "The Dynamics of Second-Wave Feminist Activism in Memphis, 1971-1982." *NWSA Journal* 15 (Spring 2003): 94-117.
- Ginsburg, Faye. *Contested Lives: The Abortion Debate in an American Community*. Berkeley: University of California Press, 1989.
- Gordon, Linda. *Woman's Body, Woman's Right: A Social History of Birth Control in America*. New York: Penguin Books, 1976.
- Gordon, Linda. *Pitied but not Entitled: Single Mothers and the History of Welfare*. New York: The Free Press, 1994.
- Gordon, Linda. "Who Deserves Help? Who Must Provide?" *The Annals of the American Academy of Political and Social Science* 12 (September 2001): 13-24.
- Gordon, Linda. *The Moral Property of Women: A History of Birth Control Politics in America*. Urbana and Chicago: University of Illinois Press, 2002.
- Graves, John William. *Town and Country: Race Relations in an Urban-Rural Context, Arkansas, 1865-1905*. Fayetteville: University of Arkansas Press, 1990.
- Haller, Mark H. *Eugenics, Hereditarian Attitudes in American Thought*. New Brunswick, New Jersey: Rutgers University Press, 1963.

- Harrison, Cynthia. *On Account of Sex: The Politics of Women's Issues, 1945-1968*. Berkeley: University of California Press, 1988.
- Henker, Fred O., III. "Abortion and Sterilization from Psychiatric and Medico-Legal Viewpoints." *Journal of the Arkansas Medical Society* 57 (February 1961): 368-373.
- Henker, Fred O., III. "Abortion Applicants in Arkansas." *Journal of the Arkansas Medical Society* 69 (March 1973): 293-295.
- Herndon, Dallas T. *Centennial History of Arkansas*. Chicago: The S. J. Clarke Publishing Company, 1922. Reprint, Southern Historical Press, 1977.
- Hill, Samuel S., ed. *Religion in the Southern States*. Macon: Mercer University Press, 1983.
- Hine, Darlene Clark. *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*. Bloomington: Indiana University Press, 1989.
- Hole, Judith and Ellen Levine. *Rebirth of Feminism*. New York: Quadrangle Books, 1971.
- Hubbard, Ruth. *The Politics of Women's Biology*. New Brunswick, New Jersey: Rutgers University Press, 1992.
- James, Edward T., ed. *Notable American Women 1607-1950: A Biographical Dictionary*. Cambridge: Belknap Press of Harvard University Press, 1971.
- Johnson, Ben F., III. *Arkansas in Modern America, 1930-1999*. Fayetteville: University of Arkansas Press, 2000.
- Johnson, Lyndon B. "State of the Union." *Vital Speeches of the Day* 30 no. 7 (January 15, 1964): 194-197. *Academic Search Premier*, EBSCOhost, accessed 6 March 2008.
- Johnson, Lyndon B. "State of the Union." *Vital Speeches of the Day* 31 no. 7 (January 15, 1965): 194-198. *Academic Search Premier*, EBSCOhost, accessed 20 August 2007.
- Johnson, Lyndon B. "State of the Union." *Vital Speeches of the Day* 32 no. 8 (February 1, 1966): 226-230. *Academic Search Premier*, EBSCOhost, accessed 25 October 2007.
- Johnson, Lyndon B. "State of the Union." *Vital Speeches of the Day* 33 no. 8 (February 1, 1967): 226-234. *Academic Search Premier*, EBSCOhost, accessed 6 March 2008.

- Journal of the Arkansas Medical Society*. 1935-1993.
- Kaplan, Laura. *The Story of Jane: The Legendary Underground Feminist Abortion Service*. New York: Pantheon Books, 1995.
- Kessler-Harris, Alice. *Out to Work: A History of Wage-Earning Women in the United States*. New York: Oxford University Press, 1982.
- Kessler-Harris, Alice. *In Pursuit of Equity: Women, Men, and the Quest for Economic Citizenship in 20<sup>th</sup> Century America*. New York: Oxford University Press, 2001.
- Kevles, Daniel J. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*. 2<sup>nd</sup> ed. Cambridge: Harvard University Press, 1995.
- Kinsey, Alfred C. *Sexual Behavior in the Human Male*. Philadelphia: W. B. Saunders Company, 1948.
- Kinsey, Alfred C. *Sexual Behavior in the Human Female*. Philadelphia: W. B. Saunders Company, 1953.
- Klatch, Rebecca E. *Women of the New Right*. Philadelphia: Temple University Press, 1987.
- Kline, Wendy. *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom*. Berkeley: University of California Press, 2005.
- Kunzel, Regina. *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945*. New Haven: Yale University Press, 1993.
- Larson, Edward. *Sex, Race and Science: Eugenics in the Deep South*. Baltimore: The Johns Hopkins University Press, 1995.
- Lawson, Steven F. *Running for Freedom: Civil Rights and Black Politics in America Since 1941*. 2<sup>nd</sup> ed. New York: McGraw and Hill Companies, Inc., 1997.
- Leach, William. *True Love and Perfect Union: The Feminist Reform of Sex and Society*. New York: Basic Books, 1980.
- Leavitt, Judith Walzer. *Brought to Bed: Childbearing in America 1750 to 1950*. New York and Oxford: Oxford University Press, 1986.

- Leavitt, Judith Walzer, ed. *Women and Health in America*. Madison: University of Wisconsin Press, 1999.
- Ledbetter, Calvin R., Jr. *Carpenter From Conway: George Washington Donaghey as Governor of Arkansas, 1909-1913*. Fayetteville: University of Arkansas Press, 1993.
- Lesh, Ruth E. "Fibromyoma of the Uterine Cervix." *Journal of the International College of Surgeons* 14 (July 1950): 122-123.
- Lesh, Ruth E. "Presentation of Foot through Intact Anus during Breech Delivery." *American Journal of Obstetrics and Gynecology* 64 (September 1952): 688-689.
- Lesh, Ruth E. "Amaurosis in Early Pregnancy." *Obstetrics and Gynecology* 2 (August 1953): 158-160.
- Lesh, Ruth E. "Pelvic Tumors with Ascites and Hydrothorax." *Journal of the Arkansas Medical Society* 51 (January 1955): 174-176.
- Lesh, Ruth E. and Frances Bruehl. "The Nurse in a Gynecologist's Office." *American Journal of Nursing* 55 (February 1955): 187-192.
- Lesh, Ruth E. "Endometriosis of the Rectum." *Obstetrics and Gynecology* 5 (March 1955): 320-324.
- Lewis, Jill and Gloria I. Joseph. *Common Differences: Conflicts in Black and White Feminist Perspectives*. New York: Anchor Press, 1981.
- Leung, Marianne. "Better Babies:" The Arkansas Birth Control Movement during the 1930s." Ph. D. diss., University of Memphis, 1996.
- Lindenmeyer, Kriste. "A Right to Childhood" *The U.S. Children's Bureau and Child Welfare, 1912-1946*. Urbana and Chicago: University of Illinois Press, 1997.
- Link, Arthur S. and Richard L. McCormick. *Progressivism*. Arlington Heights, Illinois: Harlan and Davidson, Inc., 1983.
- Luker, Kristen. *Abortion and the Politics of Motherhood*. Berkeley: University of California Press, 1984.
- Luker, Kristen. *Dubious Conceptions: The Politics of Teenage Pregnancy*. Cambridge: Harvard University Press, 1996.

- Mann, Edwina Walls, ed. *Contributions to Arkansas Medical History: History of Medicine Associates Research Award Papers, 1986-1987*. Charlotte, North Carolina: Delmar Print Company, 1990.
- Mann, Edwina Walls, ed. *Contributions to Arkansas Medical History: History of Medicine Associates Research Award Papers, 1988-1992*. Kansas City, Missouri: Walsworth Print Company, 1999.
- May, Elaine Tyler. *Homeward Bound: American Families in the Cold War Era*. Rev. ed. Basic Books, 1999.
- McMath, Anne. *First Ladies of Arkansas: Women of Their Times*. Little Rock: August House, Inc., 1989.
- Merriam Websters Medical Dictionary New Edition*. Springfield, Massachusetts: Merriam-Webster, Inc., 2006.
- Meyer, Jimmy E. W. *Any Friend of the Movement: Networking for Birth Control, 1920-1940*. Columbus: Ohio State University Press, 2004.
- Miller, Elissa Lane. "From Private Duty to Public Health: A History of Arkansas Nursing, 1895-1954." Ph. D. diss., Memphis State University, 1989.
- Mills, Kay. *This Little Light of Mine: The Life of Fanny Lou Hamer*. New York: Penguin Books, 1993.
- Mittlestadt, Jennifer. *From Welfare to Workfare: The Unintended Consequences of Liberal Reform, 1945-1965*. Chapel Hill: University of North Carolina Press, 2005.
- Mohr, James C. *Abortion in America: The Origins and Evolutions of National Policy, 1800-1900*. New York: Oxford University Press, 1978.
- Moneyhon, Carl H. *Arkansas in the New South, 1874-1929*. Fayetteville: University of Arkansas Press, 1997.
- Morantz-Sanchez, Regina. *Sympathy and Science: Women Physicians in American Medicine*. 2<sup>nd</sup> ed. Chapel Hill: The University of North Carolina Press, 2000.
- Morgan, Robin, ed. *Sisterhood is Powerful: An Anthology of Writings from the Women's Liberation Movement*. New York: Random House, 1970.
- Mosby's Medical, Nursing, and Allied Health Dictionary*. 6<sup>th</sup> ed. Mosby's Inc., a Harcourt Health Services Company, 2002.

- Moyers, David M. "From Quackery to Qualification: Arkansas Medical and Drug Legislation, 1881-1909." *Arkansas Historical Quarterly* 35 (Spring 1976): 3-26.
- Moyers, David M. "Arkansas Progressivism, the Legislative Record." Ph. D. diss., University of Arkansas, 1986.
- Nelson, Jennifer. *Women of Color and the Reproductive Rights Movement*. New York: New York University Press, 2003.
- Niswonger, Richard L. *Arkansas Democratic Politics, 1896-1920*. Fayetteville: University of Arkansas Press, 1990.
- Nixon, Richard M. "Address to the Nation on Domestic Programs." *Weekly Compilation of Presidential Documents* 5 (August 11, 1969): 1103-1112.
- Numbers, Ronald L. *Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920*. Baltimore: The Johns Hopkins University Press, 1978.
- Patterson, James T. *America's Struggle Against Poverty: 1900-1994*. Cambridge: Harvard University Press, 1994.
- Parry, Janine A. "What Women Wanted": Arkansas Women's Commissions and the ERA." *Arkansas Historical Quarterly* 59 (Autumn 2000): 265-298.
- Paul, Diane B. *Controlling Human Heredity: 1865 to Present*. Atlantic Highlands, New Jersey: Humanities Press International, 1995.
- Peiss, Kathy, ed. *Major Problems in the History of American Sexuality: Documents and Essays*. Boston and New York: Houghton Mifflin Company, 2002.
- Petchesky, Rosalind Pollack. *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom*. Rev. ed. Boston: Northeastern University Press, 1990.
- Piven, Frances Fox and Richard A. Cloward. *Regulating the Poor: the Functions of Public Welfare*. New York: Pantheon Books, 1971.
- Piven, Frances Fox and Richard A. Cloward. *Poor People's Movements: Why they Succeed, How they Fail*. New York: Vintage Books, 1979.
- Quadagno, Jill. *The Color of Welfare: How Racism Undermined the War on Poverty*. New York: Oxford University Press, 1994.
- Rainwater, Lee. *And the Poor Get Children: Sex, Contraception, and Family Planning in the Working Class*. Chicago: Quadrangle Books, 1960.

- Rainwater, Lee and William L. Yancy. *The Moynihan Report and the Politics of Controversy*. Cambridge: The M. I. T. Press, 1967.
- Ramsey, Rex. "Family Planning in Arkansas." *Journal of the Arkansas Medical Society* 63 (October 1966): 198-201.
- Ray, Joyce M. and F. G. Gosling. "American Physicians and Birth Control, 1936-1947." *Journal of Social History* 18 (Spring 1985): 399-411.
- Reagan, Leslie J. *When Abortion was a Crime: Women, Medicine, and the Law in the United States, 1867-1973*. Berkeley: University of California Press, 1997.
- Reed, James. *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830*. New York: Basic Books, Inc., 1978.
- Reilly, Phillip R. *The Surgical Solution: A History of Involuntary Sterilization in the United States*. Baltimore: The Johns Hopkins University Press, 1991.
- Roberts, Dorothy. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. New York: Pantheon Books, 1997.
- Rosen, George. *A History of Public Health*. Exp. Ed. Baltimore: The Johns Hopkins University Press, 1993.
- Rosen, Ruth. *The World Split Open: How the Modern Women's Movement Changed America*. New York: Viking Penguin, 2000.
- Rosoff, Jeannie. "The Future of Federal Support for Family Planning Services and Population Research." *Family Planning Perspectives* 5 (Winter 1973): 7-18.
- Rossiter, Margaret W. *Women Scientists in America: Struggles and Strategies to 1940*. Vol. 1. Baltimore: The Johns Hopkins University Press, 1982.
- Rupp, Leila J. and Verta Taylor. *Survival in the Doldrums: The American Women's Rights Movement, 1945 to the 1960s*. New York: Oxford University Press, 1987.
- Sandford, Juanita D. *Poverty in the Land of Opportunity*. Little Rock: Rose Publishing Company, 1978.
- Schoen, Johanna. *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*. Chapel Hill: University of North Carolina Press, 2005.

- Scholle, Sara Hudson. *A History of Public Health in Arkansas: The Pain in Prevention*. Little Rock: The Arkansas Department of Health, 1990.
- Schulman, Bruce J. *Lyndon B. Johnson and American Liberalism: A Brief Biography with Documents*. New York: St. Martin's Press, 1995.
- Scott, Darryl M. *Contempt and Pity: Social Policy and the Image of the Damaged Black Psyche, 1880-1996*. Chapel Hill: University of North Carolina Press, 1997.
- Sealander, Judith. *The Failed Century of the Child: Governing America's Young in the Twentieth Century*. Cambridge: Cambridge University Press, 2003.
- Silliman, Jael, Marlene Gerber Fried, and Loretta Ross, eds. *Undivided Rights: Women of Color Organize for Reproductive Justice*. Boston: South End Press, 2004.
- Sitkoff, Harvard. *The Struggle for Black Equality, 1954-1992*. Rev. ed. New York: Hill and Wang, 1993.
- Sklar, Kathryn Kish. *Florence Kelley and the Nation's Work: The Rise of Women's Political Culture, 1830-1900*. New Haven: Yale University Press, 1995.
- Solinger, Rickie. *Wake Up Little Susie: Single Pregnancy and Race before Roe v. Wade*. New York: Routledge, 1992.
- Solinger, Rickie. *The Abortionist: A Woman Against the Law*. New York: The Free Press, 1994.
- Solinger, Rickie, ed. *Abortion Wars: A Half Century of Struggle, 1950-2000*. Berkeley: University of California Press, 1998.
- Solinger, Rickie. *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States*. New York: Hill and Wang, 2001.
- Solinger, Rickie and Gwendolyn Mink, eds. *Welfare: A Documentary History of US Policy and Politics*. New York: New York University Press, 2003.
- Solinger, Rickie. *Pregnancy and Power: A Short History of Reproductive Politics in America*. New York: New York University Press, 2005.
- Stepan, Nancy Leys. *"The Hour of Eugenics" Race, Gender, and Nation in Latin America*. Ithaca: Cornell University Press, 1991.
- Story, Ronald and Bruce Laurie. *The Rise of Conservatism in America, 1945-2000*. Boston and New York: Bedford/St. Martin's, 2008.



- Thompson, Robert. "Barefoot and Pregnant: The Education of Paul Van Dalsem." *Arkansas Historical Quarterly* 57 (Winter 1998): 377-407.
- Tone, Andrea, ed. *Controlling Reproduction: An American History*. Wilmington, Delaware: SR Books, 1997.
- Tone, Andrea. *Devices and Desires: A History of Contraceptives in America*. New York: Hill and Wang, 2001.
- Trombley, Stephen. *The Right to Reproduce: A History of Coercive Sterilization*. London: Weidenfeld and Nicolson, 1988.
- U. S. Congress. House of Representatives. Committee on Ways and Means. *Statement of Secretary of Health Education and Welfare Abraham Ribicoff, Temporary Unemployment Compensation and Aid to Families with Dependent Children: Hearings before the Committee on Ways and Means*. 87<sup>th</sup> Cong. 1<sup>st</sup> sess. Washington D. C.: Government Printing Office, 1961.
- U.S. Congress. Senate. Subcommittee on Health of the Committee on Labor and Public Welfare. *Message from the President of the United States Relative to Population Growth, Family Planning and Population Research 1970: Hearings Before the Subcommittee on Health of the Committee on Labor and Public Welfare*. 91<sup>st</sup> Cong. 1<sup>st</sup> and 2<sup>nd</sup> sess.. Washington D. C.: Government Printing Office, 1970.
- Urwin, Cathy Kunzinger. *Agenda for Reform: Winthrop Rockefeller as Governor of Arkansas, 1967-71*. Fayetteville: University of Arkansas Press, 1991.
- Wandersee, Winifred. *On the Move: American Women in the 1970s*. Boston: Twayne Publishers, 1988.
- Ward, John L. *Winthrop Rockefeller, Philanthropist: A Life of Change*. Fayetteville: University of Arkansas Press, 2004.
- Ward, Martha. *Poor Women, Powerful Men: America's Great Experiment in Family Planning*. Boulder and London: Westview Press, 1986.
- Ware, Susan. *Still Missing: Amelia Earhart and the Search for Modern Feminism*. New York and London: W. W. Norton and Company, 1994.
- Wattleton, Faye. *Life on the Line*. New York: Ballantine Books, 1996.
- Weddington, Sarah R. *A Question of Choice*. New York: Penguin Books, 1993.
- Williams, Nancy A., ed. *Arkansas Biography: A Collection of Notable Lives*.

Fayetteville: University of Arkansas Press, 2000.

Wayne, Jeannie M. *Arkansas: A Narrative History*. Fayetteville: University of Arkansas Press, 2002.

White, Deborah Gray. *Too Heavy a Load: Black Women in Defense of Themselves, 1894-1994*. New York: W. W. Norton and Company, 1999.

Whitfield, Stephen J. *The Culture of the Cold War*. Baltimore: The Johns Hopkins University Press, 1998.

Woloch, Nancy. *Women and the American Experience: A Concise History*. New York: McGraw and Hill Companies, Inc., 2002.

Woodruff, Nan Elizabeth. *American Congo: The African American Freedom Struggle in the Delta*. Cambridge: Harvard University Press, 2003.

Zajicek, Anna M., Allyn Lord and Lori Holyfield. "The Emergence and First Years of a Grassroots Women's Movement in Northwest Arkansas, 1970-1980." *Arkansas Historical Quarterly* 62 (Summer 2003): 153-181.